

# Joint Modified / Transitional Work Program

## PURPOSE:

A co-operative and consistent program that uses modified work, rehabilitation, job placement, and follow-up to ensure that ill, injured and disabled workers can remain at work or quickly return to productive and meaningful work.

The Union, acting as the bargaining agent for all workers covered under the Collective Agreement, is recognized as an equal participant in the Return to Work Program and therefore the Union and its representatives on the Return to Work Program Committee will be fully involved in all proceedings.

This Program is jointly developed between the Company and Union to ensure a minimum adherence to the Workplace Safety and Insurance Act, the Ontario Human Rights Code, and the respective Collective Agreement.

The parties recognize this document is a living document, with agreement between parties, is subject to change.

The Company and the Union both recognize the benefits and legal obligation of a formal rehabilitation program.

## I. INCIDENT / INJURY / ILLNESS REPORTING

The Company requires workers to report:

- All work-related incidents/injuries or illnesses to the Group Leader/Security or Health Center immediately.
- All non-work related illnesses/injuries to the Health Center, when the condition will limit and/or restrict the ability to perform his/her regular duties.
- All near misses to the Group Leader, immediately.
- All delayed symptoms to the Health Center as soon as possible.

## II. INCIDENT DOCUMENTATION / NOTIFICATION

1. Security is (on the off shifts) responsible to ensure that the Health Center is notified of the worker's illness/injury by initiating First Aid Report.
2. The worker is responsible to ensure that the pink copy of the First Aid Report is returned to his/her Group Leader.
3. The Group Leader is responsible for investigating/documenting all accidents/incidents and near misses on a Group Leader's Accident/Investigation Report to clarify any inconsistencies between the First Aid Report and the Group Leader's Accident/Incident Investigation Report.
4. The Health Center is responsible for documenting all accidents/illnesses requiring medical attention in the worker's medical file and ensuring that the information is consistent with the First Aid Report.
5. When the first aid becomes a:
  - Medical aid
  - Lost time incident

The Health Center will notify the Group Leader, Human Resources, Manpower Scheduling, Case Review Committee Representatives, Joint Health and Safety Chairs, and the Union WSIB Representatives.

When Modified Work is required the Health Center will notify the Group Leader and Modified Work Committee.

6. The Company will ensure that the Modified Work Co-chairs are notified of absences due to non-occupational illness/injuries.
7. Human Resources will provide monthly updates regarding the status of workers on Long Term Disability to the Health Center and the Case Review Committee.

### **III. ABSENCE FOLLOW-UP**

1. The Occupational Health Nurse will:
  - a) When she/he first becomes aware of the workers absence, due to a medical situation, contact the worker to inquire about the nature of the absence and the expected return to work date.
  - b) Advise the worker of the availability and benefits of the Modified Work Program.
  - c) Request the worker contact the Health Center to advise of any changes to his/her expected return to work date.
  - d) Give prior notification to the worker if contacting his/her treating Health Care Provider to inform of Modified/Transitional Work Program.
  - e) Provide the appropriate forms to the workers if:
    - i. Work related: Functional Ability Form (FAF), and appropriate authorization release form for the FAF.
    - ii. Non-work related: Weekly Indemnity forms, Functional Ability Form and appropriate authorization release form for the FAF.
  - f) Provide the Case Review Committee with an up to date WSIB/WI/LTD absence list.
  - g) Contact the Modified Work Co-chairs, or their designated replacement, when someone is off work for more than five (5) days, so they will be involved in the Return to Work Plan.
2. The Modified Work Co-chairs will:
  - a) Send a letter to all workers absent for approximately 10 consecutive days to introduce themselves and the program.
  - b) Follow up the letter with a telephone call(s) to the worker jointly to promote the Modified Work Program, discussing worker concerns and assisting in problem solving.
  - c) Be notified when the Long Term Disability Forms are mailed out, to allow a follow-up call to assist the worker.
  - d) Be responsible for initial Modified Work Plans and ongoing follow-up. Copies of the completed Plan will be provided to the worker, the Health Center, the Group Leader, Scheduling (and the Safety Department when occupational).
  - e) Meet with the Case Review Committee to discuss ongoing cases and review the modified work process.
  - f) The Modified Work Co-chairs will monitor all placements, on a weekly basis.

#### **IV. MODIFIED WORK PLAN MEETING CO-ORDINATION**

1. The Occupational Health Nurse will:
  - a) Contact the Modified Work Co-chairs when the functional ability information has been received.
  - b) Help co-ordinate the Modified Work meeting and act as a resource.
  - c) Assist with initial Modified Work plans and ongoing follow-up.
  - d) Contact the scheduling department to inform them about the worker's return to work date and shift as well as modified work implications.
  - e) Provide ongoing temporary and permanent restriction lists to Case Review Committee Representatives, Group Leaders, Human Resource, Manpower Scheduling, and Payroll.
2. The Case Review Committee and Modified Work Co-chairs will:
  - a) Co-ordinate the return to work of Long Term Disability workers.
  - b) Schedule Modified Work Plan meetings when a Modified Work Union Co-chair is available.
3. When contacting the Union Representative for a Modified Work Plan meeting, the following sequence is to be adhered to:
  - a) Union Modified Work Program Co-chair.
  - b) Union Case Review Committee Representative.
  - c) Union Steward of placement department, other Union steward.
4. The Company Modified Work Plan meeting representative will be either a Group Leader from the placement department and/or Company Modified Work Co-Chair.

#### **V. MODIFIED WORK: GUIDELINES**

The goal of every Modified Work Plan is to return the worker to his or her regular duties and working hours as soon as possible, while enhancing the recovery process. The work provided will be safe, meaningful and within the workers functional abilities.

A Modified Work meeting will be arranged when the worker is medically cleared and/or ready to return to work and accommodations are required. Present at the meeting will be the worker, a Company representative, a Union representative, and the Occupational Health Nurse (if needed).

Functional abilities will be matched with available work to provide an early and safe return to work plan for the worker.

##### **1. Functional Abilities Information**

- a) A Functional Ability Form will be provided to the worker's Regulated Health Care Provider for completion if accommodation is required for the return to work. This form provides the workplace parties with the necessary information for return to work.
- b) The worker will be asked to voluntarily complete a Release of Information Form to allow the Modified Work Plan Representatives access to the information contained on the Functional Ability Form. The worker will be provided a Form 1492 for WSIB (Consent to Release Information from the Functional Ability Form) to complete and return to the employer.
- c) This information will provide the basis for the Modified Work Plan.
- d) An appointment to follow-up with the Company Physician will be arranged at the earliest possible date (a delay in returning to work will not result). See Collection Agreement Section 5:25.

## **2. Modified Work Hierarchy**

- a) All efforts will be made to accommodate the worker in accordance with the following placement procedure work that is "comparable" in nature will be considered first. When that is not possible "suitable" work will be offered.
  - i. own job
  - ii. own job modified
  - iii. own department/shift out of classification
  - iv. own department/shift, alternate tasks
  - v. own shift, different department, alternate tasks
  - vi. any other job or alternate tasks
- b) Each department will identify a minimum of 20 tasks, which can be used for modified placements (reviewed yearly). These tasks may be operational, skill specific, or over and above the crew. The task list should be available to Group Leaders and the Modified Work Committee.

## **3. Placement Guidelines**

- a) A temporary placement must always be documented on a Modified Work Plan Form.
- b) Temporarily disabled worker(s) will not displace other bid worker(s). If they cannot be placed in accordance with the modified work hierarchy, they will be carried over and above the crew.
- c) A temporary placement should ideally not last longer than 6 to 10 weeks, however, each situation will be considered on its own merits. Extension of the program may be necessary and will be reviewed by all parties involved.
- d) If at the first follow-up meeting with the Modified Work Committee, it is determined by the worker or his/her Regulated Health Care Provider that he/she will not achieve the Return to Work Program, a decision will be made regarding:
  - i. modified work may not be appropriate at this time
  - ii. modified work may be deferred to a later time
  - iii. the Modified Work Plan may be extended
  - iv. if necessary - referral to Section 5:21 of the Collective Agreement
- e) A permanent placement will be exercised in accordance with the terms of Section 5:21 (B) of the Collective Agreement.

## **4. Lost Time Prevention / Informal Restrictions (e.g. not assigned by a health care provider)**

The intent is to ensure that workers who cannot do their own job(s) will have the opportunity to make known their capabilities and be provided safe work.

- a) The worker will call Security as soon as possible to inform of the need for modified work. Security to notify Group Leader.
- b) The Group Leader may contact the worker and gather information concerning which job(s) the worker is capable of performing.
- c) The worker will report to the Group Leader/Health Center any concerns about his/her ability to perform regular duties immediately upon reporting to work. Temporary Modified Work (as available) will be arranged until a formal Modified Work Plan is completed.
- d) The Group Leader will inform the Health Center of the Temporary Accommodations immediately (i.e. e-mail).

- e) Workers who require further modified work/assistance to perform their job(s) must follow up with the Health Center on the following business day.
- f) Further accommodations will require the worker to seek medical attention and the completion of a Functional Ability Form.

**5. Modified Work Participants:**

- a) Are required to report to their Group Leader at the start of their shift.
- b) Are to be dressed in their uniforms for the time they are in the plant.
- c) Will be scheduled according to their seniority and capabilities.
- d) Will be by-passed for preferred shifts if their restrictions cannot be accommodated.
- e) Who have health care appointments related to their Plan will be reimbursed for his/her time. Off site appointments should be scheduled near either the start or the end of the workers shift, when possible. The Health Center and Group Leader must be notified of the appointment times as soon as possible.

**6. Modified Work Plan Accommodations Guidelines:**

- a) Restrictions, which are applied by the worker's Regulated Health Care Provider, can only be removed by his/her Regulated Health Care Provider.
- b) The Company Physician may, with the written approval of the worker, contact his/her Regulated Health Care Provider to discuss restrictions or regarding pertinent medical information.
- c) The worker participating in a Modified Work Program will have this time count towards their twenty-six (26) weeks for the vacation benefit.
- d) The worker on a Modified Work Program wishing to work overtime will fall under Section 6:03 of the Collective Agreement.

## **VI. ADMINISTRATION**

**1. Claim Submission**

- a) Workplace Safety and Insurance Board (WSIB)
  - i. The employer will complete the WSIB Form 7. Copies of the Form 7 and attached documentation will be forwarded to the worker and the Union WSIB Representative immediately upon completion.
  - ii. The worker will be provided a Form 1492 (Consent to Release Information from the Functional Ability Form) to complete and return to the employer.
  - iii. The worker will provide a copy of the completed Form 6 to the employer.
- b) Weekly Indemnity (W.I.)
  - i. The Health Center Administrator or Human Resources will provide the worker with Weekly Indemnity Forms (may make arrangements for pick up).
  - ii. The worker completes the member's section of the form and takes the form to his/her Regulated Health Care Provider for completion of the physician's section.
  - iii. The worker returns the Weekly Indemnity Form to the Health Center for completion of the employer's section.
  - iv. The worker who continues to be off work will receive their LTD forms for completion, at approximately the 12th week.

- v. Human Resource will assist in the provision and completion of Canadian Pension Plan Disability Forms as required.

## **2. Payment for Documentation**

Kellogg's will pay for all documentation completion.

## **VII. RETURN TO WORK - PAYMENT PROCEDURE**

- Workers on approved reduced hours of work will be paid for a full regular shift.
- During the Modified Work Program if further absence is necessary due to the original Weekly Indemnity or WSIB claim, the worker must contact Security and/or the Health Center. In addition he/she must see their Regulated Health Care Provider to reinstate benefits for the additional absence period.
- Lost time due to attending pre-arranged medical treatment off-site will be paid accordingly. The Health Center must be notified to facilitate payment information for the payroll department.
- When the illness/injury is not work related, Human Resources will notify the insurance carrier that the worker has returned to modified work.
- When the illness/injury is work related, the Health, Safety & Security Leader will notify WSIB that the worker has returned to modified work.
- Hours worked by a worker will be charged to the appropriate cost center(s).
- Remaining hours (to a total of 8 hours for each day worked) will be charged to the appropriate cost center.
- Weekend Workers working less than 8 hours will be moved from their weekend shift to the regular work week on day shift or mutually agreed upon shift. The worker will be paid 8 hours a day for each day worked.
- Weekend Workers working 8 hours or greater will return to their weekend shift when they are able to work 8 hours a day. The worker will be paid 12 hours a day at the premium rate for each day worked.

## **VIII. ROLES AND RESPONSIBILITIES**

### **INJURED AND/OR ILL WORKER**

- Co-operate in the Modified Work Program.
- Inform their treating Health Care Provider of the availability of modified work (as outlined in the Early & Safe Return to Work WSIB Policy.)
- Provide Functional Abilities Form to Health Center.
- Follow medical rehabilitation and treatment recommendations as detailed by your Regulated Health Care Provider.
- Communicate with all parties any information to enhance the return to work process.
- Communicate with all parties involved to remove any potential obstacles for their safe return to work.
- Actively participate in the development of a Modified Work Plan with a Group Leader, Modified Work Co-chair Representative.
- Assist in determination of their duties of the pre-injury job.

- Inform the Group Leader, Modified Work Co-chairs and Health Center of any improvement, problems, solution, progress or changes in work status.

### **CO-WORKERS**

- Co-workers need to be receptive and cooperative in assisting in the Modified Work Program.

### **GROUP LEADERS**

- Participate in the Modified Work Program.
- Communicate with all parties involved to remove any potential obstacles for their safe return to work.
- Act in a fair, consistent, equitable and compassionate manner towards the injured worker.
- Be flexible in providing Modified Work Program alternatives.
- Be proactive in identifying jobs/tasks that could be made available.
- Document all placements.
- Use a positive problem solving approach.
- Maintain worker confidentiality.
- Co-operate in any committee-approved return to work accommodation.
- Ensure work performed is consistent with the return to work accommodation agreed to.
- Monitor the work performance in order to prevent a re-injury or aggravation.
- Promptly notify the Modified Work Co-chairs of any concerns or problems associated with the accommodations.
- Provide positive and negative worker feedback on the program to the Modified Work Committee.
- Assist in determination of duties of pre-injury job.
- Participate in ongoing training, self-education and awareness of Modified Work Program.
- Utilize the Employee Family Assistance Program as required.
- Ensure compliance of program by all parties involved.
- Protect from re-injury, educate/communicate, represent, and provide positive support to worker.

### **UNION DESIGNATED WORKER REPRESENTATIVE (UNION STEWARDS)**

- Maintain worker confidentiality.
- Participate in the Modified Work Program when required.
- Communicate with all parties involved to remove any potential obstacles for their safe return to work.
- Assist in determination of the duties of the pre-injury job.
- Assist workers to help minimize the physical, emotional and financial consequence of the disability.

- Utilize the Employee Family Assistance Program as required.
- Assist in the placement of the worker into suitable/comparable and safe work, in conjunction with the program goals.
- Assist in the development of return to work accommodation plans.
- Review progress of Modified Work Program participants as per established program.
- Report any problems to Modified Work Co-chairs Representatives.
- Provide positive and negative worker feedback on the program to the Modified Work Committee.
- Promptly notify the Modified Work Co-chairs of any concerns or problems associated with the accommodations.
- Protect from re-injury, educate/communicate, represent, and provide positive support to worker.
- Ensure compliance of program by all parties involved.

#### **MODIFIED WORK CO-CHAIRS: COMPANY REPRESENTATIVE / UNION REPRESENTATIVE**

- Maintain worker confidentiality.
- Reviewing Modified Work Plans and arrange those requiring more than five (5) days.
- Communicate with all parties involved (worker, Health Center, Group Leader, WSIB, Insurance Carrier) to remove any potential obstacles for the safe return to work of injured/ill worker.
- Oversee the determination of the regular/essential duties of the pre-injury job.
- Oversee the placement of the worker into suitable/comparable and safe work in conjunction with the program goals.
- Arrange Modified Work follow up meeting(s) with worker, Group Leader, Union, and other resources.
- Keep the Case Review Committee apprised of any major issues with specific workers, department or the program.
- Identify when a worker appears to be permanently or partially disabled and refer them to the Case Review Committee.
- Maintain contact with workers who have not returned to work.
- Ensure the program is being applied consistently in the workplace and department(s) by reviewing all Modified Work Programs.
- Provide positive and negative feedback to Group Leaders and Managers.
- Direct non-modified work issues to the appropriate resources.
- Ensure information on Functional Ability Form / medical capabilities are up to date.
- Identify trends / analysis of modified work statistics and make recommendation in conjunction with the Joint Health and Safety Committee.
- Ensure compliance of program by all parties involved.
- Protect from re-injury, educate/communicate, represent, and provide positive support to worker.

- Will notify one another before arranging Modified Work Program or temporary placements for a worker.

### **MODIFIED WORK COMMITTEE (CASE REVIEW COMMITTEE)**

Comprised of three (3) Union representatives, three (3) Company representatives (which includes the Modified Work Co-chairs).

- Maintain worker confidentiality.
- Audit the program and measure performance.
- Resolve outstanding issues as required.
- Refer permanently/partially disabled workers to Labor Relations and the Union Executive.
- Work with Human Resources and Union Executive to identify suitable permanent placement in accordance with the terms of the Collective Agreement (Sec. 5:21).
- Communicate/educate/promote/market the program to all workers and external community resources.
- Ensure uniformity of the Modified Work Program.
- Recommend changes to the Modified Work Program as required, to Human Resources and Union Executive.
- Direct non-modified work issues to the appropriate resources.
- Consult with the Health Center.
- Act as a resource to workers, co-chairs, group leaders, union, and management.

### **HEALTH CENTER / PHYSICIAN**

- Review functional abilities information regularly and request updated information as required.
- Help with obtaining medical treatment/referrals.
- Provide recommendations for treatment outside of the London area.
- Address the worker's medical needs in relation to modified work as required.
- Evaluate worker's fitness for modified work (as per Collective Agreement, Sec. 5:25).
- Act as a resource to the Case Review Committee when required.
- Maintain confidentiality.
- Suggest Employee Family Assistance Program (EFAP) referral, when appropriate.
- Assist the Committee in interpreting medical documents pertaining to the worker's functional abilities (when authorized by the worker).
- Ensure that any proposed accommodation will not aggravate/prolong the worker's injury/illness and has rehabilitative value.
- Support the worker and company's efforts to achieve return to work where reasonable.
- The Health Center will notify the Modified Work Co-Chairs when their assistance is required.
- The Company Physician may, with the written approval of the worker, contact his/her Regulated Health Care Provider to discuss restrictions or regarding pertinent medical information.

- Provide Temporary/Permanent Restrictions List, to appropriate parties.
- Provide timely notification to the appropriate parties.

### **MANPOWER SCHEDULING**

- Provide appropriate replacements/coverage for those workers who cannot perform their scheduled shift or bid job.
- Ensure adherence to provisions within the Collective Agreement when scheduling a worker on a Modified Work Plan.
- Communicate with the Health Center and the department Group Leaders regarding modified work placements.

### **UNION EXECUTIVE**

- Maintain worker confidentiality.
- Suggest the Employee/Family Assistance Program (EFAP) if required.
- Provide positive support and reinforcement for the program.
- Develop joint efforts.
- Use a positive problem solving approach.
- Provide worker feedback on the program.
- Monitor program.
- Represent and provide positive support to members.
- Educate/communicate.
- Communicate with all parties involved to remove any potential obstacles for their safe return to work.

### **LONDON PLANT MANAGEMENT**

- Provide positive support and reinforcement for the program.
- Communicate to Group Leaders the expectation of cooperation with and participate in the Modified Work Program as part of their performance evaluation.
- Communicate successes.
- Communicate with all parties involved to remove any potential obstacles for their safe return to work.
- Help facilitate access to medical treatment.
- Review special needs case to access alternate medical treatment when recommended by the Health Center.
- Support program as per Collective Agreement and Legislation.

## **IX. DEFINITIONS**

### **FORMS**

Form 6 - Worker's Report of Injury/Disease

Form 7 - Employers Report of Injury/Disease

Form 8 - Health Professional's First Report

FAF - Functional Abilities Form for Timely Return to Work

1492 - Consent Form to release the FAF

APU - Attending Physician's Update

APS - Attending Physician's Statement

### **FUNCTIONAL ABILITIES**

Capabilities of an injured or ill worker.

### **ACCOMMODATION**

Job accommodation is the use of one or more strategies to give an injured/ill worker the advantage of the most effective tools and working conditions with which to carry out the responsibilities of their job; (i.e. specialized technological devices, rearrangement of workplace furnishing and the design of a more flexible work schedule).

### **CONFIDENTIALITY**

The law dictates that medical information cannot be divulged without the worker's written consent.

### **ESSENTIAL DUTIES**

Those duties that are necessary to produce a desired outcome.

### **COMPARABLE WORK**

Work that is similar to the pre-injury job.

Similar in - duties, working environment, hours of work, skill, responsibility, wages, etc.

### **SUITABLE WORK**

Work which is within the worker's functional abilities.

### **TEMPORARILY RESTRICTED WORKER**

This is a worker who due to injury or illness has temporary limitations to his/her functional abilities.

### **PERMANENTLY RESTRICTED WORKER**

This is a worker who due to injury or illness has permanent limitations to his/her functional abilities.

**TRANSITIONAL / MODIFIED WORK**

Work that uses modified work, rehabilitation, job placement, and follow-up to ensure that ill, injured and disabled workers can remain at work or quickly return to productive and meaningful work. This includes any job or task that a worker may perform safely, without risk of re-injury or exacerbation of the existing injury.

**PERMANENT / MODIFIED WORK**

Any job that may be accommodated to suit the functional abilities of the injured/ill worker.

These accommodations may involve relocating the worker. Refer to Section 5:21 of the Collective Agreement.