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1.0 Acknowledgements

Stay-at-Work / Return-to-Work (SAW/RTW) programs have been shown to reduce the amount of time an injured/ill worker misses from work, promote recovery, reduce economic impacts for both the worker and the organization, and help support a culture of physical and psychological health and safety and employee well-being.

Nova Scotia's Long Term Care (LTC) employers acknowledge that they are committed to the prevention of work-related physical and psychological injury and illness, and to supporting workers who experience injury or illness by having an effective SAW/RTW program.

These employers also acknowledge that SAW/RTW programs must be supported by a workplace culture of trust, respect, collaboration and empathy, and by strong health and safety programs.

Further, it is acknowledged that significant improvements to SAW/RTW outcomes in LTC workplaces can be realized by implementing collaborative and supportive SAW/RTW processes that involve the employer, the injured or ill worker, the worker's direct supervisor, the worker's co-workers, the worker's treatment providers, the Workers' Compensation Board of Nova Scotia, the Department of Health and Wellness, Nova Scotia Health's Continuing Care, and organized labour organizations that may represent workers in a LTC organization.

2.0 Statement of Guiding Principles

The following guiding principles were developed to support SAW/RTW programs in Nova Scotia's LTC workplaces. These guiding principles acknowledge the influence that employers (organizational hierarchy, systems and processes), workplaces (organizational culture, leadership and relationships), and external systems (funding & licensing agencies, workers compensation boards, treatment providers) can have on workers and SAW/RTW outcomes. In addition, these principles recognize that injury prevention, early reporting and intervention, treatment, recovery and SAW/RTW are on a continuum, with lessons learned in one part used to inform improvements in another.

- All employees working in Nova Scotia's LTC workplaces are entitled to work / provide care in a manner and environment that helps to minimize their risk of physical or psychological harm.
- Nova Scotia's LTC employers and their system partners support and actively promote the early reporting of injury and illness and effective SAW/RTW programs.
- The SAW/RTW process can be complex and difficult for both injured/ill workers and supervisors. Respectful and collaborative communication is needed to minimize conflict and stress for both parties.
- SAW/RTW plans and support strategies need to be tailored to meet the needs of the individual worker, and must be implemented with the goal of supporting physical and psychosocial recovery, and timely and positive engagement with work and the workplace
- SAW/RTW programs are most effective when a workplace culture supports and promotes the physical and psychological health and wellbeing of workers

- SAW/RTW programs should be designed to support workers who experience work-related and/or non-work related injuries / illnesses.
- Nova Scotia's LTC employers and their system partners allocate the resources required to support and assist workers as they participate in the SAW/RTW program, and to help them navigate the workers' compensation and/or private insurance claims process
- Nova Scotia's LTC employers recognize that supervisors and managers, who are trained to communicate respectfully and effectively support SAW/RTW, play a significant role during all stages of the SAW/RTW process and are critical to the success of any workplace SAW/RTW program.
- The support, participation, and collaboration of injured/ill workers, their representatives, and all involved treatment providers is necessary in order for Nova Scotia's LTC workplaces to implement effective SAW/RTW programs.
- The support and collaboration of partner organizations (e.g. Department of Health and Wellness Continuing Care, Nova Scotia Health Continuing Care, Worker's Compensation Board of Nova Scotia), funding departments (e.g. Department of Health and Wellness (DHW)), is necessary in order for Nova Scotia's LTC workplaces to implement effective SAW/RTW programs.

3.0 Statement of Commitment

Nova Scotia's LTC employers are committed to providing a safe, healthy, and supportive working environment for staff and the residents they serve.

Nova Scotia's LTC employers are committed to ensuring that all reasonable efforts are taken to provide SAW/RTW opportunities for all workers experiencing work-related and non-work related injuries / illnesses.

In addition, the Department of Health and Wellness, the Workers' Compensation Board of Nova Scotia, and Nova Scotia Health (Continuing Care) are committed to supporting and cooperating with Nova Scotia's LTC employers in the implementation of effective SAW/RTW programs.

4.0 Statement of Objectives

- Increase the number of Nova Scotia LTC employers that implement effective SAW/RTW programs
- Increase the number of Nova Scotia LTC employers that provide stay-at-work opportunities and collaborate with injured/ill workers on the development of SAW/RTW plans
- Reduce the number of workdays missed by LTC workers that are injured/ill.
- Increase the rate of workers who report that their SAW/RTW experience was positive and that they felt respected and supported by their employer, their treatment providers, and, where appropriate, the Workers' Compensation Board of Nova Scotia
- Increase the rate of employers who report that their experience communicating to and collaborating with injured/ill workers, the injured/ill worker's treatment provider, and, as appropriate, the Workers' Compensation Board Case Manager was positive, respectful and supportive.

5.0 Program Development Process

The Provincial SAW/RTW Program Requirements for Nova Scotia’s LTC Sector were developed with input and support of employers from Nova Scotia’s LTC sector, workers / organized labour, AWARE-NS, NSHA Continuing Care, and the Workers’ Compensation Board of Nova Scotia.

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Organizational Level SAW/RTW Program Requirement

1.0 Leadership Commitment

All Long Term Care employers **will** ensure that their leaders (CEOs / Administrators / Executive Directors and other senior management staff) support, promote, and, as appropriate, participate in the organization's stay-at-work / return-to-work (SAW/RTW) program. Organizational leaders need to actively demonstrate their commitment to the program and hold themselves and all others accountable for implementing, supporting, and following the organization's SAW/RTW policies and procedures.

Leadership from the top and from every rung on the organizational ladder, in every workplace, is key to effective SAW/RTW programming. Everyone in the workplace is responsible for supporting the SAW/RTW program, and the workers who are participating in the program. Organizational leaders have an enhanced level of accountability in that they need to ensure that the workplace culture places a priority on Injury/Illness prevention and on respectful and supportive approaches to SAW/RTW. Understanding how to lead and support SAW/RTW initiatives and practices should be a core competency for all managers and carry real weight in hiring decisions and performance management practices

2.0 Understanding the importance of organizational culture and supportive relationships for effective SAW/RTW

All Long Term Care employers **will** ensure that organizational leaders and staff understand that SAW/RTW policies and procedures are more effective when implemented in an organizational culture that is supportive, collaborative and respectful. They will also support and train supervisors/managers ensuring that supervisors/managers understand the important role they play in the SAW/RTW process, and that the relationship they have with workers, and how they respond to workers when they report an injury and illness, can significantly impact the SAW/RTW experience.

3.0 Review and Understand Obligations for SAW/RTW

All Long Term Care employers **will** review and understand their obligations to implement a SAW/RTW program and provide meaningful SAW/RTW opportunities to injured/ill workers. Employers **will** also ensure that managers, supervisors, and workers understand what their obligations related to SAW/RTW. These obligations arise from Nova Scotia's Human Rights regulations and the Workers' Compensation Act, and may also be established through the LTC Organization's SAW/RTW program.

Note: While having no specific obligations related to SAW/RTW, Unions representing workers in LTC organizations, and the union members that make up each union local in the organization are, and should be seen as, important partners in implementing effective SAW/RTW programs

4.0 Scope / Application

All Long Term Care employers **will** clearly identify that the SAW/RTW program applies to all employees employed by the organization, at all levels, and no matter their work location. In addition they **will** state that the program has been adopted in order to support and provide early and safe SAW/RTW opportunities for all employees who experience both work-related and non-work-related injuries and illnesses. Employers will make it clear that all employees are required to participate in the program, and that the program is designed to assist employees with physical and psychological injuries and illnesses.

n5.0 SAW/RTW Policy

All Long Term Care employers **will** in consultation with the JOHSC / Safety Representative, create, communicate, and post in an accessible location a policy that outlines the employer's commitment to providing all injured/ill workers with meaningful SAW/RTW opportunities and to collaborate with the worker, the worker's union representative, the worker's treatment providers, and, as required, the Workers' Compensation Board, to establish SAW/RTW plans that are supportive and designed to meet the needs of the worker.

The policy **will** clearly state that the employer will actively promote and support a psychologically healthy workplace, and a supportive, collaborative, and respectful culture, and endeavor to identify and address barriers that limit their ability to provide safe and timely SAW/RTW opportunities.

Further, the policy will state that the employer will collaborate with staff and partners to implement an effective SAW/RTW program in their organization.

6.0 Appointing a SAW/RTW Coordinator

All Long Term Care employers with 20 or more workers **will** designate an employee to fulfill the role of SAW/RTW Coordinator. The Administrator/CEO will make this individual aware of the roles and responsibilities of the SAW/RTW Coordinator position, and arrange for all required training to be completed.

It is recommended that Long Term Care employers with 19 or less workers identify a member of their management team to work directly with and support injured/ill workers through the SAW/RTW process when a worker reports an injury or illness.

7.0 SAW/RTW Roles and Responsibilities

All Long Term Care employers **will** establish and communicate SAW/RTW related roles and responsibilities for all employees (i.e. leadership, managers / supervisors, human resources staff, SAW/RTW Coordinator, all other staff) at all levels of their organization, and the SAW/RTW Committee if one exists.

7.1 Employers **will** consult with representatives from the Union Local to draft, get agreement on, and document the role that the Union Local and/or worker representatives will play in the organization's SAW/RTW program.

7.2 Employers who contact with third party disability management companies will ensure that the roles, responsibilities, and expectations for employees of these companies are documented and communicate these to all staff.

7.3 Employers will also collaborate with all treatment providers, WCB Case Managers, etc. to understand and/or establish agreed upon expectations, roles, and responsibilities, and ensure these are communicated to the appropriate employees in the organization.

7.4 If an organization has a SAW/RTW Committee, the employer will ensure they have clear terms of reference with defined and communicated roles / responsibilities, operational procedures, reporting and communication requirements, confidentiality expectations, etc.

7.5 If an organization contracts with a third party disability management organization / consultant to support or manage their SAW/RTW program the employer will create and communicate the role the third party disability management organization / consultant to all staff, treatment providers and the WCB Case Managers. In addition, the employer will set and communicate to staff expectations of the disability management organization / consultant regarding how they will communicate with injured/ill workers, participate in case conferences, communicate with treatment provider and WCB Case Managers, and manage and protect confidential information, etc.

8.0 SAW/RTW Training Requirements

All Long Term Care employers **will** ensure that SAW/RTW related training requirements are established for all staff positions, including senior leadership, and stipulate when training should be taken, what refresher train is required and how often this should be provided.

8.1 All Administrators / CEOs will ensure that a SAW/RTW Training Plan (SAW/RTW TP) is developed and kept up-to-date for all staff working for their organization. SAW/RTW TPs should be reviewed annually to ensure that all training is completed and current.

8.2 All Administrators / CEOs **will** ensure that all staff receive required SAW/RTW training, that an annual SAW/RTW training schedule is created and communicated.

8.3 All Administrators / CEOs will ensure that specific training requirements are defined for the organization's SAW/RTW coordinator, noting when the training should be taken, and if any refresher training is required, and if so how often.

8.4 If a Long Term Care organization has one or more SAW/RTW Committees, Administrators / CEOs will ensure that specific training requirements are defined for SAW/RTW Committee members, noting when the training should be taken, if any refresher training is required, and if so, how often.

9.0 SAW/RTW Communication Requirements

All Long Term Care employers **will** develop and implement procedures related to communication about the organization's SAW/RTW program, and describe how and when those participating in the SAW/RTW program will communicate and what information needs to be communicated. These procedures should ensure that:

9.1 Senior leaders

- Senior leaders are provided with key messages and guidance materials to assist them to share information about the program, both with their direct reports and with other staff.
- Senior leaders are provided with information and data regarding the effectiveness of the program and any concerns that need to be addressed.
- Senior managers are provided with information about the SAW/RTW program and made aware of their responsibility to promote and support the program.
- Senior managers regularly promote the program and ask for feedback on its effectiveness and opportunities for improvement.

9.2 Injured/ill worker are made aware of what information they need to communicate, to whom they need to communicate this, how it should be communicated, and when it needs to be communicated.

9.3 Managers / supervisors are aware of what they need to communicate, to whom (injured/ill worker, co-workers, senior leadership, SAW/RTW coordinator, others as appropriate), how and when. They will also be provided with clear guidance on and a documented process for contacting and following up with an injured/ill worker who is off work or is participating in a SAW or RTW plan

9.4 The SAW/RTW Coordinator is aware of what they need to communicate, to whom (injured/ill workers, managers/supervisors, senior leadership, WCB / WCB Claims Manager, treatment providers, others as appropriate), how and when, including expected timelines for responding and communicating. They will also be provided with clear guidance on and a documented process for contacting and following up with injured/ill workers who is off work or is participating in a SAW or RTW plan is defined

10.0 Establish Relationships with Treatment Providers

All Long Term Care employers **will** take steps to establish good working relationships with all local treatment providers, ensuring that they understand the organization's SAW/RTW process and that the organization is able to provide modified, transitional work duties for all injured or ill workers that are capable of being in the workplace.

The Administrator/CEO will ensure that they and the SAW/RTW Coordinator, if present, understand how the treatment provider will help support and promote the organization's SAW/RTW program and share all available, up-to-date Job Safety Analyses (JSAs) / Job Demands Descriptions with relevant treatment providers.

11.0 Understand Workers' Compensation Process and Requirements

All Long Term Care employers **will** ensure that they, the senior leadership team, supervisors/managers, the SAW/RTW Coordinator, and all members of the JOHSC understand the process for reporting a work-related injury or illness to the Workers' Compensation Board and the obligations of the employer and workers under the Workers' Compensation Act. They will also ensure they understand the role of the worker, their supervisor/manager, the SAW/RTW Coordinator, preferred treatment providers, and the WCB Case Managers in the SAW/RTW process, and how WCB Premiums are calculated and their impact on the organization.

12.0 Defined SAW/RTW Process Steps

The Administrator/CEO **will** develop and approve a set of procedures related to facilitating the creation and implementation of stay-at-work, and return-to-work plans for ill or injured workers. The procedures for work-related and non-work-related injuries / illness should be the same in all major respects, other than identifying who needs to be involved in the process from an insurance / compensation point of view (i.e. the Workers' Compensation Board, a third party insurer and/or the organization's sick leave policies).

The SAW/RTW Process should be designed to ensure that SAW/RTW plans provide the injured/ill worker with suitable work based on the following hierarchy, where the worker performs some or all of the tasks associated with:

- their pre-injury / pre-illness job, in the same department and on the same shift
- a different job in the same department, and on the same shift

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- a different job in a different department, on the same shift
- a different job, in a different department, on a different shift
- supporting the worker and collaborating with partners identify opportunities for a different job with a different employer if return-to-work is not possible

For each of the above, priority should be placed on SAW/RTW plans that have workers perform:

- unmodified but suitable job tasks, for full, scheduled work hours
- job tasks that have been modified to suit the worker's current capabilities, for full scheduled work hours
- unmodified but suitable job tasks, for reduced or modified work hours
- job tasks that have been modified to suit the worker's current capabilities, for reduced or modified work hours

12.1 Reporting of injuries & illnesses

The SAW/RTW process **will** reinforce the need for workers to report all injuries and illnesses to their supervisor/manager if the injury or illness will, or is likely to, prevent them from performing their regular job tasks during their scheduled shift, for the length of the scheduled shift, and/or prevents them from reporting to work. In addition, the SAW/RTW process **will** stress the need for early reporting of minor injuries, muscle aches or discomfort, cuts, etc. - to whom the worker should report the Injury/Illness. The process will also:

- stress the need for early reporting of what might be considered to be minor injuries, muscle aches, discomforts, cuts, etc.
- identify who the worker should report an Injury/Illness to and how and when the worker should make the report.
- describe how the worker is report their injury or illness when they are unable to contact their supervisor/manager, e.g. supervisor/manager on vacation or away for another reason.
- ensure that supervisors/managers are aware that they need to respond to workers reporting an Injury/Illness in a supportive, respectful and empathetic manner; ensure that any first aid / immediate treatment is provided before initiating SAW/RTW discussions; where required, manage the situation, controlling / addressing any hazards or situations that place the worker or others at risk, and as soon as possible, ensure that the organization's incident response and investigation procedure is followed

12.2 Stay-at-Work Process

The Administrator/CEO **will** develop and approve a clear Stay-at-Work (SAW) process that makes it clear that the organization prioritizes, where appropriate, the development and implementation of stay-at-work plans for injured/ill workers and provides guidance on developing, implementing, supporting, and monitoring the SAW process.

The SAW process will consider and provide guidance to supervisors/managers regarding how and when to make a SAW offer to injured/ill workers and the process for arranging for assessments and/or medical treatments.

The SAW process should have a clear goal to, where possible, have injured/ill workers who are following a SAW plan perform as many of their pre-injury / pre-illness job tasks as possible, on their normal work schedule / hours, in their normal work location, etc.

The SAW Process will ensure that:

- SAW discussions are supportive, respectful, empathic, and collaborative, and focus on worker capabilities and not on what caused the incident or assigning blame.
- it stresses the importance of an immediate offer of SAW and being flexible and creative in identifying SAW tasks and plans
- the worker's perspectives and perceptions regarding their ability to participate in a SAW plan are understood, respected and supported
- the process for arranging for the worker's to be assessed by a treatment provider is clear and documented
- guidance is provided to the supervisor/manager and the worker regarding communicating with each other, the SAW/RTW Coordinator, involving the worker's union representative, etc.
- guidance is provided regarding who should be involved in reviewing the worker's assessment results, their current job demands, and the collaborative creation of the worker's SAW plan
- the expectations of the supervisor/manager to support and monitor the SAW process/plan, and for the worker to participate in the SAW process/plan are defined and documented.

12.3 Return-to-Work Process

The Administrator/CEO **will** develop and approve a clear Return-to-Work (RTW) process that makes it clear that the organization supports and prioritizes the development of RTW plans for all injured/ill workers, requires all injured/ill workers to participate in the RTW process when it is safe for them to do so, and provides guidance on developing, implementing, supporting, and monitoring the RTW process.

The RTW process will consider and provide guidance to the SAW/RTW Coordinator, supervisors/managers, and injured/ill workers regarding how and when RTW plans are to be developed and who needs to be involved in the process.

The RTW process should have a clear goal to, where possible, have injured/ill workers who are following a RTW plan perform as many of their pre-injury / pre-illness job tasks as possible, on their normal work schedule/hours, in their normal work location, etc.

The RTW Process will ensure that:

- RTW discussions are supportive, respectful, empathic, and collaborative, and focus on worker capabilities.
- stresses the importance of being flexible and creative in identifying RTW tasks and plans

- RTW timelines are defined including when to start the RTW planning process, when the RTW plan should be reviewed/revise, when the RTW plan should end with, ideally, the worker returning to their regular, pre-injury/pre-illness job, and when longer term accommodation options need to be considered
- the worker's perspectives and perceptions regarding their ability to perform RTW tasks are understood and respected, and considered along with information and data provided by treatment providers
- guidance is provided to the supervisor/manager and the worker regarding communicating with each other, the SAW/RTW Coordinator, involving the worker's union representative, etc.
- guidance is provided regarding who should be involved in the collaborative creation of the worker's RTW plan, and how and when worker's capabilities and the RTW plan should be reviewed in order to adjust the RTW plan tasks and/or to determine if the worker is ready to return to full duties (with or without an accommodation)
- the expectations of the supervisor/manager to support and monitor the RTW process/plan, and for the worker to participate in the RTW process/plan are defined and documented.

13.0 Return to full duties (own job / accommodations)

13.1 Return to Own Job

The Administrator/CEO **will** develop and approve a process to ensure that the SAW/RTW Coordinator regularly reviews and is updated on the worker's recovery and capabilities. Once a review of the worker's capabilities indicates that the worker is able to return to their pre-injury/pre-illness job (full duties / full hours / regular schedule) the SAW/RTW Coordinator will inform the worker, the worker's union rep (where applicable), the worker's supervisor, and where appropriate the treatment provider / Case Manager when the worker will be returning to full duties.

The process will include a plan to check-in with the worker after they have returned to full duties to ensure that there are no unexpected issues. The worker's supervisor/manager will inform the worker's co-workers and others, as appropriate, when the worker is returning to full duties.

Before the worker returns to full duties, the supervisor/manager will ensure that any outstanding issues related to the cause of original injury/illness are addressed.

13.2 Return to an Accommodated Position

When worker is deemed to have reached maximum medical recovery but is still not capable of performing all the duties required in their own job the Administrator/CEO **will** develop and approve a process to ensure that the SAW/RTW Coordinator collaborates with the worker, the worker's union rep (where applicable), the worker's supervisor, and where appropriate the treatment provider / Case Manager to identify accommodation opportunities. Discussions about possible accommodation opportunities should start as soon as possible after it is determined that the worker is unlikely to be able to return to their pre-injury/pre-illness job without any accommodations.

The accommodation process will provide direction as to what tasks/jobs can be used for accommodation, guidance on accommodations for specific limitations/skills, the time lines and process for finalizing and getting approval of the accommodation plan, etc.

14.0 Recognizing and addressing barriers to SAW/RTW

The Administrator/CEO **will** ensure that the SAW/RTW Coordinator, supervisor/managers, and workers understand the importance of identifying, reporting, and addressing barriers to effective SAW/RTW, for all injuries/illnesses, physical and/or psychological, and for both work-related and non-work-related. Examples of typical barriers include:

14.1 Workplace psychosocial barriers reducing SAW/RTW effectiveness including supervisors/managers not supportive of SAW/RTW, co-workers not supportive of SAW/RTW, a lack of support for workers with psychological injuries, workers not confident that some or all of the tasks included in the SAW/RTW plan are safe.

14.2 Currently identified / available transitional duties / accommodation opportunities are not considered suitable for worker

14.3 Information provided by treatment providers is not adequate to identify suitable transitional duties / accommodation opportunities

14.4 Hazards that contributed to worker's injury/illness have not be addressed thereby increasing the risk of re-injury for the worker, recurrence of the incident, and/or increased concern about being reinjured on the part of the worker

14.5 Strained work relationships between a worker and their supervisor/manager, or between a worker and one or more of their co-workers

14.6 Workers not participating in recommended, approved and required treatment

14.7 Workers not actively participating in the SAW/RTW Process

14.8 Workers who are experiencing non-work related psychosocial barriers (economic, family issues, other psychosocial, etc.)

15.0 Documenting physical, cognitive, and psychosocial demands for all jobs / tasks

All Long Term Care employers **will** establish a process for documenting, and keeping up-to-date, the physical, cognitive, and psychological demands for all jobs and job-related tasks performed by workers employed by the organization.

The Job Safety Analysis (JSA) / Job Demands Descriptions (JDDs) should be completed by someone who has been trained to create JSAs/JDDs, reviewed by the workers performing specific jobs / job tasks and their supervisors, and then by the Joint Occupational Health and Safety Committee.

Approved JSA/JDDs should be provided to all treatment providers and made available to the WCB Case Manager, when applicable made available to case workers from third party insurance companies, and to any staff member on request.

16.0 Identify jobs and tasks suitable for use as transitional duties

All Long Term Care employers will take steps to establish a list of jobs and specific job tasks that would be suitable for use as modified, transitional duties.

Using the information and data in the JSAs / JDDs for all jobs, the organization should work to identify which jobs, or job tasks, could be suitable for different types of injuries, identified 'medical restrictions', and/or for specific levels of ability. All jobs / job tasks, including those that benefit residents but are not directly related to care, admin tasks, training, activities that support other workers, and tasks that are 'nice to have' but rarely get done, should be included on the list. The list should be provided to the SAW/RTW Coordinator in order to allow them to facilitate the development of SAW/RTW plans in conjunction with the injured/ill worker and their supervisor, and taking into account information on abilities and/or restrictions provided by the worker's treatment provider.

17.0 Monitoring, documenting, and reporting on SAW/RTW Program Effectiveness

All Long Term Care Employers **will** ensure that they develop procedures to monitor the implementation of their SAW/RTW program, document challenges and opportunities, and evaluate its effectiveness.

18.0 Completing and filing required WCB forms & responding to requests for information

All Long Term Care Employers **will** develop procedures that define who is responsible for completing and filing WCB and other insurance related forms, responding to requests for information from the WCB, other insurance providers, and/or treatment providers. The procedure should identify who is responsible, the role of the injured/ill worker in the completion of these forms, the process to follow if the injured/ill worker is unavailable, and the timelines for completion of these forms and/or responding to requests.

19.0 Conducting and reporting on incident investigations

All Long Term Care Employers **will** develop procedures that define the process for conducting and reporting on incident investigations.

While this process would typically be included as part of the organization's overall incident reporting and investigation policy and procedures, it is mentioned here because addressing the job- / work-related factors that contributed to a worker being injured / becoming ill is an important when it comes to effective and successful SAW/RTW programs. Workers are less likely to be successfully returned-to-work if the job- / work-related factors that contributed to their injury are still present when they return to the workplace.

20.0 Implementing controls to reduce risk associated with workplace hazards

The Administrator / CEO **will** develop and implement a process for identifying and implementing controls to reduce the likelihood of similar incidents occurring. This process may be included as part of a comprehensive hazard identification, assessment, and control policy / process. It is important to note that research suggests SAW/RTW process are more effective when organizations take meaningful steps to reduce the risk that a worker will be re-injured as the result of the same or a similar incident

21.0 Glossary

Accommodation	<p>Action(s) taken to allow injured / ill, or disabled (temporary, short-term, long term), employees to be able to perform part or all of their job function or those of another suitable job.</p> <p>Accommodations may include changes to job tasks, work procedures, work schedules, provision of assistive devices, and/or changes to the design of workplaces, systems, tools or other devices in order to eliminate barriers and allow an employee to perform the essential duties of a job.</p>
Assessment:	<p>In the context of SAW/RTW, an assessment is a systematic process of determining the worker's current physical and cognitive capabilities.</p> <p>The assessment provides information on a worker's capabilities that is valid at the point in time when the assessment is conducted.</p> <p>An assessment is conducted by an individual who is qualified and trained to conduct the assessment and use the assessment results to make conclusions regarding the worker's current capabilities.</p>
Capabilities (Functional Abilities)	<p>A measure of a worker's ability to perform specific physical and/or cognitive tasks or meet the demands of a specific job or task.</p>
Cognitive Job Demands	<p>Cognitive Job Demands include amount of concentration / sustained attention required to do a job, the demands job tasks place on memory, need to learn new skills or procedures, need to plan and organize work, need for judgement calls, safety related decisions, factors such as time pressures, supervisory demands, need to respond to / report to supervision, problem solving, reading and writing demands, computer use, need for numeracy / math skills, social interactions, traits required and general stressors that exist in the workplace and/or are associated with a job or job task.</p>
Control (See Risk Mitigation Strategy):	<p>A control is any measure that is implemented by an organization with the intent of reducing exposure to an identified hazard in order to reduce the risk for staff, clients or anyone else at the workplace.</p> <p>Controls may be designed to eliminate the hazard, modify the hazard by substituting a product or element, redesign or re-engineer equipment or physical elements of a work system, modify training and/or work procedures (administrative), and/or include the provision of personal protective equipment.</p>
Disability	<p>Any restriction or lack of ability to perform normal work duties because of an injury or illness whether it be work- or non-work-related. The restriction or lack of ability can be temporary, of short to long term, or permanent.</p>
Duty to Accommodate	<p>The "duty to accommodate" is a legal requirement arising from human rights case law in Canada. Employers may be required to accommodate various protected characteristics of their employees to the point of "undue hardship".</p>
Employee / Staff / Worker	<p>A person employed by an organization / Employer whose salary and compensation are provided by the organization/ Employer.</p>
Employer (see Organization)	<p>An organization, or most senior management representative of the organization that employs one or more employees or staff and is funded, in part or in whole, by Nova Scotia's Department of Health and Wellness* (* Department of Seniors and Long Term Care).</p>

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First Aid	First aid is the first and immediate assistance given to any person suffering from either a minor or serious illness or injury, with care provided to preserve life, prevent the condition from worsening, or to promote recovery
Hazards	A condition or practice with a potential for harm to people or damage to equipment, materials, property, or the environment.
Human Rights Act	<p>In Nova Scotia, the Human Rights Act refers to the “Human Rights Act, Chapter 214 of the Revised Statutes, 1989 as amended by 1991, c. 12; 2007, c. 11; 2007, c. 14, s. 6; 2007, c. 41; 2008, c. 59; 2012, c. 51; 2016, c. 4, s. 21” The Nova Scotia Human Rights Act recognizes that “the government, all public agencies and all persons in the Province have the responsibility to ensure that every individual in the Province is afforded an equal opportunity to enjoy a full and productive life and that failure to provide equality of opportunity threatens the status of all persons”; and protects individuals with a physical disability from discrimination, including those with a “restriction or lack of ability to perform an activity”.</p> <p>The Canadian Human Rights Act applies to federally regulated employers / organizations, “Canadian Human Rights Act. 1976-77, c. 33, s. 1 as last amended 2019-01-01”.</p>
Incident	An unplanned, unexpected, and unwanted event that causes, or has the potential to cause, harm to a person or damage to equipment, materials, property, or the environment.
Incident Reporting	A clear and defined process to report and document all incidents of workplace violence, with an expectation that staff, at all levels, will follow the process and supervisors will support staff who report these incidents.
Incident Investigation	A clear and defined process for investigating the causes of all incidents of workplace violence, with an expectation that staff and their supervisors will conduct a complete and thorough investigation to determine the root cause(s) of the incident, and identify risk mitigation strategies to reduce the likelihood of the incident occurring in the future.
Injury	Harm or damage to a worker’s physical body. Psychological injury is mental harm, suffering, damage, impairment, or dysfunction caused to a person as a result of some action or failure to act by some individual(s) or system such that it interferes in some with the individual's ability to function.
Illness	<p>The condition of being sick which, in the context of SAW/RTW typically refers to being sick as a result of an exposure to a virus, bacteria, or other infectious agent or chemical, or as a result of occupational exposures, genetic, cellular or neurological changes resulting in a serious and/or chronic condition (cancer, ALS, MS, etc.)</p> <p>Psychological or mental illness is often used to mean psychological injury, and used incorrectly when referring to mental health concerns that do not impair function and/or meet the diagnostic criteria to be classified as a psychological injury.</p>
Job	The position, work, and/or set of defined work tasks a worker is paid to perform by an employer.
Job Demands Analysis – JDA (Physical Demands	A structured process designed to document and assess the level of risk associated with the specific physical requirements of each of the job tasks

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Analysis - PDA)	performed by a worker. May also document and assess the psychosocial requirements and environmental exposures of each job task. Conducted by a qualified and experienced individual. Note: Many JDAs are in fact JDDs as they do not provide any analysis on the level of risk associated with required job demands (see below).
Job Demands Description – JDD (Physical Demands Description - PDD)	A structured process designed to document the specific physical requirements of each of the job tasks performed by a worker. May also document the psychosocial requirements and environmental exposures of each job task. Conducted by a qualified and experienced individual.
Limitations	Identified through an Assessment, a reduction in the capacity of the worker to perform a specific task. The worker may be able to perform some aspects of the task but they may need to do it less often, with assistance, at lower levels of effort, for only a portion of a normal work shift, etc.
Manager/delegate	Includes administrators, directors, managers, assistant managers, supervisors, and others who have management or supervisory roles on a permanent or temporary basis.
Modified Duties (See Transitional Duties)	<p>Any temporary changes to a worker's job tasks, functions or workload, including elimination or substitution of job tasks, reductions in expected work output, provision of equipment and/or another worker to allow workers to perform tasks and/or perform tasks at a level that is beyond their current capabilities, changes to work schedules, etc.</p> <p>Modified duties are intended to be meaningful, productive and, most importantly, safe for the worker to perform and within their current level of capabilities. These duties are intended to provide the worker with an opportunity to stay active, recover and heal while staying in contact with the workplace and contributing to the goals of the organization. The duties are reviewed and changed as the worker recovers and progresses until they are able to perform all of their pre-injury/pre-illness job tasks.</p>
Own Job (Own Occupation)	<p>A term used in relation to human rights and other acts and regulations, and insurance providers referring to the job tasks or occupation for which you are currently employed / paid to perform and when you have been performing the job for, typically, more than 2 years.</p> <p>In most cases, only tasks that are 'essential' to meet the defined outcomes of the occupation are considered when assessing issues of discrimination, ability to perform the job, etc.</p>
Organization (see Employer)	An organization, or Long Term Care Facility agency, or the most senior management representative of the organization that employs one or more employees or staff and is funded, in part or in whole, by Nova Scotia's Department of Health and Wellness* (*Department of Seniors and Long Term Care).
Physical Demands	<p>Include forces (push, pull, lift, lower, grip, etc.) a worker must exert to perform each of the various tasks, the postures the worker must use to perform each of the various tasks.</p> <p>Also the frequency a task is performed and/or how repetitive a task is - how often a specific activity is performed, a force is exerted or a posture is adopted</p>

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	<p>over the work shift, or within a specified period of time (e.g. lift above shoulder height 8 times a shift; reposition a resident 6-8 times an hour; high force grips 4 times a minute)</p> <p>Also the duration or how long it takes to complete a work task (e.g. two hours, 10 minutes, etc.)</p>
Physical Demands Analysis (see Job Demands Analysis)	A systematic procedure to quantify, and evaluate all of the physical and environmental demand components of all essential and nonessential tasks of a job. Conducted by a qualified and experienced individual. Note: Many PDAs are in fact PDDs as they do not provide any analysis on the level of risk associated with the physical demands required for the job (see below).
Physical Demands Description – PDD (Job Demands Description – JDD)	A structured process designed to document the specific physical requirements of each of the job tasks performed by a worker. May also document the psychosocial requirements and environmental exposures of each job task. Conducted by a qualified and experienced individual.
Psychological Job Demands (See Cognitive Job Demands)	Psychological Job Demands include amount of concentration / sustained attention required to do a job, the demands job tasks place on memory, need to learn new skills or procedures, need to plan and organize work, need for judgement calls, safety related decisions, factors such as time pressures, supervisory demands, need to respond to / report to supervision, problem solving, reading and writing demands, computer use, need for numeracy / math skills, social interactions, traits required and general stressors that exist in the workplace and/or are associated with a job or job task.
Psychological Demands Analysis	An objective evaluation of the specific psychological, cognitive and emotional skills / task demands required to perform the essential tasks of a given workers job or occupation.
Psychosocial Demands	Also known as psychological hazards, are factors in the design or management of work that increase the risk of work-related stress and can include factors such as work hours, workload (too low / too high), work pace, time pressures, attention, lack of control or influence over work, role ambiguity, repetitive low skilled work, unclear expectations / performance goals, too little or too much supervision / communication with supervisor, unclear path for growth, negative social environment (lack of civility & respect), too much / too little social interaction, etc.
Reasonable Accommodation	Any accommodation is considered to be reasonable if it does not put ‘undue hardship’ on the organization (see below)
Restrictions	Clear and specific limits, including, but not limited to, specific work activities, cognitive work demands, environmental exposures, body motions, positional tolerances (i.e., ability to sit, stand, stoop for a protracted time, etc.), timeframes, lifting and material handling capabilities, and any restrictions related to psychological injury or illness. The injured/ill worker’s service / treatment provider should identify when a worker has restrictions that are supported by medical and provide this information to the worker’s employer.
Return-to-Work	Return-to-work (RTW) is an organizational process that consists of a series of activities which generally start as soon as the employer learns that a worker has suffered an injury or illness, both work- and non-work-related, and that the worker will not be able to perform their normal job tasks or any suitable / transitional duties, due to the nature and extent of the injury or illness.

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	<p>The RTW process seeks to return the worker to the workplace as soon as they are medically able to safely perform suitable work / transitional duties with the goal of returning the worker to their pre-injury / pre-illness job whenever possible, providing permanent alternative work with the pre-injury / pre-illness employer, or leads to the worker obtaining safe and suitable alternative work with another employer.</p>
Return-to-Work Plan	<p>A plan to manage the return-to-work process of an injured/ill worker including the documentation of the specific work tasks to be performed by the worker, the work schedule to be followed (e.g. number of hours, days of the week, etc.), alternate or modified work identified and provided to him or her, reporting and communication requirements, etc.</p>
Risk	<p>Risk is a measure of the likelihood (probability) of an unwanted incident occurring and the potential severity of outcome (injury, damage, loss) associated with the incident if / when it does occur.</p>
Risk Assessment	<p>Risk assessment is a process that collects information about identified hazards in order to determine the likelihood that exposure to the hazard will result in one or more types of unwanted incidents and the potential severity of the outcome(s) if the these incidents occur.</p>
Risk Mitigation Strategy (See Controls)	<p>A Risk Mitigation Strategy is any measure that is implemented by an organization with the intent of reducing exposure to an identified hazard in order to reduce the risk for staff, clients or anyone else at the workplace.</p> <p>Risk Mitigation Strategies may be designed to eliminate the hazard, modify the hazard by substituting a product or element, redesign or re-engineer equipment or physical elements of a work system, modify training and/or work procedures (administrative), and/or include the provision of personal protective equipment.</p>
Roles and Responsibilities	<p>A detailed description of the workplace violence prevention program related actions and activities individuals working in specific job classifications are expected to perform, manage, and be held responsible for completing and/or reporting on.</p>
Service Providers (See Treatment Providers)	<p>Individuals or organizations that provide treatment and support to injured or ill workers. For work-related injuries/illnesses, individuals or organizations that are approved by WCB NS to provide treatment and/or support services to workers including audiologists, chiropractors, counsellors, dietitians, family physicians and other medical doctors / treatment providers, occupational therapists, physiotherapists, psychologists, social workers, speech therapists, etc.</p>
Stay-at-Work	<p>Stay-at-Work (SAW) is an organizational process that consists of a series of activities which start as soon as the employer learns that a worker has suffered an injury or illness, both work- and non-work-related, that is not serious and does not require immediate emergency care, hospitalization, or does not impact, in the view of the worker, their ability to attend the workplace and perform suitable tasks.</p> <p>SAW is a collaborative process where the worker and their supervisor seek to identify if the worker can perform suitable, safe work tasks while the worker is waiting to be assessed by a service provider, and subsequently creating a plan that provides the worker with suitable, safe work taking into account their assessed capabilities, support the worker with required accommodations, and</p>

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	<p>adjusts assigned work tasks and/or schedules as the worker’s capabilities change.</p> <p>The goal of the SAW process is, ideally, to safely and in a supportive and collaborative manner eliminate any time loss for the injured/ill worker thus minimizing any wage loss for the worker, while supporting the organizational objectives of the employer, and allow the worker to return to their pre-injury/pre-illness job, performing all required tasks, and following their pre-injury/pre-illness schedule.</p>
Stay-at-Work / Return-to-Work Committee	<p>A committee formed by the organization to help support and monitor the effectiveness of the SAW/RTW Program, with defined goals, objectives, roles and responsibilities, and communication expectations.</p> <p>Typically, the SAW/RTW Committee will provide support to injured/ill workers who are participating in a SAW or RTW Plan, and supervisors/managers in helping them to identify and provide meaningful transitional / modified duties, or temporary or permanent accommodations.</p>
Stay-at-Work / Return-to-Work Coordinator	<p>The worker assigned the responsibility of managing, monitoring and overseeing the day-to-day functioning of the organization’s SAW/RTW Program</p>
Stay-at-Work Plan	<p>A plan to manage the Stay-at-Work process of an injured/ill worker including the documentation of the specific work tasks to be performed by the worker, the work schedule to be followed (e.g. number of hours, days of the week, etc.), alternate or modified work identified and provided to him or her, reporting and communication requirements, etc.</p>
Suitable Work	<p>Tasks or work activities that are safe and do not put the worker or co-workers at risk, or hinder recovery, and are meaningful and promote the worker's recovery. Tasks or work activities that the worker is capable of performing based on their most recent assessment of capabilities. Also tasks or work activities that the worker has the necessary skills, knowledge and experience to perform.</p>
Supervisor	<p>The person who has the responsibility for overseeing the work of others, with the authority to direct how, when and where care tasks are performed and to assign others to perform this work.</p>
Task (Job Task)	<p>The specific activities / steps workers must perform to fulfill the requirements / meet the performance objectives of their job. Workers perform numerous tasks when working, some of which directly contribute to and are related to their job outcomes (e.g. essential duties) while others are only indirectly related to their job. Tasks require a worker to take action using both physical and cognitive processes.</p> <p>Understanding what tasks are required to perform a job is key to understanding the physical, cognitive, psychological and psychosocial demands of the job, and for creating effective SAW/RTW plans.</p>
Transitional Duties (See Modified Duties)	<p>Any temporary changes to a worker’s job tasks, functions or workload, including elimination or substitution of job tasks, reductions in expected work output, provision of equipment and/or another worker to allow workers to perform tasks and/or perform tasks at a level that is beyond their current capabilities, changes to work schedules, etc.</p> <p>Transitional duties are intended to be meaningful, productive and, most</p>

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	importantly, safe for the worker to perform and within their current level of capabilities. These duties are intended to provide the worker with an opportunity to stay active, recover and heal while staying in contact with the workplace and contributing to the goals of the organization. The duties are reviewed and changed as the worker recovers and progresses until they are able to perform all of their pre-injury/pre-illness job tasks.
Treatment Providers (See Service Providers)	Individuals or organizations that provide treatment and support to injured or ill workers. For work-related injuries/illnesses, individuals or organizations that are approved by WCB NS to provide treatment and/or support services to workers including audiologists, chiropractors, counsellors, dietitians, family physicians and other medical doctors / treatment providers, occupational therapists, physiotherapists, psychologists, social workers, speech therapists, etc.
Undue Hardship	Occurs when all reasonable means of accommodation have been exhausted and only unreasonable or impracticable options remain which would create a substantial and unmanageable workplace burden for the employer and/or it is determined that the employee's safety would be impacted resulting in an unsuccessful return into the workplace. Such a burden may include significant, financial, operational and/or safety considerations to the employee or others in the workplace. The Employer has the burden of proving that an accommodation would result in undue hardship.
Well-being	Well-being is a self-reported perception of someone's health, happiness, and prosperity. It reflects the individual's state of mental health, life satisfaction, their sense of having a personal meaning or purpose, and their ability to manage stress.
Worker	A person employed by an organization / Employer whose salary and compensation are provided by the organization/ Employer.
Workers' Compensation Act	The Workers' Compensation Act (the Act) of Nova Scotia (currently Chapter 10 of the Acts of 1994-95 as amended by 1999, c. 1; 2000, c. 4, s. 93; 2001, c. 6, s. 127; 2002, c. 5, ss. 56-58; 2002, c. 41; 2003, c. 5; 2005, c. 31; 2012, c. 65; 2013, c. 12; 2017, c. 16; 2019, c. 40) provides the legal framework for the administration of the WCB of Nova Scotia's prevention, return to work, assessment, and compensation programs. The regulations made under the Act provide further guidance on the application of the requirements in the Act.
Workers' Compensation Board	<p>The Workers' Compensation Board (WCB) of Nova Scotia is the province's provider of workplace injury insurance providing workplace injury insurance to workers and employers in Nova Scotia. When a workplace injury/illness occurs, the WCB supports injured/ill workers to return to work in a safe and timely manner. They provide income replacement benefits, supporting rehabilitation and offering return-to-work assistance. They also provide extended benefits in cases where an injured/ill worker is no longer able to work due to their workplace injury/illness, and we support families in the wake of workplace tragedy.</p> <p>The WCB operates pursuant to the Workers' Compensation Act (the Act) of Nova Scotia, according to organizational policies established under and reflecting the sections and requirements of the Act.</p>