

## **Council of Construction Associations**

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## **COCA Update on WorkSafeBC Activities #546 October 25, 2012**

The following column from COCA appeared in the Journal of Commerce

October 24, 2012

### **Developing a Return to Work program**

View from the Board | Grant McMillan

When the worker is injured badly enough that a Stay at Work program is not possible, then you need to put energy into a Return to Work program.

“Sooner is better” to start - especially when you think the recovery may be slow.

The first thing you or your supervisor should do is to express your sympathy for the worker.

The worker should know that he or she is a valuable part of a team. When a team member is missing, the entire team cannot function as well.

The best plans are those that have a particular objective in mind.

In the case of a WorkSafeBC claim, the objective is to encourage a return to work as soon as the worker is physically able to do so without risk of injury. The longer the worker is away from work, the less strong are the ties to the workplace and the greater are the chances that the worker will not make a smooth transition back to work. Studies have shown that when a worker is off work for 6 months or longer, there is only a 50% chance that the worker will ever return to work.

Working with the Construction Nurse Adviser (CNA) from WorkSafeBC, you can plan on a Graduated Return to Work and/or a Modified Return to Work. In a Graduated Plan, you reduce the hours that the worker will work when he or she first returns. This is part of a "work hardening" process and greatly reduces the risk of re-injury.

Always arrange the work to start at the normal start time so the worker does not get caught up in the habit of sleeping in.

Going back to work gradually will maintain the essential work contact for the worker, keep them aware of any changes in the workplace and speed up their eventual return to full time work.

In a Modified Plan, physical demands of the job are reduced while the worker is getting used to the work effort.

Consider worksite modifications to ease the return to work. The worker may be able to safely perform 75% of the work, but the other 25% of the duties may be unsafe. Or the worker may be able to lift or bend or stand within certain safe guidelines. The worker's physician and the CNA should be able to define these limits. Then you (as the employer) must make sure that the limits are not exceeded.

Use a written description of duties to help the worker's doctor understand the nature of the work modification.

Any return to work plan should be carefully discussed with the worker and the WorkSafeBC CNA. The CNA can identify modified duties, facilitate return to work and overcome return to work roadblocks.

To reach the Construction Nurse Line, call 604-279-8155 or 1-877-633-6233.

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This column can be read online at:

<http://www.joconl.com/article/id52448/--developing-a-return-to-work-program>