



NEWSLETTER

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RETURN-TO-WORK PRACTICES IN HEALTHY ORGANIZATIONS

Organizations not only need to create healthy workplaces for employees to work in, but also need to deal effectively with employees who may suffer from an illness or injury. This is particularly true when an employee has been off work for some time and is about to return to work following a recovery period. Disability management and return-to-work can be complex, often involving medical, psychological, social and workplace issues.

For example, when workers incur occupational injuries or illnesses, the [Canadian Centre for Occupational Health and Safety](#) (CCOHS) estimated in 2006 that the costs — both human and financial — are high. The financial impact on the employer when one employee gets injured or sick in a workplace accident is approximately \$5,000 in lost work days. The more than 5 million such accidents that occur in Canada every year, translates roughly into over 50 million lost work days annually. ¹

In a number of North American jurisdictions, workers' compensations boards, labour departments and other government agencies have laws that deal directly with: discrimination against people with disabilities; guarantees of equal opportunities for individuals with disabilities in employment; employee rehabilitation; employee return-to-work; and employment accommodation. Organizations need to first clarify which laws are applicable to them and to ensure that their policies and practices comply with any minimum legal requirements. Secondly, organizations should regularly assess their current practices to make certain that they are meeting the needs of both disabled employees and the organization.

Employers have a duty, under both Human Rights legislation and Occupational Health and Safety legislation, to try to accommodate an injured employee. They are required to make every effort to provide suitable employment that's consistent with the worker's functional abilities and restores, if possible, the worker's pre-injury earnings. ²

For example, a number of Canadian provinces — such as Ontario, Quebec, Manitoba, Newfoundland and Labrador, New Brunswick, Nova Scotia and Prince Edward Island — have a re-employment obligation entrenched in their workers' compensation legislation. The re-employment obligation generally applies to employers with twenty or more employees, and workers who have been employed by the employer for at least one year. The employer is required to re-employ and reasonably accommodate the worker in the pre-injury position, or an alternative, comparable position.

The importance of effective return-to-work practices.

There are a number of important steps that organizations can take to ensure that effective return-to-work practices are put in place. These include:

- ☛ Informing all managers, supervisors and employees about return-to-work policies and programs.

¹ *Prompt and Safe Return*: The Health & Safety Report, CCOHS, Volume 4, Issue 9 - September 2006

² *New E-course Focuses on Return to Work Programs*: The Health & Safety Report, CCOHS, Volume 4, Issue 11 - December 2006

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- ☞ Educating managers, supervisors and employees about job accommodations that will allow the employee to continue to add value to the organization.
- ☞ Deciding who will handle accommodation requests.
- ☞ Developing a process for determining effective accommodation options.
- ☞ Ensuring that there is written documentation completed for each return-to-work and employee accommodation initiative.

It is also important to remember the significant role of supervisory staff in this matter. Ruth Barrett, a training specialist with the [Industrial Accident Prevention Agency](#) (IAPA) in Canada, noted in a 2009 IAPA article that supervisors are a pivotal factor in the success of a return-to-work program. She pointed out that supervisors often have

- ☞ a close relationship with the injured worker, and
- ☞ an intimate knowledge of, and ability to manage, the work environment.³

It was further noted that this relationship means that supervisors are typically in the best position to

- ☞ communicate with the absent worker,
- ☞ determine whether proposed modified work is actually do-able,
- ☞ ensure co-worker support when the injured worker returns, and
- ☞ monitor the modified work program's performance.⁴

What are the costs to organizations with ineffective return-to-work practices?

There are both direct and indirect costs to organizations with ineffective return-to-work practices. Direct costs can include:

- ☞ Increase in disability premium payments to an employer, especially in cases of long-term disabilities,
- ☞ Increase in workers' compensation premiums due to work-related injury and illness,
- ☞ Costs related to the disability management program and those related to direct third-party interventions, and
- ☞ Litigation costs in cases of wrongful dismissal and failure to accommodate disabled employees.

Indirect costs often include:

- ☞ Replacement costs for temporary absence of injured/sick workers,
- ☞ Added training and supervision of temporary or replacement workers, and
- ☞ Costs related to reduced current and future productivity due to loss of experienced workers.

How do return-to-work practices affect all employees?

When it comes to return-to-work practices, employees will view their effectiveness and implementation as part of any organization's disability management, employment benefits and working environment. Whether or not an injury or illness is work-related, how an organization deals with a temporarily or chronically disabled employee will directly reflect on the organization's culture and health. Building employee loyalty and wellness includes dealing in a fair and humane way with short-term or long-term employee disability. It is absolutely crucial to the organization that its disability management program is effectively implemented and perceived by all employees as satisfying both the organization's and employees' needs.

In general, Americans and Canadians do not do very well in helping disabled workers to return to the labour force. The fact is that a large number of persons in their forties, fifties and sixties who are suffering from some form of physical or mental disability are today in receipt of long-term disability payments either through government pension, workers' compensation or disability insurance schemes.

³ RTW: the supervisor factor. Accident Prevention e-News, IAPA, Volume 4/Issue 11/Nov 2009

⁴ Ibid:

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Far too many of these individuals could very likely have returned to some form of productive employment had they received in a timely fashion the necessary assistance and rehabilitation to do so. Failing this, societies, communities and families will continue to lose an important productive resource. Can we really afford to continue to do this in this day and age?

*OECD countries spend at least twice as much on disability-related programmes as they spend on unemployment. Disability benefits on average account for more than 10 percent of total social spending.*⁵

What are the key elements of good return-to-work policies and programs?

*New research from the [Institute for Work & Health](#) (IWH) shows that when workers and supervisors jointly identify and solve return-to-work (RTW) barriers, absent workers with low-back pain get back to work earlier than would otherwise be the case.*⁶

Early Intervention

Studies show that early return-to-work intervention is critical. At six months post-injury, an injured person's likelihood of returning to work falls below 50 percent. At one year, the rate is 20 percent and at 2 years, less than 2 percent. The loss continues to be costly as the employer must hire and train replacement workers and reschedule jobs and assignments.⁷

Full and Open Disclosure of All Available Options Under Disability Management

A sudden or reoccurring disability will most likely have an enormous emotional and financial impact on a person. Issues such as job security, personal finances and careers are among the first thoughts that come to mind. For this reason, it is important that the affected employee be explained in a clear and timely fashion the available options. Knowing early on what assistance is available, the disability management process and the organization's support will greatly comfort the employee and should help in facilitating the collaborative recovery, rehab and return-to-work phases.

Employer-employee Collaboration

Return-to-work is a shared responsibility and requires extensive teamwork. IWH research on the importance of a collaborative effort — published in the May 2009 issue of *Spine* (Volume 34, Number 12, pages 1243-1249) — found that workers 44 years and older who took part in the intervention returned to work 2.5 times faster than those of the same age in the usual care group. Furthermore, those who had been sick in the previous year returned to work 2.8 times faster than those who had been sick and received the usual care.

Close Working Relationship with Third-Parties Responsible for Disability Management

It is important for organizations to recognize and respect the role of third-parties responsible for issues concerning employee assessment, treatment, and rehabilitation, all of which comprise a large part of effective disability management. Third-parties can include disability insurance firms, workers' compensation boards, health care professionals, rehab bodies, employee representatives, etc. During essential interactions organizations must respect the confidentiality rights of both the employees and third-parties. Confidential information should only be released to the employer with the consent of the employee. In this manner, it is hoped that a good, transparent and cooperative working relationship will be achieved between all the affected parties.

Physical ability may not be the only factor determining whether a person returns to work after suffering a physical injury or a medical condition such as a stroke or heart attack. Psychiatric factors, such as

⁵ *Disability programmes in need of reform:* OECD Observer, March 2003

⁶ *Collaboration affects RTW, study says:* Canadian OH&S News, OHS Canada, 7/21/2009

⁷ *Prompt and Safe Return:* The Health & Safety Report, CCOHS: Op. Cit.

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anxiety and depression, also appear to have an impact on return-to-work.⁸ For this reason, involving workers' health-care providers in the design of return-to-work programs that accommodate workers' physical/psychological needs and medication use would be helpful. Where appropriate, supervisors and co-workers should be made aware that returning workers may be taking medication in order to cope with job demands and any specific physical/psychological symptoms. Disclosure is particularly advisable where potential occupational health and safety and public safety concerns may arise.

Appropriate Accommodation Upon Return-To-Work

Once a worker has received a medical or psychological assessment by the qualified third-parties treating the worker and is deemed fit to return to work, then the organization needs to ensure that any employment accommodation needs are met. This step requires a comprehensive accommodation analysis taking into consideration any recommended physical/psychological restrictions. Where workers cannot return to their original jobs, then every effort should be made to accommodate them in suitable employment alternatives. Once back in employment, follow-up reviews should be undertaken to make certain that both employees and supervisors are adequately satisfied with their accommodation and the degree of progress made by employees to once again be productive.

Focusing on optimizing workplace conditions may increase the likelihood of successful work accommodations. Do not focus only on the worker. Instead, there most likely will be things that the employer can alter in the working conditions to better accommodate the employee's needs. These might include ergonomic changes to the physical environment, alternative work arrangements (e.g. teleworking, flexible hours of work), and appropriate work assignments and supervision. Once again, the focus should be on teamwork involving the employee, immediate supervisor, colleagues, and affected third parties. In some cases it may even involve family members and communities at large, depending on the nature of the disability and available internal or external support services.

On-going Assessment of Disability Management and Return-To-Work Practices

With each case, organizations should consider whether or not the disability management and return-to-work practices were timely and effective. Within specified periods of time, each affected employee should have a follow-up assessment to evaluate the results. Most importantly, based on the results, an organization can then determine whether any changes need to be made to its policies and practices.

Recommended Reading:

- [A Guide to Identifying and Solving Return to Work Problems](#): (Institute for Work and Health, Toronto, Canada, 2009)
- [Seven 'Principles' for Successful Return to Work](#): (Institute for Work and Health, Toronto, Canada, March 2007)
- [Return-to-Work Toolkit for Employees & Employers](#): (Office of Disability Employment Policy – US Department of Labor)

Recommended Web Sites:

- Return to Work Practices - Institute for Work and Health: <http://www.iwh.on.ca/return-to-work-practices>
- Return to Work: The Basics – Canadian Centre for Occupational Health and Safety: http://www.ccohs.ca/products/courses/return_to_work/
- Office of Disability Employment Policy – US Department of Labour: <http://www.dol.gov/odep/return-to-work/index.htm>
- Rehabilitation and Return to Work - Association of Workers' Compensation Boards of Canada: <http://www.awcbc.org/en/rehabilitationandreturntowork.asp>

⁸ *Post-stroke psyche may limit return to work*: Reuters, June 2, 2008