COHNA ACIIST

DISABILITY MANAGEMENT PRACTICE STANDARDS FOR OCCUPATIONAL HEALTH NURSES

Updated 2023

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Alberta, Canada

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INTRODUCTION

Occupational Health Nurses (OHNs) are competent practitioners capable of overseeing Disability Management Programs. This Disability Management Practice Standard is designed to serve as a practice standard. Unlike disability guidelines, which advise on the expected length of absences for various illnesses or injuries, this standard, or code of practice, outlines the disability management best practice strategies and the steps that OHN's are expected to follow.

Disability Management Programs are a management function designed to:

- manage employee medical absenteeism and the related costs.
- support and maintain the employer-employee occupational bond.
- identify reasons for medical absences through data collection and trend analysis.
- prevent employee illness/injuries.
- contain disability-related costs; and
- uphold legal requirements.

Practice standards are stated approaches to care and practice based on recognized and accepted principles of clinical practice for planned processes, such as disability case management. They form the guidelines and rules of practice, provide the boundaries for the practice activity, clarify stakeholder roles and responsibilities, and serve as a practice benchmark. Practice standards can be beneficial because they:

- promote a consistent approach to case management.
- provide meaningful direction to the practice in question.
- enable practitioners to address new and unexpected health circumstance; and
- promote effectiveness and efficiency of practice through a reduction of errors, complications, and costs.

To remain current and credible, practice standards are regularly reviewed and updated.

This document contains the:

1. Disability Case Management Standard of Practice.
2. Disability Management Best Practices.
3. Disability Management: A Business Function.
4. Disability Management: Nursing Best Practices.
5. OHNs: Unique Role in Disability Management.

These materials are presented in this manner so that the reader gains a working understanding of the Disability Case Management Standard of Practice; the industry Disability Management best practices; Disability Management as a business function; the related nursing best practices in Disability Management and how OHNs are competent at providing a unique role in Disability Management.

COHNA-ACIIST is a non-for-profit association committed to promoting excellence in the practice of occupational health nursing and advancing health, wellness, and safety practices in the workplace. Our mission is:

- Developing national standards and guidelines.
- Fostering working relationships between Provincial/Territorial Associations.
- Providing a forum for members to network, exchange knowledge and share expertise.
- Influencing legislation and regulations to improve the health and safety of workers.
- Promoting the diverse role of the occupational health nurse to business, community, government, and professional affiliates at every opportunity.

These Disability Management Practice Standards were originally created by the Alberta Occupational Health Nurses Association (AOHNA) and have been endorsed and adopted by the Canadian Occupational Health Nurses Association/Association Canadienne des Infirmieres et Infirmiers En Sante Du Travail (COHNA-ACIIST) in 2023.

DEFINITIONS

Advocate – the role of pleading or representing an employee's cause to management, or to external individuals or agencies.

Benchmarking - a continual and collaborative discipline that involves measuring and comparing the results of the key process with "best performers" or with one's own previous achievements.

Cornerstone - something of basic importance; it is the foundation – the basis on which a concept is built.

Enabler – the role of enabling another to persist in self-destructive behavior (as substance abuse) by providing excuses or by making it possible to avoid the consequences of such behavior.

Fit for Duty - a condition in which an employee's physical, physiological, and psychological state enables them to continuously perform assigned tasks safely. It encompasses physical requirements, psychological conditions, and psychological status.

Occupational Health Nurse - An Occupational Health Nurse is defined as a Registered Nurse who has graduated with a Certificate or Diploma from a recognized Occupational Health Nursing program and/or who has achieved the level of COHN(C) with the Canadian Nurses Association. Definition endorsed and adopted by COHNA in 2023.

Own Job - the job that the employee was employed to do and was doing at the time of illness/injury.

PASC - officially termed "Post-Acute Sequelae of COVID-19". In lay terms, it is Long COVID 19 or Long Haul COVID 19.

PTSD - Post Traumatic Stress Disorder; the psychological reaction to experiencing or witnessing a life-threatening event.

Social Capital Theory - has been used to explain why some employees easily return to work, while others struggle to do so. Those with a high amount of social capital credits were readily supported back; those with low or no social credit are not.

DISABILITY CASE MANAGEMENT STANDARD OF PRACTICE

Companies and professionals involved in disability management should provide a planned approach to remove barriers so that employees can return to work as quickly as possible without risk to their health or to the health of others. The purpose of this standard of practice is to provide guidelines for disability case management.

Disability case management is a collaborative process for assessing, planning, implementing, coordinating, monitoring, and evaluating the options and services available to meet an individual's health needs through communication and accessible resources to promote quality, cost-effective outcomes[1]. Disability case management promotes:

- safe and timely return-to-work efforts.
- early identification of disability claims for services and coordination of services, such as early intervention.
- maintaining contact with disabled employees.
- supporting and maintaining the occupational bond.
- developing and monitoring modified/alternate work opportunities; and
- coordinating issues with the insurer and arranging for vocational rehabilitation when required.

GOAL

Disability case management is intended to assist ill and injured employees, or those with diminished functional abilities, to reach the highest level of medical improvement possible and to facilitate a return-to-work in the most cost-effective manner.

DISABILITY CASE MANAGER

As Disability Case Managers, OHNs must ensure that appropriate rehabilitative care is underway for the employee, and that the goal from the onset of their injury/illness is to return the employee to productive work in a safe and timely manner.

QUALIFICATIONS

The qualifications necessary for a Disability Case Manager are:

- Maintenance of current Registered Nurse licensure.
- Completion of an Occupational Health Nursing certificate or certification with an accreditation body.
- Completion of specific training and experience in the health needs of the employee population served.
- Demonstration of knowledge of Occupational Health, organizational behaviour, employee group benefits plans, applicable legislation and collective agreements, and community health care services.

- Maintenance of continuing education appropriate to disability case management and licensure.
- Maintenance of case management certification, as required.

Note: Many non-OHNs assume the role of a Disability Case Manager, however, this Standard is focused on promoting the Occupational Health Nursing practice.

ROLE OF DISABILITY CASE MANAGER

In the field of Disability Management, OHNs assume a variety of roles – Disability Management Program Manager, Disability Case Manager, Occupational Health Technical Specialist, etc. To accomplish this, the OHN uses good business management practices coupled with good medical, nursing, occupational health, and disability management knowledge.

The OHN, as a Disability Case Manager:

- initiates and maintains contact with injured/ill employees, health professionals, the insurance carrier, the employer, and other involved parties.
- reviews medical care of injured/ill employees and their response to treatment.
- facilitates and coordinates the sharing of information among all involved parties.
- communicates and educates stakeholders regarding graduated return-to-work guidelines.
- facilitates graduated return-to-work strategies, including modified/alternate work opportunities.
- monitors modified/alternate work efforts.
- establishes vocational rehabilitation when required; and
- collects data to show cost-effectiveness of the Disability Management Program and any identified trends for illness/injury prevention.

DISABILITY CASE MANAGEMENT PROCESS

The OHN as a Disability Case Manager, functions as the catalyst and liaison to facilitate the recovery of employees with non-occupational and work-related illness/injury in the most expedient and cost-effective manner. Specifically, the OHN performs the following functions in a systematic manner (*Figure 1: Disability Case Management Assessment*).

ASSESSMENT

Disability management requires a comprehensive approach. Early initial contact with the employee is conducted to determine the potential for the illness/injury to become chronic, and to establish whether help is necessary. The following are some of the factors that must be assessed when determining the need for disability case management:

Physical factors, such as:

- the employee's physical capabilities.
- the job demands, pace, and stressors of the employee's own job.
- the potential for job modification of the employee's own job.
- the potential for use of adaptive devices; and
- the potential for worksite/environmental modifications.

Personal factors, such as:

- any changes in the employee's family prior to and since the onset of the illness/injury.
- the presence of a personal crisis compounding the disability (i.e., legal, domestic problems, job insecurity).
- the employee's cultural orientation to illness/injury, recovery, and disability management.
- the health status of other family members; and
- how the employee's family dynamics impact the current disability situation.

Vocational factors, such as:

- the degree of job satisfaction.
- the occurrence of recent changes at work (i.e., hours, assignment, performance, availability of work, change in management/supervisor, labour unrest, lay-offs/restructuring, etc.).
- any previous work activities and other marketable skills that the employee might possess.
- the employee's vocational interests and aptitudes; and
- the supervisor, union, and human resources professional's promotion and acceptance of a graduated return-to-work placement.

Medical factors, such as:

- medical diagnosis.
- prognosis.
- treatment plan, including medication use and any negative impact on the employee's ability to function.
- expected return-to-work date.
- employee confidence and satisfaction with the medical treatment.
- potential residual limitations or restrictions.
- presence of pain and the related coping skills for dealing with that pain.
- presence of other health conditions/problems.
- quality of the employee's coping skills; and
- presence of support from an independent practitioner, of nutritional guidance, of adaptive devices, of aids to daily living, of home help, and/or of home-care services, etc.

Psychological factors, such as:

- the employee's reaction to illness/injury.
- the employee's thoughts and feelings, level of self-esteem, outlook, locus of control, and degree of personal power.
- cultural factors — cultural response to illness/injury, recovery, and return-to-work.
- the employee's interests and attitude about work and the illness/injury.
- the employee's reliance on alcohol and/or drugs.
- stress management needs; and
- the employee's willingness to try a modified work/alternate work placement.

Performance issues, such as:

- the quality of the relationship between the employee and his/her supervisor.
- the quality of relationships with co-workers.
- the employee's level of social acceptance and credibility.
- the employee's past and recent work performance; and
- a history of absenteeism or presenteeism.

Educational factors, such as:

- technical training.
- level of formal education; and

- any specialized training.

Financial factors, such as:

- available employee group disability insurance benefits and supplementary health care benefits.
- current level of income.
- financial assets/liabilities; and
- treatment/rehabilitation expenses.

Organizational factors, such as:

- the willingness to support the ill/injured employee through the illness/injury, recovery, and return-to-work processes.
- the willingness to support case management conferences to expedite a successful, graduated return-to-work placement; and
- the resources available to meet the employee's rehabilitation needs.

Effective disability case management requires the appropriate assessment and evaluation of the employee's needs; of the availability and utilization of appropriate medical treatment; and of the factors that may impede/promote the employee's successful recovery and reintegration into the workforce. By providing parallel assistance with work and medical issues, return-to-work barriers can be eliminated or reduced.

Figure 1: Disability Case Management Assessment

EMPLOYEE: _____ **EMPLOYEE #:** _____
WORK LOCATION: _____ **TEL #:** _____
OCCUPATION: _____
DIAGNOSIS: _____ **PHYSICIAN:** _____

FACTOR	(Check if appropriate)	COMMENTS
A. PHYSICAL	Physical capabilities	
	Job demands, pace, stressors	
	Job modification potential	
	Need for adaptive devices	
	Need for worksite modification	
B. PERSONAL	Change in family dynamics	
	Personal crisis	
	Cultural orientation	
	Health of family members	
	Impact of family dynamics	
C. VOCATIONAL	Level of Job satisfaction	
	Work changes	
	General employment skills	
	Vocational interests/aptitudes	
	Supervisory support for MW	
D. MEDICAL	Diagnosis	
	Prognosis	
	Treatment plan	
	Expected RTW date	
	Treatment confidence/satisfaction	
	Potential residual limitations	
	Pain and coping skills	
	Other health problems	
	Other health care supports	
E. PSYCHOLOGICAL	Employee's reaction	
	Employee outlook/self-esteem	
	Cultural factors	
	Employee treatment goals	
	Use of alcohol, drugs	
	Stress management needs	
	Willingness to work MW/AW	
F. PERFORMANCE	Relationship with supervisor	
	Relations with co-workers	
	Degree of social acceptance	
	Work performance	
	Past absenteeism rate	
G. EDUCATIONAL	Formal education	
	Technical training	
	Specialized training	
H. FINANCIAL	Available employee group benefits	
	Income	
	Financial assets/liabilities	
	Treatment/rehab costs	
I. ORGANIZATIONAL	Willingness to support employee	
	Use of case conferences	
	Available rehabilitation resources	

REHABILITATION GOAL: OWN JOB ☐ OTHER JOB ☐
Return to Work Date:

PROBLEM IDENTIFICATION

An overwhelming majority of injured, ill, or disabled employees return to work without difficulty. For approximately 20% of employees on short-term disability insurance, or long-term disability insurance, or Workers' Compensation claim coverage, disability provokes a constellation of personal, emotional, and work-related issues that delay their return to work[6]. The existence of person-job mismatch, workplace discord, and/or a performance problem usually indicates a prolonged absence from work.

Some factors associated with a delayed return to work (barriers to return to work) are:

- the absence of graduated return-to-work opportunities.
- lack of workplace support.
- time lags in obtaining medical care or other forms of therapy.
- failure by the attending physician to follow recommended clinical medicine practice guidelines and policies.
- a poorly understood illness/injury with uncertain medical management and outcome (e.g., PASC, PTSD).
- lack of knowledge on the part of the community practitioner about the workplace and what accommodations can be made for the disabled employee.
- disability insurance plans that promote a "reward" for being disabled.
- unreliable methods for tracking the ill/injured employee (e.g., partial or delayed absence reporting).
- employee fear of losing disability income if he/she attempts an unsuccessful return-to-work placement.
- presence of physical/psychological pain.
- employee fear of relapse or re-injury.
- employee anxiety concerning poor job performance due to disability.
- decreased self-confidence.
- a physical illness with strong psychological overtones.
- a work situation perceived as intolerable by the employee.
- a negative industrial relation climate.
- layoffs due to "downsizing".
- cultural differences in illness/injury response.
- limited social acceptance and supports within the workplace.
- a breakdown in communication between the employee and employer; and
- a lack of understanding by all stakeholders of the actual costs associated with disability.

The factors associated with a timely and safe return-to-work (drivers to return to work) are:

- job satisfaction.
- mutual respect for the employee/supervisor.
- open communication between the employer and employee.
- strong social acceptance and social capital credits among the employee and workgroup.
- awareness of the organization's/company's Disability Management services and processes.
- use of a multiple disciplinary approach to case management.
- referral to appropriate rehabilitation services.
- existence of a graduated return-to-work opportunities; and
- use of a team approach (i.e., employee, supervisor, union, insurance company, human resource professionals, physician, Employee Assistance Program counsellors, occupational health professionals, etc.) towards a graduated return-to-work with the employee being the key player.

The objective of an Integrated Disability Management Program is to promote a safe and timely return-to-work. The challenge is to reinforce the drivers to return to work, and to mitigate barriers standing in their way. OHNs have the expertise and in collaboration with management and unions, can provide a planned approach to minimize barriers so that employees can return to work in a timely fashion without risk to their health, or to the health of others.

Workers' compensation and human rights regulations in Canada demand workplace accommodation for the disabled employee. For larger companies, this can mean workplace and/or work duty modifications or necessitate the development of alternate job positions.

Work accommodation is the process and implementation of changes to a job and/or to the environment in which the job is accomplished[10]. This enables the affected employee to perform the job productively and should be designed to support the employee's rehabilitation within the workplace.

DISABILITY CASE MANAGER ROLE

Disability Case Managers identify cases, non-occupational or occupational in nature, that will benefit the most from case management intervention. Criteria for early identification include:

- expected duration of disability exceeding one month.
- hospitalization greater than one week.
- Workers' Compensation Board claims that go on longer than one week.
- an employee aged 50 years or older.
- "stress" as the medical diagnosis.
- diagnoses of cardiovascular, cancer, digestive, skeletal, neurological, or psychological conditions.

- multiple diagnoses.
- employee expectations that are out of proportion with the nature of the injury.
- cases which fail just before the expected return-to-work date.
- frequent changes in health caregivers.
- employees with limited social acceptance and support.
- job dissatisfaction.
- presence of a number of personal stressors.
- presence of labour relations problems.
- presence of performance problems.
- presence of pending litigation associated with the illness or injury.
- an ill/injured employee with a high rate of absenteeism; and
- any multiple of the above.

OUTCOME IDENTIFICATION

Disability Case Management is a goal-directed process. Information is gathered and evaluated to form an assessment of an injured or ill employee's needs. When these needs are identified, the Disability Case Manager, in collaboration with the medical care provider, employee, employer, and other involved parties, identifies cost-effective and appropriate resources that can be utilized to facilitate the employee's recovery. For each identified resource, or intervention, the Disability Case Manager must be able to report, in quantifiable terms, its impact on the quality of care or quality of life, to appropriately evaluate the outcomes.

PLANNING PROCESS

The Disability Case Manager facilitates the planning of care and the selection of resources. This facilitation is not conducted in a vacuum but in partnership with the employee and other stakeholders such as: management, union, physician, Employee Assistance Program counsellor, and often, family members. The factors identified in the assessment process are considered in deciding the appropriate care, delivery of that care, and the necessary resources, such as equipment, supplemental assistance, available Employee Assistance Programs (own and spousal), and extended health care plans.

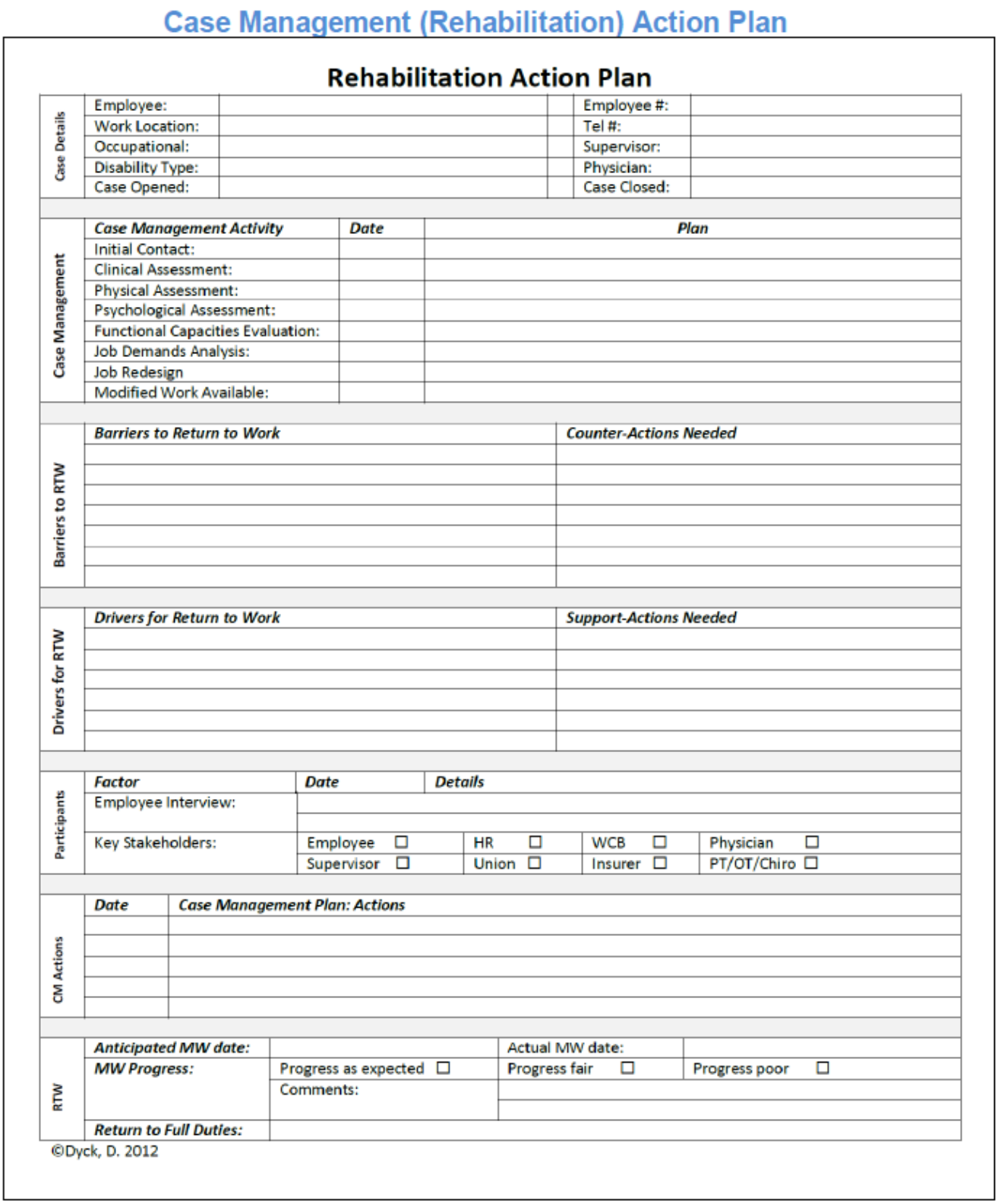
A Disability Case Management Rehabilitation Plan (*Figure 2*) is developed for each employee who can benefit from proactive intervention. This is accomplished by gathering data using the following techniques:

- *Job Demands Analysis* — The job description and the physical and cognitive demand requirements of the employee's job are reviewed to identify capabilities, as well as any functional limitations.
- *Attending Physician Support* — The purpose of the case management process is to work as a team to benefit the employee's rehabilitation and return to work. This includes involvement of the attending physician. The Disability Case Manager must provide a Job

Demands Analysis of the employee's own job and of a potential modified work placement (*Figure 3*) to the physician so that a valid fit-to-work determination can be obtained. A well, it is advisable to have the physician complete a Functional Abilities Form (*Figure 4*) so that suitable work accommodation can be arranged. Lastly, if appropriate, explain the benefits and corporate support available for the employee. This can be achieved through a Dear Doctor Letter (*Figure 5*).

- *Job or Worksite Modification* — The opportunity for job changes, or the reassignment of parts of a job, are considered so that the employee can return to work in a safe and timely manner. Once the employee's capabilities have been identified, the supervisor, union representative, Return-to-Work Coordinator, and human resources personnel are usually the leaders of a modified/alternate work opportunity.
- *Employee Assistance Program Support* — The Disability Case Manager should offer Employee Assistance Program support to the employee and family, where available. Many disabled employees need help to cope with a disability, stress, personal issues, and any psychological component of medical conditions.
- *Coordination with a Specialist* — When warranted, a Disability Case Manager may arrange to obtain an earlier specialist appointment for the employee. Under certain circumstances, it may be advantageous to fund a medical assessment, especially if it facilitates getting an earlier appointment.
- *Third Party Functional Capacity Assessment/Evaluation (FCA/FCE)* — A third party FCA/FCE may be sought to determine the employee's fitness to work, or what reasonable work accommodation might entail.
- *Adaptive Devices* — Special clothing, devices, or equipment that allow adaptation of the work to the employee's limitations are considered where possible. From the beginning, the disabled employee and supervisor are involved in selecting and learning how to use any device that assists in the workplace accommodation of the returning employee. Physiotherapists and ergonomists can be excellent team resources in this area.
- *Job Finding* — Human resources personnel should be advised as early as possible, of the likelihood that the employee will not be able to return to his or her own job. In that way, an internal job search can be instituted.
- *Employee Education* — Company resources may be used to help the employee understand and cope with his/her disability. This is important when trying to encourage a positive attitude towards illness/injury management. The employee must feel a sense of control over life if he/she is to successfully cope with the situation.
- *Case Conferences* — It is critical to invite all the relevant stakeholders to attend any required case management meetings. Specific goals and time frames are developed and communicated to the team, of which the employee is the key player. In this way, all the stakeholders can review and address any identified rehabilitation or return-to-work barriers. This is particularly important if the employee will not be able to return to his/her own job.

Figure 2: Disability Case Management Rehabilitation Plan



Case Management (Rehabilitation) Action Plan

Rehabilitation Action Plan

Case Details	Employee:			Employee #:	
	Work Location:			Tel #:	
	Occupational:			Supervisor:	
	Disability Type:			Physician:	
	Case Opened:			Case Closed:	

	Case Management Activity	*Date*	*Plan*
Case Management	Initial Contact:		
	Clinical Assessment:		
	Physical Assessment:		
	Psychological Assessment:		
	Functional Capacities Evaluation:		
	Job Demands Analysis:		
	Job Redesign		
	Modified Work Available:		

	Barriers to Return to Work	*Counter-Actions Needed*
Barriers to RTW		

	Drivers for Return to Work	*Support-Actions Needed*
Drivers for RTW		

	Factor	*Date*	*Details*			
Participants	Employee Interview:					
	Key Stakeholders:	Employee ☐	HR ☐	WCB ☐	Physician ☐	
		Supervisor ☐	Union ☐	Insurer ☐	PT/OT/Chiro ☐	

	Date	*Case Management Plan: Actions*
CM Actions		

RTW	*Anticipated MW date:*		Actual MW date:	
	MW Progress:	Progress as expected ☐	Progress fair ☐	Progress poor ☐
		Comments:		
	Return to Full Duties:			

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Figure 3: Job Demands Analysis

Company XYZ

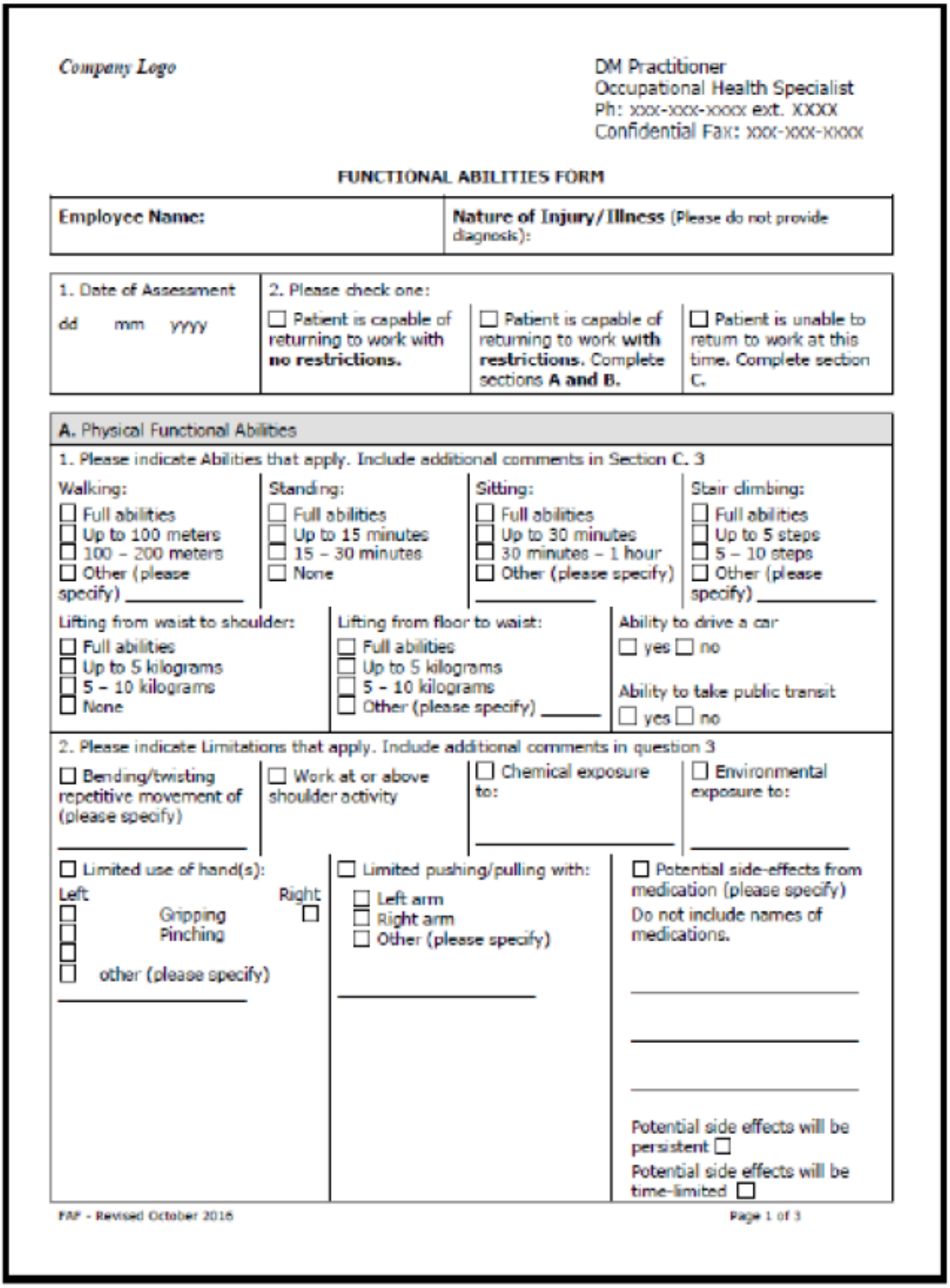
Job Demands Analysis

Date:		Hours in Shift:		Business Unit:		
Job Title:		Occupation:		Location:		

	Job Demands	Category	Frequency 0	1	2	3	Essential Duty Yes	/ No	Description
STRENGTH	Lifts:	Usual weight							
		Max. weight							
	Lifting:	Floor to waist							
		Waist & higher							
	Carrying:	Usual weight							
		Max. weight							
	Carrying:	Single arm							
		Double arm							
	Handling:	Right							
		Left							
	Reaching: Shoulder height	Above							
		Below							
	Gripping:	Minimum							
		Moderate							
		Maximum							
	Finger Movements:	Right							
		Left							
MOBILITY	Sitting								
	Standing								
	Walking								
	Climbing								
	Stooping								
	Crouching								
	Kneeling								
	Crawling								
	Twisting								
PERCEPTION	Hearing:	Conversation							
		Other Sounds							
	Smelling:								
	Vision:	Far							
		Near							
		Colour							
		Depth							
	Reading/Writing								
	Speech								
WORK ENVIRONMENT	Inside Work (% of time)								
	Outside Work (% of time)								
	Noise Exposed Worker								
	Exposure to Extreme Heat (≥26°C)								
	Exposure to Extreme Cold (≤-7°C)								
	Exposure to Vibration Sources								
	Exposure to Chemicals								
	Exposure to Hazardous Materials								
	Exposure to Radiation								
	Exposure to Biological Hazards								
	Exposure to Electrical Hazards								
	Exposure to Dust								
	Exposure to Welding Fumes								
	Works With Moving Objects								
	Operates a Vehicle or Mobile equipment								
	Operates Hazardous Machines/Equipment								
	Works With Sharp Tools								
	Works on Uneven/Slippery Terrain/Surfaces								
	Exposed to Confined Spaces								
	Use of Respiratory Equipment								
	Works at Heights (> 2.4 meters high)								
	Repetitive Motion								
	Video Display Terminal Use								
GENERAL	Air Travel								
	Vehicle Travel								
	Interaction With Public								
	Overtime								
	On-call Responsibilities								
	Emergency Response Duties								
PSYCHOLOGICAL	Work Demands/Pressures								
	Work Pace								
	Supervisory/ Managerial Duties								
	Control of Work								
	Span of Control								
	Irregular Hours/Fatigue								

Job Specific Comments:

Figure 4: Functional Abilities Form



Company Logo

DM Practitioner
Occupational Health Specialist
Ph: xxx-xxx-xxxx ext. XXXX
Confidential Fax: xxx-xxx-xxxx

FUNCTIONAL ABILITIES FORM

Employee Name:	**Nature of Injury/Illness** (Please do not provide diagnosis):

1. Date of Assessment dd mm yyyy	2. Please check one:		
	☐ Patient is capable of returning to work with **no restrictions.**	☐ Patient is capable of returning to work **with restrictions.** Complete sections **A and B.**	☐ Patient is unable to return to work at this time. Complete section C.

A. Physical Functional Abilities

1. Please indicate Abilities that apply. Include additional comments in Section C. 3

Walking:	Standing:	Sitting:	Stair climbing:
☐ Full abilities ☐ Up to 100 meters ☐ 100 – 200 meters ☐ Other (please specify) _____	☐ Full abilities ☐ Up to 15 minutes ☐ 15 – 30 minutes ☐ None	☐ Full abilities ☐ Up to 30 minutes ☐ 30 minutes – 1 hour ☐ Other (please specify) _____	☐ Full abilities ☐ Up to 5 steps ☐ 5 – 10 steps ☐ Other (please specify) _____

Lifting from waist to shoulder:	Lifting from floor to waist:	Ability to drive a car
☐ Full abilities ☐ Up to 5 kilograms ☐ 5 – 10 kilograms ☐ None	☐ Full abilities ☐ Up to 5 kilograms ☐ 5 – 10 kilograms ☐ Other (please specify) _____	☐ yes ☐ no Ability to take public transit ☐ yes ☐ no

2. Please indicate Limitations that apply. Include additional comments in question 3

☐ Bending/twisting repetitive movement of (please specify) _____	☐ Work at or above shoulder activity	☐ Chemical exposure to: _____	☐ Environmental exposure to: _____

☐ Limited use of hand(s):	☐ Limited pushing/pulling with:	☐ Potential side-effects from medication (please specify) Do not include names of medications.
Left ☐ Gripping ☐ Pinching ☐ ☐ other (please specify) _____ Right ☐	☐ Left arm ☐ Right arm ☐ Other (please specify) _____	_____ _____ _____ Potential side effects will be persistent ☐ Potential side effects will be time-limited ☐

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Occupational Health Specialist
Ph: xxx-xxx-xxxx ext. XXXX
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B. Cognitive Functional Abilities	Number of Hours			
Concentrating	None ☐	Up to 1 hour ☐	2 - 4 hours ☐	More than 4 hours ☐
Interpersonal Contact	None ☐	Up to 1 hour ☐	2 - 4 hours ☐	More than 4 hours ☐
Multi-tasking	None ☐	Up to 1 hour ☐	2 - 4 hours ☐	More than 4 hours ☐
Problem Solving	None ☐	Up to 1 hour ☐	2 - 4 hours ☐	More than 4 hours ☐
Managing Interpersonal Conflict	None ☐	Up to 1 hour ☐	2 - 4 hours ☐	More than 4 hours ☐
Managing Stress	None ☐	Up to 1 hour ☐	2 - 4 hours ☐	More than 4 hours ☐
Managing deadlines	None ☐	Up to 1 hour ☐	2 - 4 hours ☐	More than 4 hours ☐
Other:	None ☐	Up to 1 hour ☐	2 - 4 hours ☐	More than 4 hours ☐

C. Medical Support

Please provide objective clinical findings if accommodation is not possible at this time (Please do not provide diagnosis):

_____

_____

What are the workplace accommodations that would facilitate a safe return to work?

_____

_____

Date of next appointment to review Abilities and/or Limitations. dd mm yyyy

3. Assessment of how the employee's limitations will impact his/her job duties

_____

_____

4. From the date of this assessment, the projected duration of limitations: dd mm yyyy

5. Recommendations for **work hours and start date:** Start Date dd mm yyyy

☐ Regular full-time hours ☐ Modified hours ☐ Graduated hours

Please specify modifications:

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DM Practitioner
Occupational Health Specialist
Ph: xxx-xxx-xxxx ext. XXXX
Confidential Fax: xxx-xxx-xxxx

Consent to Release Medical Information

Name of employee: _____

Name of physician: _____

Address:

_____

Physician's phone number: _____

Employee's authorization to disclose information:

I, _____ authorize my attending physician,

Dr. _____ to disclose the information requested on this form

by the Occupational Health Specialist.

_____ Date: _____
Employee's Signature

_____ Date: _____
Physician's signature

Please return this form to **confidential fax** xxx-xxx-xxxx

Or by mail to: Attention: Occupational Health Specialist
Street Address
City, Prov
Postal Code

A payment of $40.00 will be provided in accordance with the *Physician's Guide to Third Party and Other Uninsured Services* for an Employer Timely Return to Work form with receipt of your invoice.

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Figure 5: Dear Doctor Letter

Company Logo
Company address

Date

Dear Dr.

Your patient, _____ is an employee with our organization/company and is entitled to a suite of employee support benefits and services.

We offer our employees:

- Disability Management Program support and services – claim management, case management, and return-to-work planning, placement, and support. Included is our brochure.
- Employee Assistance Program services (tel: xxx-xxx-xxxx) at no charge to the person or their dependents. Included is their brochure.
- Ergonomic assessments and guidance Workplace Wellness Program services – fitness facilities, weight management counselling, smoking cessation.
- Employee Group Benefits – disability insurance coverage, prescription drug plan, vision plan, supplementary health care plan (prosthetics, nutrition counselling, psychological counselling, nursing services)

Our focus is assisting our employee to manage their health issues and their return-to-work process.

We appreciate your medical care of our employee and welcome input on how best we can assist with their recovery and return-to-work processes. For your review and understanding of the physical and psychological demands of the employee's own job, please find appended the related Job Demands Analysis.

Please reach me if we can be of assistance.

Sincerely,

OHN
xxx-xxx-xxxx

The Disability Case Management Rehabilitation Plan should be regularly reviewed and updated to reflect the progress being made. The Disability Case Manager documents the effectiveness of each step of the plan, identifies any unforeseen obstacles, and prepares all participants in the plan for the subsequent steps. By involving the employee in case management decisions, the employee retains a sense of control over his/her life.

MONITORING AND COORDINATION

The Disability Case Manager:

- provides for the assessment and documentation of the quality of disability management care, and of services and products delivered to the employee.
- determines if rehabilitation goals are being met.
- determines whether the case management goals, and the expected outcomes are realistic and appropriate.
- continuously monitors the rehabilitation process through good oral and written communication.
- ensures effective coordination of care and services for the injured or ill employee.
- documents the rehabilitation process.
- ensures a timely response to rehabilitation issues; and
- ensures prompt reporting of the management of any relevant workplace issues.

A Disability Case Management Flow Chart like the one presented in Appendix 1, can be used by Disability Case Managers to assess the employee's progress and fitness-to-work status throughout the disability case management process.

EVALUATION

Evaluation of the case's progress and outcomes is necessary to determine the effectiveness of the disability case management plan and the quality of medical care, services, and products from providers. Evaluation is most effective if metrics, or medical case measurements, are used. Comparing the results of a case management scenario against the case-plan metrics can be a valuable exercise when it comes to appropriately evaluating outcomes. *Figure 6* is a listing of some possible Disability Case Management Metrics.

Figure 6: Disability Case Management Metrics[2]

Metric	Best Practices
Diagnosis verified	Diagnosis verified by appropriate testing or observations. If the diagnosis is not verified, the Disability Case Manager will challenge diagnosis until it is verified.
Evidence-based practice protocols	The most common diagnoses will have practice protocols available.
Identification of barriers and drivers for return to work	The Disability Case Manager assesses the situation with a view to identifying and addressing barriers and drivers for a successful return to work.
Presence of "Red Flags" (return-to-work barriers)	"Red Flags" should alert the Disability Case Manager to institute or increase case management. The Disability Case Manager uses established criteria or indicators for increased case acuity.
Specific diagnosis-based disability-duration guidelines	The Disability Case Manager assesses if there is alignment with the disability-duration guidelines.
Resources, care, recovery, and rehabilitation	The Disability Case Manager assesses if the most appropriate resources are identified and used.
Case notes/documentation	The Disability Case Manager ensures that well-documented treatment plan, decision-making, and case management actions are
Medical management	The Disability Case Manager monitors treatment process changes based on the available case management information.
Average number of disability days per diagnosis	The Disability Case Manager tracks the number of disability days.
Case cost with case management	The Disability Case Manager monitors the case costs.
Individual (employee/manager) satisfaction	The Disability Case Manager assesses the level of employee satisfaction rates as related to case management (using a survey

Individual case management process and results are reviewed continually, and process improvements sought. The Disability Case Management Assessment and Evaluation Checklist (*Figure 7*) can be a useful evaluation tool for Disability Case Managers.

Figure 7: Disability Case Management Assessment and Evaluation Checklist[2]

Information to be Obtained	Rationale
Age	Age affects recovery time and rate of rehabilitation.
Gender	Gender plays a role in the recovery time.
Years of service with the company	Raises the number of lost workdays, the issue of motivation to return to work, interest in medical retirement.
Length of time in the current job position	In-depth knowledge of position will aid in developing opportunities for modified work, *etc*.
Previous workers' compensation injury	If yes, what is the employee's view towards WCB claim management, return to modified work, litigation, *etc*.
Current injury, diagnosis, and treatment	In addition to gathering the case facts, it is important to note any areas in which the employee, service provider, or insurer lacks all the needed information.
Diagnostic testing	Determine what tests were done and the results, but also review what tests are expected for a specific diagnosis, that have not been done.
Medications: **(a) Appropriateness of use** **(b) Use of other personal medications** **(c) Outcomes of (a) and/or (b)**	Some personal medications may have an addictive or negative interaction effect. Employees may not be taking medication in the appropriate time frame or manner, thus delaying recovery. Medications that seem ineffective, or have side- effects, should be brought to the attention of the physician.
Physical medicine modalities and results	Treatment modalities should be scientifically based, and if an employee is not showing progress within appropriate disability duration guidelines a medical re-evaluation should be initiated.
Psychological counselling and results	As a result of counselling, the employee should show progress after 4 to 6 weeks. If not, a psychological re-evaluation should be initiated.
Expectations of the disability duration	Expectations of disability duration by the physician, employee and family may subtly influence the recovery and return to work.
Psychosocial variables	Family and social issues may be incentives or disincentives in the recovery process. This is an area in which Disability Case Managers may frequently uncover hidden agendas or issues that would delay recovery if not addressed.
Cultural variables	Each culture has a unique response to illness/injury and recovery. Cultural competency is a must for successful case management, and a timely and safe return-to-work outcome for the employee.
Communication	The Disability Case Manager fills a liaison between the employee, healthcare providers, insurance providers, and company. Open communication is critical to successful disability case management and a timely and safe return-to-work.

Program results, costs, system concerns, and recommendations are tabulated and reported annually to management and the Disability Management Program Steering Committee (if in place). Confidentiality of individual information is maintained as per the company's Disability Management Standard of Practice for Confidentiality of Personal Health Information.

Annual auditing, peer review, and self-auditing of the Disability Case Management practices are recommended as appropriate evaluation techniques.

CONFIDENTIALITY

All persons who collect, maintain, handle, and use personal health information are required to protect the confidentiality of the information.

This standard is based on the *Model Code for the Protection of Personal Information*[3] and the various pieces of provincial and federal privacy legislation (PIPEDA, PIPA, FOIPA, and HPA). It details the procedures for collection, retention, storage, security access, disclosure, transmittal, reproduction, and destruction of identifiable personal health information held by the company or organization.

All staff must comply with the Disability Management Standard of Practice document on confidentiality of personal health information when interpreting personal health information to the employer-client without divulging any privileged information.

GENERAL

The company or organization recognizes the individual's right to privacy in relation to the collected personal health information.

The principles governing confidentiality are:

- personal health information is only used on a "need-to-know" basis.
- personal health information should be relevant to the purposes for which it is to be used.
- personal health information is restricted to the company or organization staff who sign a pledge of confidentiality and who are subject to a recognized professional code of ethics.
- upon request, an employee has the right to access all information regarding his/her health.
- personal health information is protected by reasonable security safeguards.
- documented personal and health information is the property of the company or organization entrusted to occupational health staff for safeguarding and protection; and
- compliance with this standard is the responsibility of the Disability Case Manager.

DEFINITIONS

Collection - The act of gathering, acquiring, or obtaining personal information from any source, including third parties, by any means.

Confidentiality - The maintenance of trust and the avoidance of invasion of privacy through accurate reporting and authorized communication.

Consent - The voluntary agreement with what is being done or proposed. Consent can be either expressed or implied. Expressed consent is given explicitly, either orally, or in writing. It is unequivocal and does not require any inference on the part of the organization seeking consent. Implied consent arises where consent may reasonably be inferred from the action or inaction of the individual.

Designated Representative - Any individual or organization to whom an employee gives written authorization to exercise a right to access.

Disclosure - The act of making employee personal health information available to others outside the organization.

Personal Health Information - An accumulation of data relevant to the past, present and future health status of an individual which includes all that the company or organization staff learn in the exercise of their responsibilities. It is the information about an identifiable individual that is recorded in any form.

Privacy - The right of individuals, groups, or institutions to determine for themselves when, how and to what extent information about them is communicated to others.

APPLICATION

These guidelines apply to all occupational health and disability management staff and include contract employees and all other support staff whether permanent, temporary, or volunteers.

COLLECTION OF PERSONAL HEALTH INFORMATION

The primary purpose for collecting and retaining personal health information is illness, injury, and disability management. All information collected is subject to confidentiality and must be treated with respect.

Disability case management requires information on the employee's physical and emotional capabilities and restrictions. Input from the employee's attending physician is essential.

According to relevant Canadian privacy legislation, an employer must obtain the consent of the employee before approaching the employee's physician for personal medical information. Thus, the company, or its representative, the OHN, must make efforts to obtain the employee's written consent before seeking such input from the employee's physician[4].

Knowledge and consent of the employee are required for the collection and disclosure of personal health data relevant to disability management. *Figure 8* shows how personal information should be collected. Personal health information is not to be indiscriminately collected; only the personal health information relevant to disability management should be collected.

Figure 8: Collection of Information

- Request for information will be in writing and contain the following:
  - Name of recipient of information.
  - Purpose or need for information.
  - Full name, address, and date of birth of person whose information is being requested.
  - Specific definition of the type and extent of information required.
- All requests will be accompanied by the appropriate "Release for Medical Information" form signed by the employee whose personal health record is being requested.
- A record of all requests will be maintained on the employee's personal health record.

Personal health information is collected using various methods, including interviewing, written documentation (i.e., insurance claims, Workers' Compensation Board forms, etc.) and electronic data processing, all of which are subject to confidentiality.

The personal health information collected relates to medical assessments, Employee Assistance Program treatment reports, illness and injury reports, personal and family history, and consultant reports. Personal health information is collected only by designated staff subject to a pledge of confidentiality (*Figure 9*).

Figure 9: Pledge of Confidentiality

All personal health information related to an identified employee will be treated as confidential. This information may be written, oral, electronic, or in any other format.

- Confidentiality extends to everything Company XYZ staff learns in the exercise of their responsibilities. It extends to both obviously important and apparently trivial information and includes the nature of the employee's contact with the staff, all information an employee discloses, and all information learned from external caregivers.
- Personal health information related to the disability claim can be shared with occupational health professionals employed by Company XYZ in privacy to enhance continuity of care and a coordinated disability management approach.
- The dissemination of personal health information will be considered a breach of confidentiality and will be reported to Director, Human Resources, Privacy Officer, if applicable, and the CEO, Company XYZ. Disciplinary action will be taken up to and include immediate termination of employment with cause.
- Senior Management is responsible for ensuring that the Company XYZ staff involved in the disability management function are aware of the Pledge of Confidentiality and that they sign the pledge acknowledging this awareness.

To acknowledge and emphasize the serious responsibility in safeguarding employee health information, all Company XYZ staff (permanent or temporary), or contract staff involved with disability management will be required to sign a pledge of confidentiality on the first day of work and annually thereafter, which will be worded as follows:

Pledge of Confidentiality
I have read and reviewed Company XYZ's Standard of Practice on Confidentiality of Personal Health Information. I understand that all employee personal health information, to which I may have access, is confidential and will not be communicated except as outlined in the Disability Management Standard of Practice.

_____	_____	_____
Signed	Witness	Date
_____	_____	_____
Signed	Witness	Date

Note: This pledge is to be signed annually. The original form is to be sent to the staff member's file, Company XYZ HR Department. Copies are to be retained by the area Manager and the Company XYZ staff person.

ACCESSIBILITY

Upon request, an employee is to be informed of the existence, use and disclosure of personal health information and is given access to that information.

Employees, former employees, and other designated representatives have the right to inspect and copy, all or in part, personal health records. All such written requests are to be honoured within a reasonable time that should not exceed 15 days as per the applicable privacy legislation.

Note: The actual health record is the property of the company; however, the information contained in the record belongs to the employee.

To the extent practicable, inspection of a personal health record is to be made in the presence of a representative of the company or organization, who endeavours to explain the meaning of the contents of the record to the employee. Rebuttal of information contained in the personal health record by the employee will be included in the record, signed, and dated by the employee. The representative will add a note to the file concerning explanation and agreement, or disagreement.

The company or organization personnel may delete the identity of a family member, friend, or fellow employee who has provided confidential information concerning an employee's health status from the requested health records.

It is recommended that employees:

- accept a summary of material facts and opinions in lieu of copies of the records requested; or
- accept a release of the requested information only to the family physician or other qualified health care professional.

Access to health information that may have an adverse impact upon the health of the employee will only be provided to a designated physician of the employee.

No other personnel, except designated staff, have the right to access health information unless disclosure obligations are met.

DISCLOSURE INTERNAL TO THE EMPLOYER-CLIENT

Personal health information released to management (managers and/or supervisors) is limited to the following:

- a report of fitness-to-work following a mandated or statutory health assessment.
- determination that a medical condition exists, and that the employee is under medical care. This could include the dates or follow-up appointments or referrals to specialists or treatment programs.
- the that the employee has been or is expected to be off work.
- medical limitations, if any, to carry out work in a safe and timely manner.
- medical restrictions, if any, regarding specific tasks; and/or
- the estimated date for a realistic return-to-work, or a return-to-modified/alternate work.

However, if in the opinion of an OHN, disclosure is necessary because of a clear danger to the employee, other employees, the workplace, or the public at large, and:

- the employee consistently refuses to give consent; and
- a second opinion is obtained from the employee's personal physician when the concern is for the health of the employee or fellow employees-clients, or from the medical officer of health when the risk is to the public.

the appropriate staff member may make the disclosure to the appropriate manager after giving notice in writing to the employee, indicating that confidential information will be disclosed.

EXTERNAL DISCLOSURE

Subject to the exceptions specified below, the company or organization should not disclose personal health information regarding employees, or former employees, to external sources unless the individual has authorized such release by providing a signed and dated consent form for release of medical information or its equivalent. Disclosure will follow the checklist provided in *Figure 10*, and the Requirement for Informed Consent in *Figure 11*.

Routine Request for Release of Medical Information - A written request by a physician, medical institution, another health agency, or insurance company, for abstracts or copies of part, or all of, the individual's health record is honoured when the consent form or its equivalent is signed by the employee.

Release of Pertinent Medical Data to Appropriate Public Health Authorities - When it is determined that a public health issue or risk has been uncovered, as in the case of a reportable communicable disease, appropriate notification to provincial or municipal health authorities will be made in accordance with the statutory requirement.

Disclosure to Government Agencies - To preserve the confidentiality of employee health records, the company or organization usually requests government agencies for consent for release of medical information signed by the employee. However, government legislation may have the authority to require immediate access to employee and former employee medical information. Whenever access is necessary without the prior written consent of the employee, a government agency must present a written access order to the company or organization.

Disclosure to Designated Representative - The company or organization, upon presentation of a written consent by an employee or former employee, will release copies of the individual's medical record to the designated representative. With respect to medical information that may be deemed to have a detrimental impact upon the health of the employee, medical information will be provided only to the employee's family physician. Information received in confidence from external sources that is part of the health record will not be divulged to the employee's designated representative.

Disclosure of Subpoenaed Information - A company or organization should respond to a subpoena as follows:

- with the server present, the employee's name and the validity of the subpoena are verified.
- the Chief Executive Officer and Privacy Officer, if applicable, are notified.

- only the specific material requested in the subpoena is collected and photocopied.
- authorization to release information is given by the Chief Executive Officer and the Senior Counsel, Corporate; and
- without written authorization of the employee, subpoenaed records are not available for review by outside counsel prior to established as evidence.

Figure 10: Disclosure of Information Checklist

- All requests for disclosure of information will be directed to the Company XYZ Disability Case Manager.
- Any authorization for release of information will specify the source, content, recipient, purpose, and time limitations. The form will identify the:
  - Name of the individual or institution who is to disclose the information.
  - Name of the individual or institution who is to receive the information.
  - Full name, address, and date of birth of the person whose information is being requested.
  - Purpose or need of information, unless included in accompanying request.
  - Extent or nature of information to be released, including date(s) of treatment or contact (blanket authorizations requesting "any" or "all" information will not be honoured).
  - Date that consent/authorization is signed which must be after the date of treatment or contact in question and within sixty (60) days of signature of person whose information is to be released, or that of his or her legally authorized representative.
  - Information released to legally authorized persons is not to be made available to any other party without further authorization. The recipient will be so informed by including a copy of the following letter with the information.

Sample Letter

To Whom It May Concern:

The enclosed information is being forwarded to you from our records, which are the property of Company XYZ and managed by Company XYZ. Such copies are released only to persons authorized according to law and the policy of Company XYZ. In this way, we seek to uphold the trust vested in us by the individual and ensure that his or her wishes and best interests are served always. Accordingly, this information is released on the following conditions:

- that it is not further copied, transmitted, or disseminated without further specific authorization of the person concerned.
- that it be used only for the purpose as outlined in your request; and
- that it be destroyed by shredding or incineration when the original purpose has been served.

Your cooperation and compliance with the above is appreciated.

Figure 11: Requirements for Informed Consent

- There is an obligation to ensure that sufficient information is provided to employees about the nature and consequence of the intended action to allow the employee to come to a reasoned decision.
- The employee is mentally competent and can understand and appreciate the nature and consequences of the procedure.
- Consent is freely given.
- Consent is not obtained through misrepresentation or fraud.
- Consent cannot be given to the performance of an illegal procedure.
- Consent is in relation to the specific act contemplated unless the employee's life is immediately endangered, and it is impractical to obtain consent.

MISUSE OF PERSONAL HEALTH INFORMATION

Any individual who becomes aware of an abuse of confidentiality of health information must document the misuse and report the incident to the appropriate corporate authority, usually the Privacy Officer, or CEO, for action.

DOCUMENTATION

This documentation standard is intended to provide guidance and direction to OHNs as Disability Case Managers, in the initiation, maintenance, and disposal of employee health records.

When completed properly, the personal health record can:

- provide a profile of the health status and the health care provided to each employee.
- provide a means of communication among members of the Disability Management Team contributing to the disability case management process.
- provide a basis for planning and for continuity of rehabilitation care for employees.
- provide a basis for review, study, and evaluation of the case; and
- assist in the provision of protection for the medical and legal interests of both the employee and the company.

GENERAL

Disability Case Managers are required to discharge their legal responsibilities by providing accurate and timely records of events and information affecting the health of the employee.

Information recorded in the employee health record is confidential. The Disability Management Confidentiality Standard applies to all OHNs as Disability Case Managers documenting and handling employee personal health records.

Personal health records are to be cumulative and sequential. Filing in the chart is done in such a way that the most current information in each selection is on top when the file is opened.

APPLICATION

These practices apply to all staff who gather information for disability case management but is critical for OHNs to observe.

PERSONAL HEALTH RECORD FORMAT

The employee's health record is kept in an appropriately labelled data file folder in a secured manner. The employee's name must appear on every page of the record.

Each record will contain the following information:

- reports of sickness and injury absences.
- reports of all medical examinations and consultations.
- record of all inquiries related to health problems, whether presented in person or by phone.
- copies of disability claim forms.
- correspondence with other health care professionals or agencies.

- copies of Workers' Compensation claims.
- memos or notes regarding discussions relevant to the case (e.g., discussions between professionals, medical experts, Employee Assistance Program counsellors).
- record of communication with other health and safety related bodies (e.g., Workers' Compensation Board, insurance companies and government agencies); and/or
- record of all communication with management, unions, and employees. These signed notes should include time and date of call.

RETENTION, STORAGE AND SECURITY

All personal health information must be stored separately from other employee information. The storage location is checked regularly and safeguarded from fire, water, and other potential disasters.

All computerized health information must be secured using passwords and access codes.

All activities of employees and visitors to the company or organization offices must be supervised to protect the confidentiality of personal health information.

During active use, records and other personal health information must be kept in private offices, always ensuring that identifiable information is protected from the observation and the hearing of other individuals.

Personal health information must be retained according to applicable legislation. Personal health records of employees who have left the company are retained as outlined in *Figure 13*.

Figure 13: Retention, Storage and Security

- The medical records of terminated employees are to be pulled from the active files, placed in a designated envelope marked "***Confidential Personal Health Document: To Be Opened By Authorized Personnel Only***", labelled and placed in a storage box. The box is to be numbered.
- A list of the medical files in the storage box is to be created. Three sets of this list are to be made: one copy to go with the storage box, another is to be sent to the employee, and a third is to be retained by Company XYZ.
- A system of archiving that links the file with the storage box is required.
- Files are to be stored in a location that is safeguarded from water, fire, and access by unauthorized persons.

REPRODUCTION AND TRANSMITTAL

Reproduction of any individualized health information is to be done by designated staff in privacy.

Transmittal of individualized health records can be faxed to a recipient with a confidentiality notice. Information can also be mailed or couriered in envelopes clearly marked "***Confidential: To Be Opened by Addressee Only***".

Transmittal of individualized health records will be in sealed envelopes or boxes. The envelopes or boxes must be clearly marked "***Confidential: To Be Opened by Addressee Only***".

DESTRUCTION

When it becomes appropriate to dispose of health information, including formal health records, notes and messages pertaining to an individual employee, they will be rendered completely and permanently unidentifiable through destruction by burning, shredding, or automated erasure.

When burning, shredding, or automated erasure is not feasible, health information will be transmitted to the closest office with the ability to destroy such information.

Company or organization staff will personally transmit the information to be destroyed and remain with the information until it is destroyed.

REVIEW OF HEALTH RECORD

Regular and periodic review of personal health records is conducted to ensure that policies and practices are implemented, and that forms and records continue to capture appropriate information without duplication.

DISABILITY MANAGEMENT BEST PRACTICES

Best practices are a form of benchmarking that result from direct observation of clinical practices[5]. They are based on real examples and can be used to gradually promote system improvement. Best practices can serve as guidelines for practice and measurement of outcomes. However, changes in technology, knowledge, and practice advancements can alter any best practice. This means that benchmarks and guidelines must undergo frequent reviews and updates to remain current and credible.

The current best practices in the field of Disability Management are:

JOINT LABOUR-MANAGEMENT COMMITMENT TO A DISABILITY MANAGEMENT PROGRAM

The most successful workplace models of Disability Management Program involve joint labour-management support and participation. In terms of legalities, management is obliged to work with union leaders to offer effective disability services, Employee Assistance Programs, and rehabilitation services. The rationale is that the union is the certified bargaining agent for the employee: the employee relinquishes his/her individual bargaining position on behalf of a stronger collective voice with the union. In return, the union has a duty to review any employment decisions made between the employer and employee. If the union fails to do so, the employee can sue the union.

The union has a duty to fairly represent a union member when a complaint comes forward about the employee's work capacity, or likelihood of risk due to health conditions. The employer and the union have the duty to accommodate the ill or injured worker; and the worker has the right to be accommodated unless there is a Bona Fide Occupational Requirement preventing the accommodation, or if the accommodation is to the point of undue hardship on the employer's part. The key aspect is that to be successful, disability management must be conducted in an environment of trust, respect, open communication, and cooperation.

BEST PRACTICES

1. Encourage joint labour-management participation in the Disability Management Program Steering Committee.
2. Encourage joint labour-management involvement in all the disability management initiatives and activities.
3. Invite and strongly encourage union/employee promotion and participation in graduated return-to-work activities.
4. Work towards establishing an environment of trust, respect, open communication, and cooperation.
5. Seek ways to collaboratively lower the high absenteeism rate of unionized employees.

INTEGRATE DISABILITY MANAGEMENT EFFORTS

For effective disability management, a design or model for an Integrated Disability Management Program should exist. An Integrated Disability Management Program is a planned and coordinated approach to facilitate and manage employee health and productivity. It is a human

resources risk management and risk communication approach designed to integrate all organizational/company programs and resources to minimize or reduce the losses and costs associated with employee medical absence regardless of the nature of those disabilities[6].

An Integrated Disability Management Program model contains the following elements:

- joint union-labour-management endorsement, commitment, and involvement.
- supportive policies, procedures, and systems.
- a system that ensures accountability by all parties.
- employee absenteeism and disability data collection for analysis and evaluation.
- claim management and adjudication.
- case management and coordination.
- multi-disciplinary interventions — occupational safety, human resources, Employee Assistance Program, medical, vocational, and/or occupational rehabilitation.
- early intervention.
- graduated return-to-work opportunities.
- data collection, management, and consolidation with other organizational/company employee support programs.
- attendance support and disability prevention strategies.
- workplace wellness; and
- leveraging of the available company-program offerings to enhance employee health and productivity.

Initially pointed out by Watson Wyatt Worldwide (1998), employers who have integrated Disability Management Programs experience an average reduction of 19-25% in their total disability costs[7]. Since then, researchers have shown that:

(1) Employers can anticipate a 15-35% reduction in company group benefit costs depending on the nature of the suite of benefits offered by the organization[8]; and

(2) There is a correlation between high performance organizations/companies, and the practice of reviewing and updating of absence and disability policies and procedures; and integrating messages, processes, and data with medical, health management, and behavioural health programs[9].

BEST PRACTICES

1. Have a joint labour-management committee act as a steering committee for the Integrated Disability Management Program[6, 10]. It advises and consults with management and union leaders, evaluates concerns, and receives advice and suggestions for the Integrated Disability Management Program from various stakeholders in the company or organization. The committee also receives reports regarding the usage of the Integrated Disability Management Program, which assess the program's overall effectiveness. The information provided to the committee and to management is population, or aggregate data to prevent the identification of individual employees. Typically, the steering committee membership has

representatives from management and labour, and the chairperson is elected by the members for a set term.

2. Ensure effective functioning by having one central figure oversee the daily operations of an Integrated Disability Management Program. This is typically a Disability Management Coordinator - an OHN or a Disability Management professional/practitioner with advanced education in the field of Disability Management.
3. Ensure that resources, such as the Disability Management Coordinator, the claim administrator, and internal/external consultants, are available as internal consultants to the steering committee.
4. Conduct a comprehensive needs-analysis to identify specific organizational needs, and to establish baseline data before implementing an Integrated Disability Management Program. This should include an assessment of labour/management attitudes towards disability management practices, the identification of the company or organization's disability profile, an acknowledgment of the types of assistance available to the ill or injured employee and an estimate of the level of disability support required.
5. Examine all related disability policies and procedures in terms of their impact on the Integrated Disability Management Program.
6. Review and revise, where necessary, the current disability-related policies and procedures.
7. Identify and communicate the roles and responsibilities of all major stakeholders involved in the Integrated Disability Management Program.
8. Define the available return-to-work options to all the stakeholders.
9. Identify the milestones or specific steps to be taken in the return-to-work process.
10. Review and revise, as appropriate, the current return-to-work strategies.
11. Assess, where necessary, the disability claim forms with a view to their functionality and contribution to the effectiveness of the Integrated Disability Management Program. Forms should focus on the claimant's capabilities versus disabilities.
12. Develop an absence and disability database for all types of absences — casual absence, Short-Term Disability, occupational absence (Workers' Compensation), and Long-Term Disability. Link this system with the company or organization's Occupational Health, Employee Assistance Program, Occupational Health & Safety Program, employee benefit plans, and Workplace Wellness Program outcomes.
13. Use the above outcome data along with other Human Resources and employee group benefit plan outcomes to assist in the interpretation of disability management issues.
14. Seek ways to maximize the integration of all the organizational/company programs to maximize the individual program efforts and outcomes.
15. Integrate the organization's/company's programs that are managed by external service providers to offer a comprehensive approach to employee support.

DISABILITY MANAGEMENT PROGRAM POLICIES, STANDARDS, AND PROCEDURES

Policies, standards of practice, and procedures for maintaining contact with absent staff members, accessing treatment, or rehabilitation and ensuring an expedient return to work can be applied to

the entire continuum of absence regardless of cause, including casual absence, Short-Term Disability, Workers' Compensation Board, and Long-Term Disability illness/injuries. The intent of policies and procedures is to ensure that processes are in place and are applied fairly, equally, and consistently[11].

BEST PRACTICES

1. Develop and implement policies and procedures that deal with:
    - disability leaves (i.e., casual absence, sick leave, Short-Term Disability, Workers' Compensation Board, Long-Term Disability, etc.).
    - rehabilitation measures (i.e., case/claim management, vocational rehabilitation, etc.).
    - claim management standards of practice.
    - case management standards of practice.
    - confidentiality standard of practice.
    - documentation standard of practice.
    - return-to-work practices.
    - alcohol and drug policy; and
    - harassment and respectful workplace policies.
2. Regularly review and update these policies to evaluate their continued applicability.

GRADUATED RETURN-TO-WORK

Graduated return-to-work initiatives can be an effective method of systematically returning employees to health and work and can contribute to cost-containment[12,14]. Research indicates that workers who participated in graduated return-to-work initiatives, on average, returned to work 30 days earlier than those who did not. Graduated return-to-work initiatives proved to be most effective with workers over 44 years of age, and those who had previous medical absence experience[13].

The recommended components of a graduated return-to-work initiative are:

- employee and supervisor submission of all the necessary claim forms.
- active involvement by the supervisor.
- early intervention.
- communication with the employee and attending physician regarding the availability of modified/alternate work.
- regular follow-up with the employee and physician regarding the employee's fitness-to-work status.
- availability of modified/alternate work for the recovering employee.
- documented return-to-work plans[14]; placement of the employee into suitable modified/alternate work.

- monitoring of the employee's progress and fitness to work.
- a gradual return to full-time duties.
- evaluation of the claim management practices and outcomes.
- evaluation of the case management practices and outcomes; and
- data collection and management.

Companies who have implemented graduated return-to-work initiatives in place have noted significant success at returning employees to work, and at containing their disability rates and costs. As well, they demonstrate compliance with the Canadian Human Rights, duty to accommodate legislation.

The Canadian duty to accommodate legislation varies by province. In general, this legislation indicates that the employer, employee, and unions have a tripartite responsibility to accommodate the injured or ill employee back into the workplace, up to the point of "undue hardship"[15]. For current information, refer to Canadian Human Rights Commission 1985 publication (https://www.chrc-ccdp.gc.ca/en/about-human-rights/what-the-duty-accommodate).

The key practices of successful graduated return-to-work plans are:

- arranging acceptable practices with unions for modified/alternate work opportunities within the collective agreements.
- ensuring that the modified/alternate work offered is meaningful and gainful employment.
- having set timelines for the modified/alternate work opportunity; and
- clearly defining the differences between modified and alternate work.

BEST PRACTICES

1. Develop and implement corporate-wide use of graduated return-to-work plans that involve labour and management support and participation.
2. Communicate the roles, responsibilities, and accountabilities of the key stakeholders.
3. Have all parties working towards a common goal – the recovery of the employee.
4. Elicit employee, union, and line management identification of modified/alternate work options.
5. Manage safe and timely return-to-work activities.
6. Develop flexible and creative return-to-work options.
7. Collect and manage modified/alternate work data, and the graduated return-to-work outcomes.
8. Evaluate the graduated return-to-work initiatives, plans, and outcomes regularly.
9. Communicate the benefits, challenges, and outcomes to all key stakeholders.

CENTRALIZE THE RESPONSIBILITY FOR AN INTEGRATED DISABILITY MANAGEMENT PROGRAM

To ensure effective functioning, one central figure should coordinate the daily operations of an Integrated Disability Management Program[12]. This is typically a Disability Management Coordinator.

BEST PRACTICES

1. Delegate the coordination of the Disability Management Program to one central person. The Disability Management Coordinator is responsible for the overall management (including data organization and analysis) of all employee disabilities; acts as a point of contact for all stakeholders; is an active supporter of the ill or injured employee and family members; and functions as a catalyst for facilitating the reintegration of the disabled employee into the workplace.
2. Coordinate disability management initiatives with the Employee Assistance Program, Occupational Health & Safety Program, Workplace Wellness Program, and Human Resources Program.
3. Advise the company's Occupational Health & Safety department of the cause and nature of all Workers' Compensation Board claims as part of the overall Disability Management Program. The intent is to seek workable illness and injury prevention strategies.

DISABILITY MANAGEMENT PROGRAM COMMUNICATION STRATEGY

An essential component of any successful Integrated Disability Management Program is the widespread understanding and support of stakeholders both within the workplace and in the broader community. This is a dynamic process. Education and open, honest communication about program objectives, successes, failures, and plans are powerful tools that can alter entrenched attitudes and build trust between individuals. The reality is that attendance support and disability management is built on relationships, and these relationships need to be constantly nurtured.

BEST PRACTICES

1. Develop a communication strategy and plan to promote awareness and overcome organizational barriers to implementing an Integrated Disability Management Program.
2. Keep all key stakeholders in the information loop and part of the decision-making process.
3. Provide stakeholders with relevant outcome data and benefits realized by the Integrated Disability Management Program. This garners continued support for the Integrated Disability Management Program.
4. Use the available communication vehicles to spread the word about the Integrated Disability Management Program, both internally and externally, to supervisors and managers, union leaders and employees. In this manner, the stakeholders can be part of an ongoing solution for employee attendance support and disability management.

DISABILITY MANAGEMENT PROGRAM EDUCATION AND TRAINING

Disability Management Program education and training creates awareness around the need for, and value afforded by, workplace-based attendance and Disability Management Programs. Recent studies indicate that the response of the supervisor to the employee's medical absence is one of the most crucial factors in the employee's timely return-to-work. For example, employees who felt blamed, penalized, mistrusted, or belittled by their supervisor when they first reported a work-related injury, had a significantly longer work absence[16].

Supervisors, union leaders, and management benefit from specific information on:

- assisting employees to attain regular workplace attendance.
- the values and objectives of attendance support and disability management practices.
- communicating effectively with the ill/injured employee and family.
- identifying markers that indicate a potential problem situation.
- overcoming barriers to graduated return-to-work efforts.
- tracking of absences and modified/alternate work initiatives.
- the related cost/benefit issues; and
- success and failure indicators for an Integrated Disability Management Program.

Ongoing training is required for a Disability Management Coordinator to develop and maintain the specific skills and knowledge necessary to facilitate a safe and timely return to work for ill or injured employees. A Disability Management Coordinator must have a practical knowledge of:

- the various roles and responsibilities of health professionals who affect the return-to-work process (i.e., physicians, occupational health nurses, physiotherapists, occupational therapists, rehabilitation specialists, etc.).
- the field of Ergonomics.
- the principles of Occupational Health & Safety.
- "best practice" claim management methods.
- "best practice" case management methods.
- "best practice" graduated return-to-work approaches.
- barriers to graduated return-to-work efforts within the organization and how to overcome them.
- the accepted dispute resolution procedures for the organization/company.
- Disability Management Program performance measurement methods.
- "best practice" data collection and management practices.
- "best practice" Disability Management Program evaluation techniques.
- program reporting and presentation of results.

- "best practice" integration techniques to maximize the programming resources; and
- the principles of Workplace Wellness Programs.

BEST PRACTICES

1. Specialized education and training in disability management is required for the Disability Management Coordinator.
2. Generalized training for all supervisors and human resource staff in dealing with ill or injured employees and family members.
3. Disability management education for union and other staff leaders facilitates Disability Management Program implementation[23]. This may be possible through a government or private agency specializing in the delivery of disability management education.
4. Continuing education in the field of disability management and other related fields (e.g., in Employee Assistance Programs, Human Resources principles, Occupational Health & Safety, risk management and risk communication, Workplace Wellness Programs, management human resource theories and practices, etc.) is required for the Disability Management Coordinator.

LINK THE DISABILITY MANAGEMENT PROGRAM WITH THE EMPLOYEE ASSISTANCE PROGRAM

External services can play an important role in effective employee attendance support and disability management. Companies that integrate the Employee Assistance Program services with attendance support and Disability Management Programs experience the need for a comprehensive Employee Assistance Program service when dealing with the psychological and physiological aspects of absence. Workplace-focused programs can be designed to assist with the identification and resolution of personal concerns that can impair employee attendance and productivity and lead to increased disability costs.

The most effective formal linkages are the ones in which there is a predetermined working relationship between Disability Case Managers and the Employee Assistance Program service providers. Appropriate consents are put in place so that the relevant issues surrounding the employee's fitness to work, treatment plans and workplace accommodations can be discussed. Issues are discussed on a need-to-know basis and pertain to a successful re-entry to the workplace.

BEST PRACTICES

1. Ensure that the proposed Integrated Disability Management Program model includes a formal linkage with company or organization's Employee Assistance Program. Effective linkage can be achieved before, during or after the disability occurs.
2. Ensure that all the service providers attain a mutual understanding of and respect for the individual program goals and objectives, as well as for the overall Integrated Disability Management Program goals and objectives.
3. Promote a partnership approach that allows for multi-disciplinary interventions.
4. Examine the outcome measures on the cases served jointly by the Employee Assistance Program and Integrated Disability Management Program personnel. Knowledge of utilization

rates, types of cases served, trend analyses and success or failure rates, and anticipatory guidance for illness and injury prevention can be provided using aggregate data.

The intent is to be able to assess the value of the linkage and its contribution to the overall process. This outcome data can also be compared to those cases that were not co-managed to determine the value of the Disability Management Program-Employee Assistance Program linkage.

MEDICAL CONSENTS AND CERTIFICATES

Regarding the medical consents and certificates obtained for disability management purposes, this area is governed by the following:

- the various provincial *Freedom of Information and Protection of Privacy Acts*.
- *Canadian Life and Health Insurance Association Guidelines*; and
- *Model Code for the Protection of Personal Information* (CSA - Q830-96).

The *Model Code for the Protection of Personal Information* defines “consent” as “the voluntary agreement with what is being done or proposed”. While consent may be expressed or implied, organizations should seek express consent where information is sensitive. The person must provide consent in an informed manner. Consent of the individual must be obtained unless legal, medical, security, or other reasons make it impossible or impractical.

The following are the requirements for informed consent:

- There is an obligation to ensure that sufficient information is provided to employees concerning the true nature and consequences of the intended use of information to allow the employee to come to a reasoned decision.
- The employee is mentally competent and able to understand and appreciate the nature and consequences of the procedure.
- Consent is freely given; not coerced in any way.
- Consent is not obtained through misrepresentation or fraud.
- Consent cannot be given to the performance of an illegal procedure.
- Consent is in relation to a specific act contemplated and provided in a timely manner in relation to the information sought.

Personal health information should not be collected indiscriminately. Rather, it must be relevant to the purposes for which it is to be used and restricted to staff that sign a pledge of confidentiality.

The process of obtaining consent to collect personal health information creates a reasonable expectation of privacy by the employee. This requires the employer to take all reasonable steps to ensure the level of confidentiality promised in the consent form is not compromised. Some reasonable steps include:

- maintaining confidentiality.
- retaining information.

- secure storage of information.
- appropriate disclosure of information internally and externally.
- proper transmittal of information.
- appropriate methods of destruction; and
- identification of the consequences for staff violations if any should occur.

BEST PRACTICES

1. Ensure the existence of a consent form that is to be signed by the ill or injured worker before any contact is made with the physician.
2. Review disability claim forms, and revise forms that fail to gather the necessary information in a manner compliant with the applicable legislation.
3. Establish measures to protect the confidentiality of personal health information.
4. Assess the degree of compliance of the Integrated Disability Management Program practices and medical forms with the human rights and protection of personal information legislation and relevant guidelines.

Policies and Procedures to Protect the Confidentiality of Medical Data

Medical diagnoses and health-related data are obtained during claims and case management. Policies, standards of practice, and procedures are required to deal with confidentiality and access to medical files, as well as with the retention, storage, transfer, or disposal of medical data.

BEST PRACTICES

1. Develop a policy that deals with the confidential management of employee medical data. This should comply with applicable legislation.
2. Develop a standard of practice and protocol for the retention, maintenance, release, and disposal of medical documentation.
3. Retain all medical data in a secure and confidential manner with access by authorized personnel and only on a need-to-know basis.
4. Retain all medical documentation as per applicable legislation.
5. Limit the dissemination of medical diagnoses to broad categories or neutral descriptors, such as occupational injury, occupational illness, non-occupational injury, or non-occupational illness. When diagnoses are used, limit them to disease classifications or aggregate the data so individual diagnoses cannot be determined.

Disability Case Management Practices

Case management is a collaborative process for assessing, planning, implementing, coordinating, monitoring, and evaluating the options and services available to meet individual health needs through communication and accessible resources. Effective case management promotes quality, cost-effective outcomes in terms of human and financial savings[17].

The Case Manager:

- maintains contact with the injured/ill employee, healthcare professionals, the Short-Term/Long-Term Disability insurance carrier, the Workers' Compensation Board, supervisor, Employee Assistance Program service providers, and others.
- assesses the biological, psychological, and social factors involved in the disability.
- reviews the medical or psychological care and the response to treatment.
- facilitates and coordinates information sharing.
- communicates and educates return-to-work guidelines to all involved.
- facilitates return-to-work strategies.
- monitors return-to-work (modified/alternate work and alternate work) activities.
- establishes vocational rehabilitation and monitors the outcomes; and
- collects data to show cost-effectiveness of the intervention and the need for proactive measures.

To assist Case Managers, many organizations and insurers have developed practice standards or codes of practice for illness and injury management. Unlike disability guidelines, which merely advise on expected length of absences for various illnesses or injuries, these standards or codes outline rehabilitation strategies and steps.

Case management standards of practice are a guide to professional practices. They define the practice, goal, role, and qualifications of the Case Manager, the case management process, the problem and outcome identification process, the planning process, monitoring and coordination, evaluation techniques, documentation, document handling, confidentiality, and administrative responsibilities for the program.

The case management approaches that have proven most effective:

- use an established planned and systematic approach.
- use early intervention.
- use direct, face-to-face contact with the employee to promote engagement in the process.
- provide support to the absent employee, workplace and union representative.
- develop written rehabilitation plans with goals, time frames and lines of accountability for action for all cases[17].
- use a multi-disciplinary approach when indicated (i.e., medical, nursing, psychological, vocational and rehabilitation interventions, etc.).
- follow through on removing barriers to return to work.
- maintain a regular progress review of all open cases.
- follow up on the employee throughout the absence, modified/alternate work period, and return-to-work for at least two weeks following the return to full-time duties.

- promote a mechanism for the early identification of cases.
- encourage self-reporting by employees of illness/injury before the absence occurs; and
- undertake on-going process evaluation to ensure quality delivery of services.

There is limited conclusive research indicating which specific case management practices result in the best rates of return to work for employees. However, the Disability Case Manager is certainly recognized as the key person in this process[18].

BEST PRACTICES

1. Establish case management standards and educate Case Managers on their use.
2. Institute documented rehabilitation plans for all ill/injured employees who are offered case management.
3. Evaluate the case management process using peer or internal reviews, or external quality assurance measures (audits).
4. Track occupational health and vocational rehabilitation activities, such as the amount of time required to case manage each claim, administer the service, train supervisors, undertake process development, conduct follow-up activities, and pursue professional development. A data management software program can facilitate this process.
5. Evaluate, case-by-case, the return on investment of the case management interventions.
6. Continue to review Long-Term Disability insurance claim outcomes, paying special attention to claims that are closed. Use the closed claims as indicators of case management outcomes.
7. Support regular evaluation of the Disability Management Program as part of the improvement process.

EARLY INTERVENTION

Research and industry experience has supported the importance of early intervention in any absence[11,19]. Informally, organizations report more success with returning the recovering employee to the workplace if intervention begins at, or soon after, the time of injury. The occupational bond, which is the identity of the employee with the workplace, is not broken if contact between the person and the workplace is maintained.

BEST PRACTICES

1. Institute early contact with the ill or injured employee. Ideally, the supervisor should do this on the day of injury or on the first day of absence.
2. If required, implement early case management (within the first three to five days).
3. Involve the Employee Assistance Program in situations as appropriate.
4. Focus on the employee's well-being and recovery progress; not on pressuring them to return to work sooner[20].

THE CLAIM ADJUDICATION PROCESS

Typically, the claim adjudication process involves deciding if an individual is eligible to receive an income replacement benefit and the associated services. It involves:

- determining eligibility to receive a benefit.
- determining eligibility based on the nature of the medical condition; and
- the critical match between the person's abilities and the employee's job demands.

Third party insurers adjudicate the Workers' Compensation and Long-Term Disability claims. However, for self-insured Short-Term Disability plans, employers require a documented process for claim adjudication. This helps to ensure a standardized approach. The exact criteria used to determine eligibility depend on the terms of the benefit plan in place. The typical steps for claim adjudication include:

Step 1: Receipt and coding of claim.
Step 2: Determination of eligibility:

a) eligibility requirements are reviewed according to the benefit plan or insurance contract; and

b) determination of acceptance or rejection is made based on eligibility.

Step 3: Determination of any limitations or exclusions:

a) pre-existing conditions (if applicable).

b) pregnancy, maternity, or parental leave; or

c) specialized clauses by plan design or contract.

Step 4: Assessment of medical profile:

a) existing medical information is reviewed (fit or unfit to work).

b) resources for review of the claim are used, such as:

i) medical consultant.

ii) independent medical examiner.

iii) functional capacity examination; or

iv) rehabilitation.

Step 5: Determination of acceptance, rejection or need for more detailed information.
Step 6: Approval for a specific time.
Step 7: Creation of a management strategy.
Step 8: Closing the file:

a) appeal.

b) close; and

c) return to work[21].

Using these steps, the employee's eligibility for disability plan coverage is determined. However, claim adjudication is not a one-time event — rather, it is an ongoing process. In general, adjudication should occur at many points in the disability management process:

- at the onset of illness/injury.
- during the short-term absence period.
- at the transition point to Long-Term disability insurance coverage.
- during the Long-Term Disability period; and
- at the transition of the "own occupation" period to the "any occupation" period.

BEST PRACTICES

1. Incorporate critical points for claims adjudication along with the definitive eligibility criteria in the design of the Disability Management Program. In general, special attention should be paid to the onset of illness or injury, the Short-Term Disability period and to the transition from the "own occupation" period to the "any occupation" in the Long-Term Disability period.
2. If Human Resources policies and procedures are not in place to accommodate the establishment of satisfactory benefit plan eligibility requirements, ensure that they are created and adopted.

EFFECTIVE MANAGEMENT OF DISABILITIES

The workplace is a social system in which people come together to work towards common business goals. While "doing business", people interact and build relationships. According to the Social Capital Theory[22], individuals amass social credits that enable them to effectively interact and work together. Employee's willingness to help others is based on the quality of their social relationship.

People are willing to help (exchange favors) only when they feel a sense of goodwill, trust, and empathy towards other members of their social group. They are also more likely to grant favors to individuals if they know that, at some future point, the same courtesy will be returned, either directly by the recipient, or by someone else within the social group. So, social capital belongs to the social group (it is one element of organizational culture), but access to it, depends on the individual's level of social credit.

When a disability occurs, the status of the employee's social credits impacts the workgroup's willingness to support the employee through the illness/injury period, as well as in the return-to-work process. Employees, who begin a return-to-work opportunity with few social capital credits, and those who deplete their social credits due to multiple health episodes, often face distinct social sanctions. Employees with strong social credits fare well and gain the support of the workgroup. This concept helps to explain why some employees successfully return to work without "a hitch"; while others struggle, facing many hurdles.

BEST PRACTICES

1. Educate the workplace about the impact of workplace disabilities and how to recognize when an employee is experiencing health problems. Add to that, an explanation of the concept of

social capital and its influence on the return-to-work process.

2. Redesign work processes to decrease physical and psychological stress and hence, to decrease the likelihood of relapse and secondary health conditions that are so detrimental to employee/workgroup's social capital.
3. When designing a rehabilitation and return-to-work plan, involve the employee, supervisor, and union. Working collaboratively enhances relationships and provides clarity as to the plans and processes.
4. Regularly communicate with employees who are on sick leave, using documented conversations to reinforce the agreed-upon decisions and action plans. Be sure to provide copies, void of personal health information, to line management and the union representative.
5. Ensure a good person/job fit when offering work accommodation opportunities.
6. Seek to develop a return-to-work plan that builds the employee's confidence, particularly when employee fear of relapse or pain is evident. Motivation is positively influenced by setting goals that are a stretch, but attainable. Achieving the goal promotes self-efficacy so the next goal can be set slightly higher.
7. Manage the expectations of the returning employee as well as the expectations of colleagues/managers/union representatives. Ensure they remain realistic as to what "a successful rehabilitation and return-to-work" looks like.
8. Legitimize the work accommodation of the returning employee. Some of this can be done by tackling misinformation "head on" - debunking myths about work safety and authenticity; then teaching how to assist rather than blame, when an employee experiences symptoms or a relapse at work.
9. Resolve conflict. Conflict decreases trust, liking, and therefore, social capital – all detrimental to a successful return to work for the recovering employee.
10. Develop a fair and transparent process for investigating discipline-worthy conduct. This will go a long way to prevent the escalation of workplace conflict and perceptions of favoritism.
11. Reward managers for maintaining healthy work teams and for successfully accommodating employees from other business units. Likewise, employees should be rewarded for following medically sanctioned work restrictions and for assisting in the accommodation of co-workers.
12. Avoid making assumptions about the validity of an employee's illness/injury. There are many reasons why employees may engage in counterproductive behavior during an illness and in the gradual return-to-work phase.

MANAGEMENT OF MENTAL HEALTH DISABILITIES

Prevention

The Consortium for Organizational Mental Healthcare (COMH) has developed an industry-focused approach that enables employers to easily and quickly implement effective strategies to protect the psychological safety of employees and to promote psychological health in their workplace. Guarding Minds @ Work is a response to current and emerging legal requirements in Canada for the protection of employee mental health and the promotion of civility and respect at work. Legal standards increasingly require employers to develop comprehensive strategies for

ensuring a psychologically safe workplace. Prudent employers need to develop policies and programs that meet these new legal standards[23].

BEST PRACTICES: PREVENTION

1. Develop effective strategies for protecting the psychological safety of employees and promoting psychological health in the workplace.
2. Implement those strategies.
3. Monitor and evaluate the effectiveness of the implemented strategies.
4. Enhance the prevention approaches as required.

Mitigation

The incidence of mental health claims is on the rise. These claims tend to be lengthy, with many non-medical issues, and are the most challenging disability claims to successfully resolve. For example, serious depression can result in workplace absences of 40 or more days[24] and include many workplace and performance issues. Partly due to denial and partly due to trying to work through their depression, the person not only has to recover from the illness but also deal with the "burned bridges" and damaged relationships that occurred before they left the workplace.

Recent research indicates that return-to-work plans specific to the management of mental illness should be used in the workplace[14]. This is consistent with the work undertaken by the Global Business and Economic Roundtable on Addictions and Mental Health[6,25].

BEST PRACTICES: MITIGATION

1. Institute early contact with the ill or injured employee. Ideally, the supervisor should do this on the day of injury or on the first day of the medical absence.
2. Commence the disability claim management.
3. Implement early case management (within the first three to five days).
4. Involve the Employee Assistance Program or another form of counselling as part of the treatment plan.
5. Use a technique such as The Green Chart to open the lines of communication between the healthcare providers and the occupational health professionals or Disability Management professionals/practitioners who represent the workplace interests.
6. Ensure that support is available to the employee upon a return-to-work.
7. Maintain that support for a few months, post return-to-work.

Cultural Diversity and Disability Management

Cultural diversity in Canadian and American workplaces is here to stay. By becoming culturally competent, employers can appreciate and maximize the strengths of each of the various cultures present in their workplaces. Cultural diversity brings challenges to managing employee disabilities in their unique reaction to illness/injury and recovery.

BEST PRACTICES

1. Promote cultural competence within the organization.
2. Communicate effectively with the various cultures.
3. Identify areas of potential cultural conflict and seek ways to address them.
4. Provide clarity on the Integrated Disability Management Program while being culturally respectful.
5. Compromise by showing respect for different beliefs and by being willing to work with those beliefs to reach a "win-win" solution for the stakeholders.
6. Help employees understand their options so that they can make informed consents to treatment and return-to-work options.
7. Ensure that support is available to the employee upon a return-to-work.

DISABILITY DATA MANAGEMENT

Data collection and analysis is the foundation on which the successful development and maintenance of an Integrated Disability Management Program is based. Companies that choose not to measure disability-related costs miss information that could help them identify their health and productivity issues. As well, disability data can play a key role in justifying the need for an Integrated Disability Management Program, for demonstrating the value added to the company by the program and the other related programs, and for making informed decisions on continuous improvement efforts.

Information regarding workplace absence can be obtained from both internal and external areas and is often accumulated without thought to integration or management. An example of external work absence data is the annual work absence data reported by Statistics Canada. Work absences are categorized as absences due to personal illness or disability, and absences due to personal or family responsibilities.

BEST PRACTICES

1. Capture all absence and disability data in a format that can be compared with other Canadian industry disability databases.
2. Ensure that the claim and case management data collected includes incidental, short-term and long-term disability absence rates and costs.
3. Monitor the Workers' Compensation Board data, investigate opportunities for cost avoidance and cost savings and seek guidance regarding Workers' Compensation Board claims management techniques. Canadian Workers' Compensation Board legislation and practices are in a state of constant flux. Best practice organizations remain current by seeking guidance from the Workers' Compensation Board (i.e., employer services, seminars, etc.) and industry safety associations; by verifying the quality of Workers' Compensation Board claims submissions; by monitoring claims cost summaries; by training Workers' Compensation Board claims personnel and supervisors; and by ensuring timely reporting and follow-up.
4. Investigate the potential implementation of an integrated occupational health and safety data management system that can link Disability Management Program outcomes (i.e., Short-

Term Disability, Workers' Compensation Board claims, Long-Term Disability, etc.) with Occupational Health and Safety Programs, Employee Assistance Programs, employee benefits and Workplace Wellness Programs.

5. Seek opportunities to link employee absence data with human resource information on employees. Some companies do this through a linkage with a Human Resource Information System (HRIS). This allows for a comprehensive picture of employee characteristics, workplace situation and absence nature and outcome.
6. Use the company's available communication systems (e.g., e-mail, internal mail, cheque inserts, newsletters, reports, etc.) to encourage the transmission of absence, disability, and modified/alternate work data. This allows for the timely receipt of data and dissemination of information about absenteeism and Disability Management Program efforts from various work locations.
7. Ensure that all stakeholders are aware of the reasons for, and costs of, medical absenteeism. This is an essential step towards encouraging ownership of the problem, and disability management solutions.
8. Use standardized data collection and data measurement techniques, thereby enabling comparisons with other databases.

MEASUREMENT, MONITORING, AND CONTINUOUS IMPROVEMENT OF THE INTEGRATED DISABILITY MANAGEMENT PROGRAM

Workplace-based Attendance and Disability Management Programs must evolve to meet the changing needs of businesses and employees. Changes in operating or management styles open new avenues for the reintegration of injured/ill employees. As well, technological advancements and changing attitudes create modified/alternate work opportunities not before available.

To establish program goals, objectives and targets that relate to workplace productivity, programs like the Integrated Disability Management Program demonstrate evidence-based and outcome-based practices. To meet this requirement, the Integrated Disability Management Program must demonstrate continuous evaluation and modifications to:

- justify the program.
- improve workplace health and safety practices.
- ensure that the program objectives are met; and
- ensure that employer and employee needs are met.

BEST PRACTICES

1. Develop Short-Term Disability performance measures that include absentee rates, lost time hours, lost time costs, average absentee length, percentage of hours saved on modified/alternate work, dollars saved due to modified/alternate work activities, percentage of employees who returned to work, number and types of interventions used and number of Short-Term Disability claims that were successfully resolved.
2. Review the Workers' Compensation Board data, investigate opportunities for cost avoidance and cost savings, and seek guidance regarding Workers' Compensation Board claim

management techniques.

3. Institute program outcome measures in the Long-Term Disability period which include the following: reduced disabled lives liability, reduced Long-Term Disability claims and costs, increased cost avoidance due to early intervention and modified/alternate work initiatives, case-by-case return on investment due to intervention, and return on investment using a formula customized to suit the company or organization's needs.
4. Establish the contributing factors for absenteeism and disability such as employee age, lifestyle, drug or alcohol use, work environment, employee-employer relationships, seasonal issues, legal issues, financial issues, and existence of pre-existing health conditions.
5. Measure the effectiveness of the Integrated Disability Management Program through interviews, surveys, data analyses, and the return on investment for the services provided and associated benefit costs.
6. Set program management targets for each year and measure success.
7. Use the disability management data to provide insight into opportunities for corporate occupational health and safety initiatives and prevention strategies.
8. Regularly disseminate this information to all the departments along with the related costs.
9. Justify the Integrated Disability Management Program in terms of the return on investment attained through lower disability costs, reduced use of employee group benefits, improved employee well-being and health, and increased employee productivity.

LINK ERGONOMICS WITH THE INTEGRATED DISABILITY MANAGEMENT PROGRAM

Musculoskeletal injuries are a major work-related injury in Canadian workplaces. They originate from strain, sprain, and overuse of muscles, tendons, and ligaments. The outcome is a soft tissue injury that can take a lengthy time to heal. As a result, musculoskeletal injuries tend to be expensive. Likewise, a delayed return-to-work experience has been associated with depression - a secondary condition that also requires a lengthy period of recovery and is known to prove costly[26].

Ergonomic programs can help in the prevention of musculoskeletal injuries, as well as with mitigation of the same. Redesigning or modifying jobs or job tasks to accommodate the employee's capabilities and limitations requires expertise – the kind of expertise that specialists in the field of ergonomics can provide.

BEST PRACTICES

1. If one does not exist, develop, and implement an Ergonomics Program aimed at worker health and safety.
2. Link the Ergonomics Program with the Integrated Disability Management Program.
3. Measure and monitor the performance of this arrangement with a view to continuous improvement.
4. Report to management and relevant stakeholders on the outcomes of this arrangement.

PARTNERSHIPS WITH SERVICE PROVIDERS

Organizations/companies that outsource parts/all their Disability Management Program and other employee support programs like the EAP, should forge partnerships with the various vendors so that they can work in unison on the organization's/company's behalf[9]. This helps to streamline the disability management process and promote timely resolution of disability situations. For example, it has been shown that companies that use one service provider to manage disability claims and cases, as well as provide EAP services, experience significantly shorter disability claim durations (37% shorter) regardless of the health issue[27]. Unfortunately, in Canada, employers have not yet embraced the concept of program partnerships. Canadian employers do tend to access standard health plan services (30%), optional health plan services (7%), specialty vendor services (24%), and other services (1%) to manage absence and disability management initiatives[9]. Yet only a few Canadian employers take action to establish partnership arrangements with those vendors.

BEST PRACTICES

1. Build strong partnerships with vendors.
2. Establish and support a system of collaboration among vendors.
3. Hold vendors accountable for their individual and collective performance.
4. Report to management and relevant stakeholders on the outcomes of this arrangement.
5. Use the information to strengthen the partnership of the vendor partnership.

THE TEN CORNERSTONES OF DISABILITY MANAGEMENT PROGRAMS[39] - A BEST PRACTICE

In Canada, Disability Management Programs exist in 57% of organizations[40], functioning either internally or externally. Fifty-one per cent (51%) of Canadian corporate Disability Management Programs have formal policies in place[20]. The question to consider is: *Do these Disability Management Programs incorporate the ten cornerstones of disability management programming*?

The recommended cornerstones of a Disability Management Program include:

1. **Early Intervention**

   Early intervention is an employer-initiated response aimed at keeping the ill/injured employee connected with the workplace; and potentially, preventing the medical absence in the first place. Early intervention tends to occur following the onset of the illness/injury. It also includes the actions taken to assist employees who are experiencing diminished functional or work capacity, to remain at work. The intent of early intervention is to facilitate appropriate and timely treatment and rehabilitation, as well as a safe and timely return-to-work.

2. **Disability Claim Management**

   Disability claim management is the service provided to administer income loss claims through employee benefit insurance plans such as short-term disability, workers' compensation, and long-term disability.

3. Disability Case Management

Disability case management is a collaborative process for assessing, planning, implementing, coordinating, monitoring, and evaluating the options and services available to meet an individual's health needs through communication and accessible resources to promote quality, cost-effective outcomes[1].

4. Return-to-Work Planning

Return-to-work planning is viewed as a "socially fragile process"[28], in which the returning employee, supervisor, and co-workers face the challenge of developing new work relationships and duties. If the return-to-work placement disadvantages the supervisor/co-workers, resentment results. This outcome, in turn, can sabotage the return-to-work efforts. Hence, the return-to-work plans must anticipate and avoid negatively impacting supervisors and co-workers.

5. Return-to-work Placement

Graduated return-to-work and work accommodation are viewed as a "core element of disability management, leading to favourable outcomes". Ideally, employees should aim to return to their own job - a position they know, and in which they can benefit from co-worker support[29]. However, work accommodation must be mutually beneficial; that is, it must meet the employee's capabilities as well as the organization's business needs.

6. Confidentiality

Confidentiality is the maintenance of trust and the avoidance of invasion of privacy through accurate reporting and authorized communication. In relation to managing employee personal health information, all the individuals within the organization who collect, maintain, handle, and use personal health information, are legally required to protect the confidentiality of that information.

7. Documentation

File documentation supports a well-managed disability claim and disability case, based on a well-thought-out process approach, i.e., the problems identified, actions implemented, results evaluated, and the costs and consequences considered. Documentation is crucial for effective disability claim management, disability case management, and return-to-work planning and placement.

8. Program Evaluation and Continuous Improvement

Program evaluation, which identifies the gaps between the current state and the desired state of a program, indicates whether the program goals/objectives are met or not, and enables program improvements. For a Disability Management Program to successfully operate and evolve, an understanding of its current state is critical, as is the recognition of the "ideal state" for a Disability Management Program.

9. Ethical Disability Management Practice

Ethics is the science of morals, a system of principles, and rules of conduct; the study of standards of right and wrong; or having to do with human character, conduct, moral duty, and obligations to the community[29]. It is the moral reasoning that humans possess. In short, ethical practice is:

Doing the right thing, at the right time, for the right person, in the right way and knowing

why it is the right thing, at the right time, for the right person, in the right way."[30]

In disability claim management, disability case management, return-to-work planning and placement, and the program evaluation, the weighing of the ethics of a disability situation must be done in an unemotional manner so that the decision-making is rational and based on facts rather than on the emotional issues attached to the decision.

10. Legal Compliance

Disability management is a management response to Canadian legislation which upholds that:

- disabled employees cannot be discriminated against based on a physical or psychological disability (Canadian human rights legislation).
- employers must provide work accommodation for workers recovering from an illness/injury (Workers' Compensation Acts, Canada Labour Code, Canadian human rights legislation).
- employees must be accommodated up to the point of undue hardship (Canadian human rights legislation); and
- employee personal health information must be respected and kept secure and confidential (Workers' Compensation Acts, privacy legislation).

As well, the disability management practices and processes are impacted by a variety of pieces of legislation. This legislation tends to vary from province to province, and from provincial to federal jurisdiction. The most important thing to note is that stakeholders involved in disability management must be:

- aware that specific acts and regulations are constantly changing and that they should obtain legal counsel to ensure they have the most current and up-to-date case law information when setting up programs or when dealing with specific human rights cases; and
- aware that ignorance of the law is never a valid excuse.

DISABILITY MANAGEMENT: A BUSINESS FUNCTION

A Disability Management Program is a workplace program designed to facilitate the employment of persons with a disability through a coordinated effort that addresses individual needs, workplace conditions, and legal responsibilities. Ideally, Disability Management Programs are pro-active in nature and incorporate stakeholder involvement and accountability. Most Disability Management Programs are designed to control the human and economic costs of employee injury or illness, to convey a message that employees are valued, and to demonstrate compliance with the relevant legislation.

An Integrated Disability Management Program is a planned and coordinated approach to facilitate and manage employee health and productivity. It is a human resources risk management and risk communication approach designed to integrate all organizational/company programs and resources to minimize or reduce the losses and costs associated with employee medical absence regardless of the nature of those disabilities. It is aimed at:

- assisting ill/injured employees and employees experiencing diminished work capacities.
- providing early intervention and support measures.
- facilitating a collaborative approach to managing employee disabilities.
- restoring the disabled employee's work/functional capacities to an optimal level.
- maximizing the disabled employee's capabilities.
- integrating the organization's/company's employee support programs.
- measuring program performance and outcomes in human and business terms.
- evaluating the organization's/company's various disability management efforts and performance with a focus on continuous improvement; and
- attaining a healthy workforce through injury/illness prevention.[31]

Operationally, an Integrated Disability Management Programs includes eight key elements:

1. Management-labour commitment and supportive policies.
2. Stakeholder education and involvement.
3. Supportive benefit programs.
4. A coordinated approach to injury/illness management.
5. A communication strategy.
6. Graduated return-to-work.
7. Performance measurement; and
8. Workplace wellness.

For more details on these eight key elements, refer to Dyck (2023).

An Integrated Disability Management Program is like any other business function. For it to survive within the organization, it must make good business sense, and offer a financial return on the resources invested. To demonstrate the impact an Integrated Disability Management Program can have on the organization's "bottom-line", first the costs associated with disability and the required Disability Management Program resources must be determined.

Secondly, determine the outcomes realized by other existing Integrated Disability Management Programs, better known as benchmarking[51]. Fortunately, many companies report their program results at conferences and in print. For example:

- A major airline implemented a total absence management program (absence and disability management combined) for a net saving of more than 14% of the total costs invested over five years[32].
- An integrated disability management program can reduce a company's benefit costs by 15% to 35%, depending on the benefits offered and how they are managed[8].

Further support for the added value of Integrated Disability Management Programs comes from studies done on the practice of early intervention following an illness or injury. For example, the American International Group (AIG) Claim Survey to 300 companies reported that by implementing case management procedures immediately after the occurrence of a Workers' Compensation claim, costs were reduced by as much as 40%[33].

According to the 2005 Watson Wyatt Staying @ Work Survey, 81% of the 94 participating companies reported that they perceived documented return-to-work plans to be a key factor for managing disability-related costs, and for improving employee health, employee satisfaction, and productivity[17].

The Alberta Workers' Compensation Board (2005) reported that employers who instituted post-injury reduction services lowered their 2004 injury claim costs by 20% as compared to non-participants[34]. This is a 3% increase in savings over 10 years ago when the saving was 17%[57]. In short, managing occupational injuries makes good business sense for many Alberta companies.

Watson-Wyatt, in the 2007 Staying@Work Survey, determined that the most effective cost-reducing health management practices include the use of:

- disability case management with illness/injury claims.
- documented modified work plans.
- return-to-work plans for mental health illness; and
- supervisor/manager involvement in absence management[35].

Lastly, the challenge is to present the merits of the Integrated Disability Management Program in business language. A critical part of that language includes a cost/benefit analysis of launching such a program, the potential influence on the company's bottom-line, and the anticipated return on investment. The findings that can support these endeavours include:

- Since 1996, the number of companies that have implemented disability management programs has increased from 25% to 51% (2011-2012)[9]. The reason is simple: it is a

cost-effective approach to managing worker absence and mitigating the associated costs. According to a Watson Wyatt Worldwide survey, savings of more than 0.25-1% of payroll can be realized[14].

- Shell Oil Company, Houston, Texas, implemented an "in-house" Disability Management Program to reduce non-occupational absences. Full-time certified, corporate-based case managers and nine manufacturing location nurses administered the program. This program resulted in a 10% reduction in total absence days per employee (6.9 to 6.2 days) as compared with the previous year. Business units not using this Disability Management Program had an 8% increase in absence days per employee (5.5 to 5.9 days). The return on investment equaled more than four to one return on investment based on direct expenditures and cost savings in terms of reduced absence days[36].
- Suncor Energy Inc. which uses an integrated approach to disability management, reported that in 2013, 87.6% of ill/injured employees returned to work, thereby saving 30,000 hours in non-occupational absence. As well, through work accommodation, $2M was saved. This resulted in significant savings in Short Term Disability insurance benefits, and in overtime and replacement worker costs[37]. In 2015 and 2016, Suncor focused on the prime reasons of employee medical absence, namely musculoskeletal and psychological disorders. By December 2016, the incidence of psychological disorders dropped from 19% to 4% of cases at onset. Likewise, the number of occupational injury claims was reduced by 43%[38]. Two years later, 2018, the Integrated Disability Management Team reported a reduction in disability case duration of 4.3 days for a direct saving of $4.2M in lost time days saved since 2016[39].
- The direct costs of work absence and the related costs equates to between 5% and 6% of payroll (estimated to be 5.7% by Watson Wyatt, 2011-2012). Taking steps to address and lower worker absence just makes good business sense[9].
- Employers who implement at least three disability and absence management techniques have 74% lower employee absence rates[40].

By using an integrated approach to disability management, companies can affect a risk management approach to the prevention and mitigation of employee illness/injury, regardless of cause.

OHNs Unique Role in Disability Management

OHNs have a unique role to play in the field of disability management. They are professionally prepared and qualified to understand and interpret medical reports that address employee fitness-to-work status. That coupled with their knowledge of the workplace and organizational systems, position OHNs to effect timely and successful return-to-work experiences. According to the Alberta Privacy Commissioner, medical information submitted by the employee is to be kept in strictest confidence by qualified medical practitioners (PIPEDA, Case Summary #226).

Occupational Health Nursing Skills

When providing disability management nursing best practices, Occupational Health Nurses must demonstrate a suite of technical specialist (Occupational Health Nursing) skills, relationship skills, and business skills[6]. The additional skills that pertain to disability management nursing best practices are:

- ***Clinical Assessment Skills*** - the ability to conduct an objective assessment of an injured/ill worker's situation by integrating and applying clinical, professional, communication, and practical skills for nursing practice.
- ***Critical thinking*** - the examination of an issue or concept from many perspectives with a view to gaining greater understanding. It is the purposeful and reflective judgment about what to believe or what to do.
- ***Cultural competence*** - the ability to provide quality Disability Management care and services to a diverse employee population. It encompasses the development of a receptive environment for disability management systemic responses (e.g., organizational policy, procedures, practices, etc.) as well as the delivery of individual Disability Management services. Hence, cultural competence implies a responsibility at both the organizational and individual level.
- ***Disability management research*** - the use of the "scientific method" to discover, understand, interpret, and develop disability management principles, models, practices, and processes.
- ***Legal knowledge*** - a working knowledge of the various pieces of legislation relevant to the field of disability management.
- ***Liaison*** - the position, or responsibility, within an organization for maintaining communication links with external individuals, agencies, or organizations, as well as the internal stakeholders.
- ***Coaching*** - the process of assisting a supervisor, union leader, and employee to effectively participate in a Disability Management Program. It is the act of enabling an individual to successfully undertake a new role/responsibility.
- ***Disability Management Governance*** - consistent disability management – that means cohesive policies, processes, and decision-making practices.
- ***Disability Management Stewardship*** - personal responsibility for overseeing and guiding an organization's Disability Management Program and its functioning.

Additional to the above skills, the Occupational Health Nurse has the nursing knowledge, process, and expertise to interact with the employee and family, the various players in the healthcare system, the workplace, the unions, the insurers, and community resources to affect a timely recovery and safe return to work by the employee. Importantly, this professional group is qualified to receive, comprehend, and interpret medical reports and findings - a unique aspect in the world of disability management. Hence, they can play a pivotal role in assessing ill/injured workers and in coordinating effective return-to-work plans – a true saving for employers and employees.

THE NURSING PROCESS

By way of a reminder, the nursing process is a systematic, rationale method of planning and providing individualized nursing care. It is the process by which registered nurses deliver nursing care to patients, clients, companies, or workers. The process is supported by nursing philosophies and concepts. A deductive theory, the nursing process was originally an adapted form of the problem-solving process.

A patient-centered, goal-oriented method of “caring”, the nursing process provides a framework to nursing care. It involves five major steps:

1. assessment (of company/worker's needs).
2. diagnosis (of human response needs that nursing can assist with).
3. planning (of company/worker's care).
4. implementation/intervention (of care); and
5. evaluation (of the success of the implemented care).

The characteristics of the nursing process are that it is:

- ***Cyclic and dynamic*** - The nursing process, which exists for every problem that the patient/client/company/worker has, is a cyclical and ongoing process that can end at any stage if the problem is solved (*Figure 14*).
- ***Goal-directed and client-centered*** - The nursing process focuses on the patient/client/ company/worker and the individual’s specific needs.
- ***Interpersonal and collaborative*** - The nursing process is not only centered on ways to improve the patient/client/company/worker's physical needs, but also on the social and emotional needs. Working in consort with the patient/client/company/worker, the nurse can facilitate/deliver nursing care that addresses the identified bio-psychosocial needs.
- ***Universally-applicable*** - The nursing process applies to all people, regardless of race, religion, and geographic location.
- ***Systematic*** - The nursing process is a planned and coordinated approach to providing nursing care.

Figure 14: The Nursing Process[41]

DISABILITY MANAGEMENT: NURSING BEST PRACTICES

Based on the Disability Management Best Practices described by Dyck (2023), the Nursing Best Practices as defined by OHNs in British Columbia, 2009, are:

JOINT LABOUR-MANAGEMENT COMMITMENT TO A DISABILITY MANAGEMENT PROGRAM

The most successful workplace models of an Integrated Disability Management Program involve joint labour- management support and participation.

NURSING BEST PRACTICES

1. Educate labour and management on the value of a Disability Management Program for the organization/company.
2. Explain the potential benefits for the union and management of having an Integrated Disability Management Program in the workplace.
3. Correct misconceptions regarding employee disability and the related disability management practices.
4. Invite and strongly encourage union/employee promotion and participation in the graduated return-to- work activities.
5. Facilitate the development of a good Disability Management Program and the related structure, processes, and outcomes.
6. Seek ways to collaboratively address employee absenteeism and lower the organization's/company's absenteeism rate.

INTEGRATE DISABILITY MANAGEMENT EFFORTS

For effective disability management, a design or model for an Integrated Disability Management Program should exist. An Integrated Disability Management Program is a planned and coordinated approach to facilitate and manage employee health and productivity. It is a Human Resources risk management and risk communication approach designed to integrate all organizational/company programs and resources to minimize or reduce the losses and costs associated with employee medical absence regardless of the nature of those disabilities.

NURSING BEST PRACTICES

1. Promote the establishment of a joint labour-management steering committee to oversee the Integrated Disability Management Program.
2. Actively participate as the disability management subject matter expert.
3. Assist in conducting a comprehensive needs-analysis to identify specific organizational needs, and to establish baseline data before implementing the Integrated Disability Management Program.
4. Participate in assessing the related disability policies and procedures in terms of their impact on the Integrated Disability Management Program and recommend changes if warranted.
5. Assist with the development of the roles and responsibilities of all major stakeholders involved in the Integrated Disability Management Program.
6. Promote the development of an inventory of modified work/alternate work positions.
7. Assist with the development of the organization's return-to-work program and processes.
8. Develop suitable disability claim and case management forms. These forms should focus on the claimant's functional abilities versus disabilities (i.e., diagnosis).
9. Develop an absence and disability database for all types of absences — casual absence, short-term disability, occupational absence (Workers' Compensation), and long-term disability. Link this system with the company or organization's/company's Occupational Health Program, Employee Assistance Program, Occupational Health & Safety Program, employee benefit plans, and Workplace Wellness Program outcomes.
10. Use the above outcome data along with other human resources and group benefit plan outcomes to assist in the interpretation of the disability management issues.
11. Seek ways to maximize the integration of all the organizational/company programs to maximize the individual program efforts and outcomes.
12. Assist with the integration of the organization's/company's programs that are managed by external service providers to offer a holistic approach to employee support.

DISABILITY PROGRAM POLICIES, STANDARDS OF PRACTICE, AND PROCEDURES

Policies, standards of practice, and procedures for maintaining contact with absent staff members, accessing treatment or rehabilitation, and ensuring an expedient return to work can be applied to the entire continuum of employee medical absence regardless of cause, including casual absence, short-term disability, Workers' Compensation Board, and long-term disability illness/ injuries. The intent of the Integrated Disability Management Program policies and procedures is

to ensure that the appropriate processes are in place and that they are applied fairly, equally, and consistently.

Nursing Best Practices

1. Serve as a subject matter expert in the development and implementation of policies and procedures that deal with:
    - disability leaves (i.e., casual absence, short-term disability, Workers' Compensation Board absences, long-term disability, etc.).
    - rehabilitation measures (i.e., case/claim management, vocational rehabilitation, etc.).
    - claim management standard of practice.
    - case management standard of practice.
    - graduated return-to-work standard of practices.
    - confidentiality standard of practice.
    - documentation standard of practice.
    - alcohol and drug policy; and
    - harassment and respectful workplace policies.
2. Provide governance and stewardship regarding the content of these policies.
3. Identify any deficits in these policies and advise management.

Graduated Return-to-Work Initiatives

Graduated return-to-work initiatives can be an effective method of systematically returning employees to health and work and can contribute to cost-containment.

NURSING BEST PRACTICES

1. Serve as a subject matter expert in the development and implementation of graduated return-to-work initiatives that involve labour and management support and participation.
2. Communicate the roles, responsibilities, and accountabilities of the key stakeholders.
3. Elicit employee, union, and line management identification of modified/alternate work options.
4. Manage safe and timely return-to-work activities.
5. Endorse the development of flexible and creative return-to-work options.
6. Act as a neutral participant in the return-to-work process.
7. Promote a collaborative approach to the return-to-work process – employee, supervisor, union, human resources, health care provider(s), and insurer involvement.
8. Develop individualized return-to-work plans for employees that enable them to return to work in a safe and timely manner.
9. Promote respectful and healthy employment relationships.

10. Identify the need for conflict resolution and assist with this process.
11. Monitor the accommodation process, adjusting as required.
12. Collect and manage modified/alternate work data, and the graduated return-to-work outcomes.
13. Evaluate the graduated return-to-work initiatives, plans, and outcomes regularly.
14. Communicate the benefits, challenges, and outcomes of the Integrated Disability Management Program to all the key stakeholders.

CENTRALIZE THE RESPONSIBILITY FOR AN INTEGRATED DISABILITY MANAGEMENT PROGRAM

To ensure effective functioning, one central figure should coordinate the daily operations of an Integrated Disability Management Program. Because of their nursing education and work experience as a generalist, Occupational Health Nurses tend to be ideal candidates for this role.

NURSING BEST PRACTICES

1. Assist the Integrated Disability Management Program steering committee to identify the duties of the Disability Management Coordinator, as well as the requisite skills for the position.
2. If deemed appropriate, manage the Integrated Disability Management Program – this includes the planning, organizing, directing, evaluating, and continuous improvement activities.
3. Coordinate the Disability Management Program with other organizational/company programs such as the Employee Assistance Program, Occupational Health & Safety Program, Workplace Wellness Program, and Human Resources Program/services (integration).
4. Advise the company's Occupational Health & Safety department of the cause and nature of all occupational claims (risk communication). The intent is to seek workable illness and injury prevention strategies.
5. Within the privacy guidelines, advise Human Resources of the cause and nature of the non-occupational claims. The intent is to seek workable illness and injury prevention strategies (risk management).

DISABILITY MANAGEMENT COMMUNICATION STRATEGY

An essential component of any successful Integrated Disability Management Program is the widespread understanding and support of stakeholders both within the workplace and in the broader community.

NURSING BEST PRACTICES

1. Assist in the development of the Integrated Disability Management Program's communication strategy and plan. The aim is to promote awareness and overcome organizational barriers to implementing an Integrated Disability Management Program.
2. Assist with the identification of the key stakeholders along with their respective needs and

wants from the Integrated Disability Management Program.

3. Assist with the development of the key messages delivered to each stakeholder group as well as with the appropriate communication media and vehicles (effective risk communication).
4. Play the major role in informing the key stakeholders about the Integrated Disability Management Program, and its successes and problems. That is, keep them in the decision-making loop.
5. Provide stakeholders with the relevant outcome data and benefits realized by the Integrated Disability Management Program. This approach garners continued support for the Integrated Disability Management Program.

DISABILITY MANAGEMENT EDUCATION AND TRAINING

The purpose of Disability Management Program education and training is to create awareness around the need for and value afforded by workplace-based attendance and disability management programs.

NURSING BEST PRACTICES

1. Assist with the development and delivery of generalized training for all supervisors and human resources staff in dealing with ill or injured employees and family members.
2. Provide specialized disability management education for supervisors, union, and other staff leaders involved in the implementation of the Integrated Disability Management Program.
3. Develop and deliver “train-the-trainer” sessions for employee/union peer counsellors if appropriate.
4. Provide coaching and mentoring to supervisors/managers involved in disability management situations. Timely feedback on the performance of the Integrated Disability Management Program enhances the overall management of claims.
5. Develop and deliver quality educational sessions.
6. Avail oneself of specialized education and training in disability management. This should include continuing education in the field of disability management and other related fields (e.g., in Employee Assistance Programs, Human Resources principles, Occupational Health & Safety, risk management and risk communication, Workplace Wellness Programs, management human resource theories and practices, etc.).

LINK THE DISABILITY MANAGEMENT PROGRAM WITH THE EMPLOYEE ASSISTANCE PROGRAM

External services can play an important role in effective employee attendance support and disability management. Companies that integrate the Employee Assistance Program services with attendance support and Disability Management Programs tend to encounter the need for a comprehensive Employee Assistance Program service when dealing with the psychological and physiological aspects of absence.

NURSING BEST PRACTICES

1. Partner with the organization's Employee Assistance Program to develop an effective manner to link the Integrated Disability Management Program with the Employee Assistance Program. The focus is on the employee's functional ability, the characteristics of the workplace environment, and the job demands. Hence both parties can reach a common ground on which to jointly assist the ill/injured employee.
2. Ensure that all the service providers attain a mutual understanding of and respect for the individual program goals and objectives, as well as for the overall Integrated Disability Management Program goals and objectives.
3. Promote a partnership approach that allows for multi-disciplinary interventions.
4. Develop the appropriate channels of information and consent forms through which information on the employee's functional ability, the characteristics of the workplace environment, and the job demands can be shared.
5. Evaluate the outcome measures on the cases served jointly by the Employee Assistance Program and Integrated Disability Management Program personnel. Knowledge of utilization rates, types of cases served, trend analyses and success or failure rates, and anticipatory guidance for illness and injury prevention can be attained using aggregate data.

MEDICAL CONSENTS AND CERTIFICATES

The process of obtaining consent to collect personal health information creates a reasonable expectation of privacy by the employee. This requires the employer to take all reasonable steps to ensure that the level of confidentiality promised in the consent form is not compromised. Some reasonable steps include:

- maintaining confidentiality.
- retaining information.
- secure storage of information.
- appropriate disclosure of information internally and externally.
- proper transmittal of information.
- appropriate methods of destruction; and
- identification of the consequences for staff violations if any should occur.

NURSING BEST PRACTICES

1. Review the disability claim forms and medical certificates; revise any forms/certificates that fail to gather the necessary information in a manner compliant with the applicable legislation.
2. Ensure the form/certificate is clear, concise, and designed to gather only the information relevant to the current disability.
3. Develop and communicate the procedures for the submission and retention of consent forms and medical certificates.
4. Educate unions, management, and employees on the elements of informed consent.

5. Serve as the custodian of informed consent.
6. Ensure the existence of a consent form signed by the ill or injured worker before any contact with the physician is initiated.

POLICIES AND PROCEDURES TO PROTECT THE CONFIDENTIALITY OF MEDICAL DATA

Medical diagnoses and health-related data are obtained during claim and case management. Policies and procedures are required to deal with confidentiality and access to medical files, as well as with the responsible retention, storage, transfer, or disposal of medical data.

NURSING BEST PRACTICES

1. Assist with the development of a confidentiality policy and code of practice. This should comply with the applicable legislation.
2. Develop a protocol for the retention, maintenance, release, and disposal of medical documentation.
3. Retain all medical data in a secure and confidential manner with access by authorized personnel, and only on a “need-to-know” basis.
4. Retain all medical documentation as per applicable legislation.
5. Limit the dissemination of medical diagnoses to broad categories or neutral descriptors, such as occupational injury, occupational illness, non-occupational injury, or non-occupational illness. When diagnoses are used, limit them to disease classifications or aggregate the data so that individual diagnoses cannot be determined.
6. Provide governance and stewardship in terms of current case law and legislative changes that impact the disability management practices.

CASE MANAGEMENT PRACTICES

Effective case management promotes quality, cost-effective outcomes in terms of human and financial savings.

NURSING BEST PRACTICES

1. Serve as a subject matter expert in the development of the organization’s/company's case management practice standards.
2. Educate stakeholders on what case management is and what it is not, thereby managing the expectations of the key stakeholders.
3. Uphold the established case management standards.
4. Develop disability management nursing plans that are based on the nursing process, and which include the use of evidence-based data, as well as knowledge of the workplace and its culture.
5. Track the disability data, plus the hours of modified/alternate work, dollars saved with modified/alternate work, and types of cases that were the most successful with early return-to-work initiatives.
6. Evaluate the case management process employed using peer or internal reviews, or external

quality assurance measures (audits).

7. Track occupational health and case management activities, such as the amount of time required to case manage each claim, administer the service, train supervisors, undertake process development, conduct follow-up activities, and pursue professional development.
8. Evaluate, on a case-by-case basis, the return on investment of the case management interventions.
9. Continue to review disability claim outcomes, paying special attention to closed claims. Use the closed claims as indicators of the case management outcomes.

EARLY INTERVENTION

Research and industry experience strongly endorses the importance of early intervention in any medical absence.

NURSING BEST PRACTICES

1. Educate the workplace on the value of early intervention and what early intervention looks like.
2. Promote the development of a work culture that actively supports early intervention.
3. Manage the case management expectations of the key stakeholders.
4. Promote early contact between the supervisor and the ill/injured employee ideally on the first day of absence; by the third day at the latest.
5. If required, implement early case management (within the first three to five days of the absence).
6. Function as an advocate68, not an enabler[69] to the disabled employee and family.
7. Involve the Employee Assistance Program in situations as appropriate.
8. Encourage open communication and positive relationships within organization.

DISABILITY CLAIM MANAGEMENT: CLAIM ADJUDICATION PROCESS

Employers require a documented process for claim adjudication. This helps to ensure the use of a standardized approach. The exact criteria used to determine claim eligibility depend on the terms of the benefit plan in place. Most of this task is undertaken by non-nursing personnel. They vary from nursing skills in that they involve adherence to claim management criteria, as opposed to being based on concepts, principles, and practices. However, the Occupational Health Nurse does have a significant role to play in the claim management processes.

NURSING BEST PRACTICES

1. Determine employee fitness-to-work.
2. Communicate that information to management/human resources services in a timely manner.
3. Assist with the ongoing monitoring of the employee's fitness-to-work status.
4. Communicate the degree of employee compliance with the recommended treatment and

rehabilitation.

5. Communicate the expected return-to-work date along with any identified work limitations.
6. Consider the use of flow charts and visual aids to depict the claim management process, and how and when the Occupational Health Nurse can assist.

EFFECTIVE MANAGEMENT OF DISABILITIES

Disability management is highly dependent on workplace relationships. Employee willingness to help each other is based on the quality of their social relationships. The stronger the social relationships, the more tolerant the workplace culture is of employee disabilities; and the greater the likelihood that the workplace will support the recovering employee through the return-to-work process.

NURSING BEST PRACTICES

1. Educate the workplace about the impact of workplace disabilities and how to recognize an employee who is experiencing health problems. Add to that, an explanation of the concept of social capital and its influence on the return-to-work process.
2. Encourage the workplace to redesign work processes to decrease certain physical and psychological stressors, and hence, to decrease the likelihood of relapse and secondary health conditions when the employee does return to work.
3. When designing a rehabilitation and return-to-work plan, involve the employee, supervisor, and union. Working collaboratively enhances relationships and provides clarity to the plans and processes.
4. Regularly communicate with employees who are on sick leave. Document conversations to reinforce the agreed-upon decisions and action plans. Include line management and the union representative on this correspondence.
5. Reinforce that the occupational health nurse is qualified to receive and interpret medical information. In most workplaces, the occupational health nurse will be the only professional qualified to do so.
6. Promote a good person/job fit when offering work accommodation.
7. Seek to develop return-to-work plans that build the employee's confidence, particularly when employee fear of relapse or pain is evident.
8. Manage the expectations of the returning employee as well as the expectations of co-workers, managers, and union representatives. Ensure they remain realistic as to what "a successful rehabilitation and return- to-work" looks like, and how long it might take to complete.
9. Seek to legitimize the work accommodation of the returning employee. This can be done by tackling misinformation "head on" - debunking myths about workplace safety and authenticity. Teaching line management how to "assist" rather than to "blame" when an employee experiences symptoms or a relapse at work.
10. Encourage the resolution of conflict. Conflict decreases trust, liking, and therefore, social capital – all detrimental to a successful return-to-work.

11. Promote the development of a fair and transparent process for investigating discipline-worthy conduct. This will go a long way to prevent the escalation of workplace conflict and perceptions of favouritism.
12. Seek ways to recognize and reward managers for maintaining healthy work teams and for successfully accommodating employees from other business units. Likewise, employees should be positively recognized for following medically sanctioned work restrictions and for assisting in the accommodation of co-workers.

MANAGEMENT OF MENTAL HEALTH DISABILITIES

Prevention

Prevention of mental health problems in the workplace is a "best practice" – an approach that is cost-effective in terms of the human and financial aspects. In a 2011/2012 Report, Watson Wyatt Worldwide noted that in Canada and the United States, mental health conditions are the leading cause of both Short-Term Disability (STD) and Long-Term Disability (LTD). The current estimated cost is $42.3 billion in direct costs and $6.3 billion in indirect costs, namely, administrative costs, loss of productivity due to casual absenteeism, presenteeism, and early mortality.

NURSING BEST PRACTICES: PREVENTION

1. Promote the development of effective strategies for protecting the psychological health and safety of employees.
2. Participate in the implementation of those strategies.
3. Assist with the monitoring and evaluation of the effectiveness of the implemented strategies.
4. Assist with the enhancement of the identified prevention approaches.

Mitigation

With the rising incidence rate of mental health claims in Canada and the United States, the recommended approach is the use of return-to-work plans specific to the management of mental illness in the workplace. This is consistent with the work undertaken by the Global Business and Economic Roundtable on Addictions and Mental Health. By supporting the employee through the recovery phase, and promoting a safe and timely return to work, the Disability Case Manager can facilitate a suitable return-to-work placement. At the same time, the Disability Case Manager can prepare the workplace for the employee's return, thereby removing barriers to a successful re-entry. Pang (2013) addresses the Current Issues in Mental Health in Canada: Psychological Health and Safety in the Workplace.

NURSING BEST PRACTICES: MITIGATION

1. Promote early contact with the ill or injured employee by the supervisor.
2. Implement early case management (within the first three to five days).
3. Involve the Employee Assistance Program or another form of counselling as part of the treatment plan.
4. Use a technique such as The Green Chart to open the lines of communication between the healthcare providers and the occupational health professionals, or Disability Management professionals/practitioners, who represent the workplace interests.

5. Ensure that support is available to the employee upon their return-to-work.
6. Maintain support as required, post return-to-work.
7. As an OHN, remain current on the advancements in psychological health & safety in the workplace. Refer to Dyck 2023, Chapters 14, 15, and 16.

CULTURAL DIVERSITY AND DISABILITY MANAGEMENT

By becoming culturally competent, Canadian and American employers can appreciate and maximize the strengths of each of the various cultures present in their workplaces. Cultural diversity brings challenges to managing employee disabilities. Reaction to illness/injury and recovery is culturally based. Nurses recognized this fact years ago; hence, the early focus on cross-cultural nursing. In Canada, today, one in five individuals are immigrants. Nurses can play a key role in assisting employers and workplaces to understand cultural diversity and the unique health needs of various cultures.

NURSING BEST PRACTICES

1. Assist with the identification of the cultural mix within the organization.
2. Promote cultural competence within the organization.
3. Seek to communicate effectively with the various cultures – use of translators or multi-lingual communication tools.
4. Identify areas of potential cultural conflict and seek ways to address them.
5. Provide clarity on the Integrated Disability Management Program while being culturally respectful.
6. Compromise by showing respect for different beliefs and by being willing to work with those beliefs to reach a “win-win” solution for the stakeholders.
7. Help employees understand options to make informed consents to treatment and return-to-work options.
8. Ensure that support is available to the employee upon a return to work.
9. Remain current on cross–cultural nursing and the related best practices.
10. Seek ways to continuously improve the organization’s approach to cultural diversity, especially in disability management.

DISABILITY DATA MANAGEMENT

Data collection and analysis is the foundation on which the success of an Integrated Disability Management Program is based. Unfortunately, in Canada, only 46% of employers track employee absence and only 15% track the related costs[42].

NURSING BEST PRACTICES

1. Use evidence-based research when designing the data management processes for the Disability Management Program.
2. Capture absence and disability data in a format comparable with other Canadian disability

databases.

3. Ensure that the claim and case management data collected includes casual sick time, short term disability, Workers' Compensation, and Long-Term Disability absence rates and costs.
4. Monitor the Workers' Compensation Board data, investigate opportunities for cost avoidance and cost savings, and seek guidance regarding Workers' Compensation Board claim management techniques.
5. Investigate the potential implementation of an integrated occupational health and safety data management system that can link Disability Management Program outcomes (i.e., Short Term Disability, Workers' Compensation Board claims, Long Term Disability, etc.) with Occupational Health and Safety Programs, Employee Assistance Programs, employee benefits, and Workplace Wellness Programs.
6. Seek opportunities to link employee absence data with human resources information.
7. Use the company's available communication systems (e.g., e-mail, internal mail, cheque inserts, newsletters, reports, etc.) to encourage the transmission of absence, disability, and modified/alternate work data.
8. Ensure that all stakeholders are aware of the reasons for, and costs of, medical absenteeism and disability.
9. Encourage industry disability management benchmarking to determine what is working and not working in the organization's Disability Management Program.
10. Monitor and evaluate the effectiveness of the data management processes, making improvements.

MEASUREMENT, MONITORING, AND CONTINUOUS IMPROVEMENT OF THE DISABILITY MANAGEMENT PROGRAM

Integrated Disability Management Programs must demonstrate continuous evaluation and modifications to:

- justify the program.
- improve workplace health and safety practices.
- ensure that the program objectives are achieved; and
- ensure that employer and employee needs are met.

NURSING BEST PRACTICES

1. Develop Short-Term Disability performance measures that include absentee rates, lost time hours, lost time costs, average absentee length, percentage of hours saved on modified/alternate work, dollars saved due to modified/alternate work activities, percentage of employees who returned to work, number and types of interventions used and number of Short-Term Disability claims that were successfully resolved.
2. Review the Workers' Compensation Board data, investigate opportunities for cost avoidance and cost savings, and seek guidance regarding Workers' Compensation Board claim management techniques.

3. Institute program outcome measures in the Long-Term Disability period which include the following: reduced disabled lives liability, reduced Long Term Disability claims costs, cost avoidance due to early intervention and modified/alternate work initiatives, case-by-case return on investment due to intervention, and return on investment using a formula customized to suit the company or organization's needs.
4. Establish the contributing factors for employee absenteeism and disability such as employee age, lifestyle, drug or alcohol use, work environment, employee-employer relationships, seasonal issues, legal issues, financial issues, and existence of pre-existing health conditions.
5. Measure the effectiveness of the Integrated Disability Management Program through interviews, surveys, data analyses, and return on investment for the services provided and associated benefit costs.
6. Set program management targets for each year and measure success/failures.
7. Use the disability management data to provide insight into opportunities for corporate occupational health and safety initiatives and prevention strategies.
8. Regularly disseminate disability management data to all the departments along with the related costs.
9. Justify the Integrated Disability Management Program in terms of the return on investment attained through lower disability costs, reduced use of employee group benefits, improved employee well-being and health, and increased employee productivity.

LINK ERGONOMICS WITH THE INTEGRATED DISABILITY MANAGEMENT PROGRAM

Musculoskeletal injuries are a major work-related injury in Canadian workplaces. They originate from strain, sprain, and overuse of muscles, tendons, and ligaments. The outcome is a soft tissue injury that can take a lengthy time to heal. As a result, musculoskeletal injuries tend to be expensive.

Ergonomic programs can help in the prevention of musculoskeletal injuries, as well as with mitigation of the same. Redesigning or modifying jobs or job tasks to accommodate the employee's capabilities and limitations requires expertise — the kind of expertise that specialists in the field of ergonomics can provide.

Through the Disability Management Program, early intervention and support of the employee occurs. The nurse can facilitate recovery and return-to-work planning and placement. This action has been shown to decrease the recovery time and hence, related human and financial costs.

NURSING BEST PRACTICES

1. Assist the organization/company to develop an Ergonomics Program and link it with the Integrated Disability Management Program.
2. Review the occupational and non-occupational injury data to identify the number of musculoskeletal injuries and investigate opportunities for cost avoidance and cost savings through ergonomic interventions.
3. Measure and monitor the performance of the ergonomic interventions.

4. Report to management and relevant stakeholders on the outcomes of this arrangement.
5. Use the information to strengthen the linkage between the two programs and to leverage program improvements.

PARTNERSHIPS WITH SERVICE PROVIDERS

Organizations/companies that outsource parts/all their Disability Management Program and other employee support programs like the EAP, should forge partnerships with the various vendors so that they can work in unison on the organization's/company's behalf. This helps to streamline the disability management process and promote timely resolution of disability situations. For example, it has been shown that companies that use one service provider to manage disability claims and cases, as well as provide EAP services, experience significantly shorter disability claim durations (37% shorter[43]) regardless of the health issue.

NURSING BEST PRACTICES

1. Assist the organization/company to build strong partnerships with the vendors involved with the Integrated Disability Management Program.
2. Support the establishment of a system of collaboration among the vendors.
3. Help with the measurement and monitoring of the performance of the vendors' performance.
4. Report to management and relevant stakeholders on the outcomes of this arrangement.
5. Use the information to strengthen the vendor partnership.

MARKETING OHNS AS DISABILITY MANAGEMENT PROFESSIONALS

The Occupational Health Nurse (OHN) as defined by the Alberta Occupational Health Nurses Association, is “a registered nurse who has graduated from an accredited occupational health nursing program and/or who has achieved the level of COHN(C) with the Canadian Nurses Association” (2016). It is “the specialty that provides for, and delivers health care services to workers, work populations, and organizations”.[44]

In preparation for their role, OHNs take specialized education in Occupational Health and Safety, and their practice is based on knowledge gained primarily from:

1. Nursing.
2. Medicine.
3. Ergonomics.
4. Epidemiology.
5. Environmental sciences.
6. Occupational health and safety (OH&S).
7. Social/behavioural sciences.
8. Business management.
9. Program administration.
10. Educational concepts and practices; and
11. Legal/regulatory requirements.[45]

In addition, OHNs possess specialized competencies in the domains of:

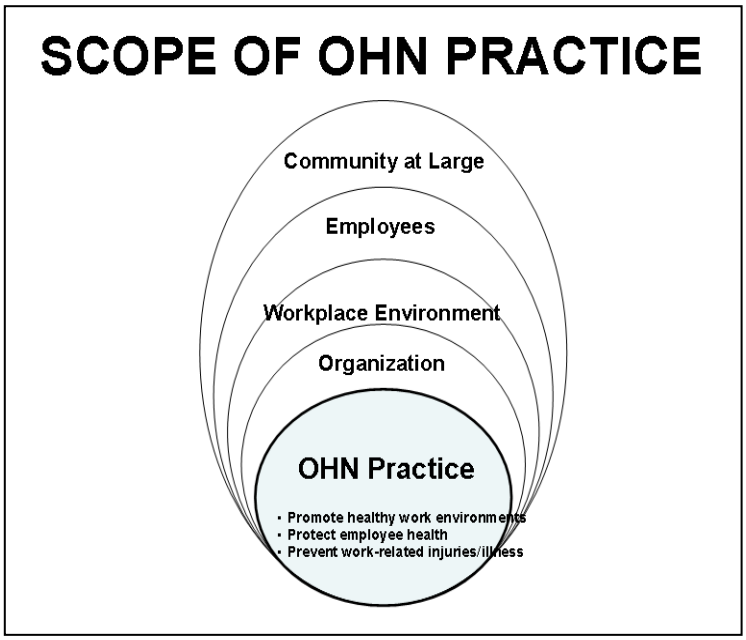
- Occupational Health Nursing practice.
- Identification, evaluation, and control of workplace hazards.
- Health monitoring and surveillance.
- Toxicology.
- Spirometry.
- Audiology.
- Assessment, care and case management of injuries and illnesses (Disability Management).
- Health, safety, and wellness promotion; and
- Health, safety and wellness management and surveillance.

According to the American Association of Occupational Health Nurses (AAOHN), the Occupational Health Nursing scope of practice involves[46]:

- Collaboration to develop “model behaviors of good health”.
- Setting expectations of employee self-management of physical, mental & emotional health.
- Leveraging health promotion and disease management programs and services to increase employee accountability for health.
- Serving as a health advocate and expert to internal and external groups; and
- Providing expert and efficient management of occupational and non-occupational injury/illness leading to reduced time away from work and associated savings.

The scope of Occupational Health Nursing is depicted in *Figure 10*[47].

Figure 10: Scope of OHN Practice



Occupational Health Nurses were pioneers in the field of disability management. Their nursing education, skills, and experience makes them ideal disability management practitioners.

THE VALUE OHNS OFFER

The business impacts that OHNs have made in workplace are:

- Companies that employ OHNs have 15% fewer workplace injuries[48].
- OHNs contribute to a 40% reduction in accident costs[49].
- OHNs have demonstrated the ability to increase employee safety awareness; an aspect linked with reduced lost time[48].

- Companies employing OHNs had an average saving of $100K/year[48].
- OHNs contribute to a 7% reduction in the frequency of lost time injuries[48].
- OHNs are associated with fewer complaints, work refusals and critical injury accidents reported to the Minister of Labour[48].
- Shell Oil (Houston, TX, 2006) reported a 10% reduction in total absence days per employee and 20% decrease in extended absences because of the nurse-run Disability Management Program. The direct savings in the first year was $2.3 M at a cost of $500K, or at a ROI of $4. Upon expansion of the program throughout the plan, the five-year report was a ROI of $2.4[50].
- According to Dave Anderson, CEO, WorkSafeBC, with the WorkSafeBC Model of OHNs managing WCB claims, it has[51]:
    - Realized higher service satisfaction rates because of WorkSafeBC's Nurse Advisors (OHNs) – worker- claimants' rate of satisfaction is up by 6%; employer-clients' rate of satisfaction is up by 4%).
    - Been able to charge the lowest WCB insurance premium rates in 30 years.
    - Been able to secure benefit levels for workers.
    - Received more positive media coverage – the positive media coverage is currently at 65% and increasing.
    - Public Contribution Index: 82% of the general public believes WorkSafeBC adds value.
    - Satisfied customers with WorkSafeBC (73% workers rate themselves as satisfied; 81% of employers, rate themselves as satisfied); and
    - Learned that British Columbia is becoming an attractive marketplace in which to invest in job creation.
- Time lost due to work-related incidents declined by 37% in large companies; 28% in mid-sized companies that employed OHNs[48].
- OHNs managing the health and medical aspects and coordinating Occupational Health & Safety is a sound business strategy for any organization.
- OHNs are no longer viewed as "luxury employees": they are an integral and value-added part of the management team.
- OHNs are positioned to screen for health conditions – an action that can decrease health care dollars for employees and employers.
- OHNs have the expertise to address the two top reasons for employee absence – stress and musculoskeletal disorders.

OHNs can positively contribute to a company by managing an Occupational Health & Safety Program, conducting pre-placement assessments and periodic risk-based monitoring; assisting with emergency preparedness and planning; providing ergonomic support; facilitating Workers' Compensation reporting; managing employee disabilities; overseeing Employee and Family Assistance Program services; overseeing Wellness Programs/Services; and/or offering employee support.

FUTURE OPPORTUNITIES FOR OHNS

The world of work is constantly changing; the challenges and cost of doing business are steadily increasing. OHNs are involved in risk management situations and provide risk communications daily. Occupational Health (OH) Nursing risk management aims at minimizing the costs of pure risk to a reasonable cost. Pure risk, also termed static risk, is risk in which there is no hope of any gain. It is an administrative, managerial function like the standard OH&S hazard identification and loss control practices, but more sophisticated and focused on potential risk.

Likewise, Disability Management serves a risk management function. A Disability Management Program is designed to control the human and economic costs of employee injury/illness, to convey a message that employees are valued, and to demonstrate compliance with the applicable legislation. As such, it is a risk management and risk communication approach designed to integrate all corporate programs and resources designed to minimize or reduce the losses and costs associated with employee medical absence, regardless of the nature of those disabilities, as well as to prevent future occurrences.

Notable contributions that OHNs can make are:

Table 1.1: Contributions by OHNs

Contributions	**Value to Company**	**Qualifiers**
Manage Internal OH&S Program	42% saving over external OH Service	Internal OH&S Programs are 42% less costly to operate that are external OH&S services[52].
Pre-placement Assessments	Right people for the job	Having the right person/job fit means lower absenteeism and staff turnover costs. Estimated saving is the replacement cost of the "misplaced" employee's salary (1.5-2 times their annual salary). For 2021, the average Canadian annual salary was $65,777K[53], making this cost- avoidance measure worth $99 - $131.5K per new employee.
Periodic Risk-based Monitoring	No fines/penalties	Provincial OH&S legislation dictate that hearing conservation, respiratory conservation, and monitoring chemical exposures (WHMIS) occur. Fines for non-compliance, although rare, can be levied.
Emergency Preparedness	No fines/penalties: Fewer injuries	Emergency preparedness is a legislated requirement. An OH Service can oversee and enhance this effort thereby not only complying with the legislation, but also mitigating the risk of further injury or death. Fines in Canada can be as high as $500K for a first-time offence.

Contributions	Value to Company	Qualifiers
Ergonomic Support	Increased productivity Lower WCB costs for musculoskeletal injuries	Management of ergonomic-related health conditions can result in reduced WCB claims and increased worker productivity. Direct musculoskeletal costs total $20B annually in Canada (2016)[54].
Workers' Compensation Reporting	No fines/penalties	Failure to report WCB claims in accordance with provincial legislation can result in substantial fines ranging from $100 per day late to a $25,000 fine[55].
Oversight of Employee and Family Assistance Program (EFAP) Services	65% Increase in productivity	Effectively managing an EFAP can result in a 65% reduction in stress and improvement in worker productivity. Mental health issues cost businesses almost $1,500 per employee per year[56]. OHNs can help employees identify and manage their distress and reduce the related costs. Otherwise, a psychological disability can cost on average $18K[57].
Employee Loyalty	+ Return on investment	By addressing psychosocial issues, the OHN can help the employee and increase employee satisfaction and health. "For every 5-unit increase in employee satisfaction in a [business] quarter, there is a 1.3-unit increase in customer satisfaction in the next [business] quarter, and a 0.5-unit increase in revenues above the national average in the following quarter"[58].
Attendance / Disability Management	30-50% cost avoidance 19% savings with an integrated disability management program	The management of workplace absenteeism and disabilities can result in a 30-50% reduction in related costs according to NIDMAR (2004). In Canada, the average, annual cost per full-time employee for all disability-related absences was $2,887[59]. A 30-50% reduction would lower this cost to between $866-$1,444 per employee per year. For a company with 1000 employees, the saving would equate to between $0.9MM and $1.4M. OHNs can reduce these anticipated costs. The 2005 Watson Wyatt Staying @ Work Survey indicates that having documented return-to-work plans in place is viewed by 81% of survey participants as effective in reducing disability costs. OHNs implement and work return-to-work plans for ill/injured employees.

	COVID management	Management of COVID 19 cases requires the case management expertise that OHNs possess. Since March 2020-January 2022, there were 2,868,862 cases and 32,220 deaths. Of the living 2,836,642 cases, 66% of them work. Those 1,872,184 cases require support and RTW assistance. On average, a physical claim in Canada costs $9K and a psychological case, $18K. COVID has elements of both, therefore has the potential to cost $27K/case. OHNs can reduce that cost.
	PASC Management	Of the above COVID cases, 10-30% will develop PASC and require long-term case management. The estimate is that PASC lasts 2 or more years and is a combination of physical and psychological elements. OHNs are best suited to manage PASC.
	Fitness to Work	OHNs can assess and manage an employee's reluctance to not get immunized or to not come to work for fear of contracting COVID.
Wellness Programs / Services	Increased productivity Prevent disability costs	OHNs are well-positioned to provide Health Education and manage Workplace Wellness Programs. Their guidance and support can prevent/ reduce costs like: Smokers costing Canadian employers $4,256 in lost productivity and increased absenteeism per year[57]; Fatigue costing $330M/year in lost productivity[60]. Addiction, $1,267 per employee[57]; Anxiety costing the economy $17.3B/year[61]; Oral disease treatment costing $11.6B/year[62]; Obesity costing between $4.6 and $7.1B/year and leads to other disease conditions[63]; Preventable injuries costing $26.8 B/year[64]. Risk management and loss reduction are important to organizations given that the aging Canadian workforce. With 36% of Canadian employees being over the age of 55 years, the risks of chronic health conditions, musculoskeletal disorders, and the complications of injury, are high[65]. OHNs can reduce the impact of these costly health conditions.

Fit for Duty	Prevent employee impairment Enhance Safety	OHNs can determine employee fit-for-duty status and assist in identifying work impairment. This is critical to workplace safety and the prevention of workplace injury. An average WCB claim (2018) cost $40.5K; a fatality cost an average of $4.1M. Those are the costs of "doing nothing", a situation that OHNs can help to address.

CASE MANAGEMENT OF LONG-HAUL COVID (PASC) – SAMPLE APPLICATION

To effectively manage PASC, employers should use a combination of risk management approaches. The employer must uphold their legal duty to provide a safe and healthy workplace (provincial OH&S Acts), as well as meet their business strategies and obligations. The OHN can assist the employer with these endeavours.

The employer must have disability management policies and procedures to address employee illness/injury and disability like PASC. For example, a Disability Management Program that includes a Disability Management policy; Disability Claim Management standard; Disability Case Management standard; Return-to-Work standard; Confidentiality standard; and Documentation standard must exist. This positions the employer to meet another legal duty; that is, the duty to accommodate ill/injured employees who seek accommodation upon recovery[66].

OHNs have a key role to play in the areas of injury/illness management and disability management. Through client advocacy — the activity associated with pleading or representing an employee's or employer's cause, OHNs serve as a client liaison — the position of responsibility within an organization for maintaining communication links with external individuals, agencies, or organizations. This translates into reputation management for the employee and employer.

OHNs are educated, skilled, and experienced. If positioned within an organization to facilitate injury/illness management and disability management, they are competent at:

- Mitigating workplace illness/injury like Covid and PASC, through timely response and referral for medical treatment.
- Determining employee fitness-to-work.
- Managing injury/illness cases, including complex cases like PASC.
- Co-managing insurer (government/private insurers) responsibilities and actions.
- Coordinating disability management assistance for the employee and employer.
- Assisting employees to successfully return-to-work in a safe and timely manner post COVID and PASC.
- Evaluating the outcomes and determining the return-on-investment for the organization; and
- Conducting trend analyses with a view to illness/injury prevention and the introduction of suitable loss-control measures.

OHNs, as health professionals, are qualified to undertake a systematic, rational method of planning and providing individualized nursing care. A patient-centred, goal-oriented method of "caring", the nursing process involves five major steps:

- Assessment (of company/employee's needs and employer's needs using a holistic approach).
- Diagnosis (of human-response needs that occupational health nursing can assist with).
- Planning (of company/employee's care and rehabilitation).
- Implementation/intervention (of care and rehabilitation in the workplace); and
- Evaluation (of the success of the implemented intervention).

This problem-solving process enables the OHN to determine the degree to which PASC impacts the employee's health and performance. Knowing the physical and cognitive demands of the employee's "own" job, the OHN can determine the degree of dissonance between the work demands and the employee's capabilities. If deemed unfit to meet the demands of their own job – the job they were doing when they developed Covid-19, then the OHN can assist the employee to access disability insurance coverage, appropriate medical assessment and treatment, and recovery support. When deemed recovered, the OHN can determine if the employee is fit to work in their "own" job or requires a graduated re-entry into the workplace.

PASC is a new workplace phenomenon. To effectively manage this emergent health condition, the OHN can remain current on the case management developments[67] and intervene by providing:

- Management/Union education on PASC and its manifestations.
- Education on the PASC signs, symptoms, and prognosis.
- Early intervention as required.
- Employee referral and treatment as appropriate; and
- Evaluation of the outcomes of action, in terms of employee fitness-to-work.

MARKETING OHNS

OHNs are the best people to market their services. Why? They know their professional capabilities and understand what the stakeholders within the workplace are seeking. There are several marketing tips that can be offered, namely:

- Align the Occupational Health Services with the organization's business strategies and targets.
- Demonstrate the "value added" by the OHN in relation to the organization/company's business strategies and targets.
- Market the outcomes/results of the Occupational Health Services in business terminology.
- Seek ways to integrate Occupational Health Services with other organizational services.

- Seek stakeholder acceptance and “buy-in” for Occupational Health Services; and
- Strive for continuous improvements and demonstrate their “added value” to the organization/company.

The key marketing concept to observe is to under-promise on the OHN’s abilities/services, and then to over-deliver on the OHN’s services delivered; AND make sure that that message gets well-recognized.

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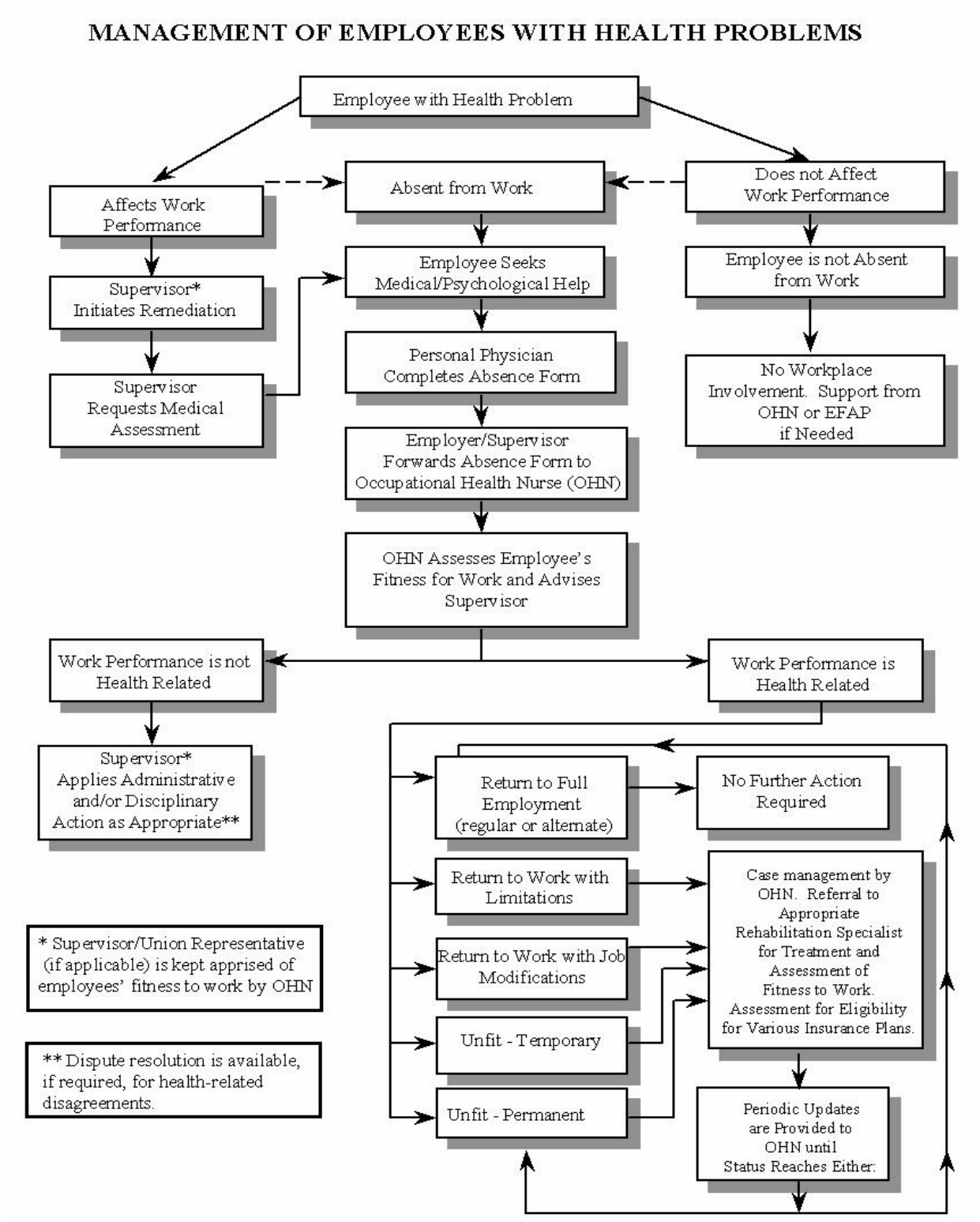
RECOGNITION

Permission from LexisNexis Canada Inc. to reprint excerpts from the following works to be used in this standard:

1. Dyck, D. (2023). Disability Management: Theory, Strategy & Industry Practice, 7th edition.
2. Dyck, D., Corry, D., Bowmeester, L. & Sabat, C. (2010). Disability Management Compliance Manual.

APPENDICES

APPENDIX 1: MANAGEMENT OF EMPLOYEES WITH HEALTH PROBLEMS



APPENDIX 2: LETTER TO THE ABSENT EMPLOYEE

COMPANY XYZ
LOGO/ADDRES

Date _____

Dear _____
(Employee)

RE: Medical Absence

We have been advised by your supervisor that you are unable to work due to illness/injury. We sincerely hope that you will experience an early recovery and we wish to assist you wherever possible.

As part of our corporate Disability Management Program, we require the following:

- a completed attending physician's report (as attached); and
- a signed consent form for release of medical information to our Disability Case Manager(s), and our insurers/adjudicators (_____).

The attending physician report must be completed and returned to Company XYZ's Occupational Health Department within three (3) working days. Your signed consent form must accompany this physician report.

Your supervisor will be in contact on a weekly basis to determine if there are any opportunities for modified/alternate work. We would encourage you to utilize the Employee Assistance Program should you require such services during your disability.

If there is any additional assistance the company can provide, please contact____. We look forward to having you return to your job in the very near future.

Yours truly,

Occupational Health Nurse

APPENDIX 3: REPORT OF ABSENCE FORM

Sample (a): For Organizations with Occupational Health Services

REPORT OF ABSENCE FORM

EMPLOYEE AUTHORIZATION: *(To be completed by the employee)*

Name:		Employee Number:	
Address:		Home Phone Number:	
Work Injury ☐	Work Illness ☐	Work Phone Number:	
Non-work Injury ☐	Non-work Illness ☐	Start Date of Injury/Illness:	

Is your injury or illness related to your work? ❑ Yes ❑ No If yes, please explain below:

I hereby authorize my insurer and attending physician to release any information related to this injury/illness, or copies thereof acquired in the course of examination or my treatment, Company XYZ's Occupational Health Service. I further authorize the Occupational Health Service to release to my insurer/employer any information required to determine my eligibility for short term disability benefits and any information related to the employment relationship. I understand that this information will be used to determine my eligibility for disability benefits, to assist with the management of my claim, and to remedy any work-related factors contributing to my illness or injury or my return to work. This consent is valid for 180 days.

Signature:		Date:	

COMPANY PHILOSOPHY

Company XYZ has a Disability Management Program designed to assist the safe and timely return of employees who are recovering from injury/ illness, or who have ongoing health problems. We would appreciate your assistance and co-operation. If you have any questions or suggestions about the Disability Management Program, and/or the placement of this employee, please contact at_____.

Submit form to: The Occupational Health Service at above address, or in the confidential envelope provided, or by confidential fax **(XXX-XXXX).** Thank you for the time and consideration you have provided to Company XYZ and this employee.

PHYSICAL WORK RESTRICTIONS: *(To be completed by the attending physician)*

Please check and complete either Section A or Section B:

Section A:	The employee will be able to return to **Regular Work** on:	Date:	
Section B:	The employee may return to **Modified Work** on:	Date:	
	And may return to Regular Work on:	Date:	

If Modified Work is required, please complete the following **Work Restrictions**:

❑ Lifting - from waist		(weight/frequency)		❑ Typing		(how long)	
❑ Lifting - from shoulder		(weight/frequency)		❑ Sitting		(how long)	
❑ Prolonged standing		(how long/frequency)		❑ Walking		(how long)	
❑ Working in the cold		(how long/frequency)		❑ Bending		(how long)	
❑ Working in the heat		(how long/frequency)		❑ Kneeling		(how long)	
❑ Working outdoors		(how long/frequency)		❑ Twisting		(frequency)	
❑ Repetition (hand/arm)		(how long/frequency)		❑ Crawling		(frequency)	
❑ Operating heavy machinery		(frequency)		❑ Working shift work			
❑ Climbing ladders		(frequency)		❑ Driving			
❑ Working at heights				❑ Climbing stairs			

Other Comments:

Temporarily reduced or gradually increasing hours are available. Please indicate any restriction of this type:

DIAGNOSIS: *(To be completed by the attending physician)*

Diagnosis of the ***Present Health Condition***:

1. Primary Diagnosis:
2. Pre-existing condition or complications that may affect the work absence:
3. Date of next follow-up visit — Day ____ Month ____ Year ____
4. Is the present condition the result of, or complicated by, a pre-existing condition? **Yes** ❑ **No** ❑

*If **Yes**, please explain:*

Date of Hospitalization (if applicable):		Date of Injury/Illness Onset:	
Nature of Treatment (e.g., surgery, physiotherapy)		Name of Specialist (if applicable):	
Duration/ Frequency of Treatment:			
Date of First Treatment:		Date of Last Treatment:	
Name of Physician:		Physician Phone Number:	
Address:		Physician Fax Number:	
Physician's Signature:		Date:	

Thank you for your assistance in supporting this employee through this injury or illness, and a timely return to work.

APPENDIX 4: REPORT OF ABSENCE FORM

Sample (b): For Organizations without Occupational Health Professional Support

Return-to-Work Certificate

This must be completed and signed by an employee returning to work after an absence of 3 (three) or more days

Non-Work Related: ☐ *i.e.*, the flu, sports injury	Work Related: ☐ *i.e.*, a possible Workers' Compensation claim

1.(a) ☐ I have seen a physician and he advised me that I would be medically fit to work on this date: _____

(b) ☐ To the best of my knowledge I am fit for work.

(check one)

2. Specify any work restrictions recommended by your physician:

_____

_____

_____

Physician's Name and Address:

_____

_____

Employee Name: (please print) _____	Employee Signature: _____
Employee Number: _____	Date: _____

Return-to-work date:

_____

APPENDIX 5: MODIFIED/ALTERNATE WORK PLAN FORM - SAMPLE (A)

COMPANY XYZ
LOGO/ADDRESS

Date: _____

To: _____

Department: _____

The following employee is to be placed in a Modified/Alternate Work Plan due to a medical condition:

Name: _____

Employee Number: _____

Title: _____

Company: _____ Department: _____

Work Restriction:
Length of
restriction: _____ days: _____ weeks: _____ months:

MWP begins (date): _____ (time): _____

THE EMPLOYEE WILL BE
RE-EVALUATED ON (DATE): _____ (TIME): _____

Please contact our office if you
have any questions at (telephone): _____

Completed by: _____ MD/OHN

Title: _____

Address (of contract provider): _____

_____

APPENDIX 6: MODIFIED/ALTERNATE WORK PLAN FORM - SAMPLE (B)

COMPANY XYZ LOGO/ADDRESS

Modified/Alternate Work Plan:
[To be completed by the Disability Case Manager]

Employee Name:	
Last Day Worked:	Supervisor:
Regular Work Location:	Regular Occupation:
Information Provided by Employee: _____	

Modified/Alternate Work Requirements:

Permanent: ☐ Starting Date: _____

Temporary: ☐ Starting Date: _____ Expected Ending Date: _____

Modified/Alternate Work Plan Details:

Location:	Supervisor:
Modified/Alternate Work Description:	
Comments/Special Considerations: _____	
Next Medical Reassessment:	Next Review:

Signed: _____ Date: _____
(Supervisor)

Signed: _____ Date: _____
(Modified/Alternate Work
Supervisor, if applicable)

Signed: _____ Date: _____
(Employee)

cc: For WCB — Manager, Occupational Health
All others — Manager, Employee Benefits

APPENDIX 7: RESTRICTED WORK FORM

COMPANY XYZ
LOGO/ADDRES

Date: _____

Employee Name: _____

Employee Number: _____

Department:_____Title: _____

Work Location: _____

Work Restrictions are: ❑ job-related (WC) ❑ non-occupational

Explain physical limitations: (and reasons for them on the medical copy only)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Expected length of restriction/limitation: _____ days _____ weeks

Restriction is (check one): ☐ Temporary ☐ Permanent

Employee will be re-evaluated on: (date) _____

Signature: _____

Examiner: (print name) _____

Telephone No.: _____

Date: _____

APPENDIX 8: PHYSICIAN'S STATEMENT OF MEDICAL STATUS FORM

COMPANY XYZ
LOGO/ADDRESS

Company XYZ
Representative: _____ Department: _____
Title: _____ Telephone No.: _____
Address: _____

_____

Instructions to the Attending Physician/Health Care Provider:
Please complete all information requested regarding your patient and return this form within 3 days to the Company Representative (address provided above). Thank you.

Date: _____
Employee Name: _____ Employee Number: _____
Job Title: _____ Department: _____
Date of Injury/Illness: _____ First Day out of Work: _____

Is this absence an occupational/workers' compensation ☐ or non-occupational/ disability ☐ related diagnosis/condition
(Please explain/list chief complaints, signs, symptoms): _____

_____
Date of first treatment for this condition: _____
Date of most recent treatment/diagnostic examination: _____
What were the findings of the above treatment/examination: _____

_____
What treatment/therapy and medication regimen are you prescribing? Please indicate frequency and expected duration of treatment, *etc.*:

_____

_____
Physician's signature: _____ Date: _____
Physician's name (please print): _____ Telephone No.: _____
Address: _____ Fax No.: _____

Thank you for this information. It is essential to our efforts of safely returning employees back to work.

_____
Company XYZ Disability Case Manager

[36] Adapted from: OEM Health Information Inc., in "Physician's Statement of Medical Status, IB-16" *OEM Occupational Health and Safety Manual* (Beverly, MA: The OEM Press, 1996).

APPENDIX 9: RETURN-TO-WORK REPORT

(For use by Occupational Health Professional)

COMPANY XYZ
LOGO/ADDRESS

Employee Name: (print last, first, middle) _____
Employee Number: _____

I hereby authorize my attending physician to release any information or copies thereof acquired in the course of examination or treatment for the injury/illness identified below to my employer or their representative.

Employee Signature: _____ Date: _____

To be completed by personal physician:
Employee diagnosis: _____

Date of first injury/illness: _____
Date of latest visit/treatment: _____
Date last worked: _____
Current medical status:
☐ Recovered (may return to work with no limitations on _____ date).
☐ May return to work with the following limitations:* _____

*These limitations are in effect until: _____ (date) or until employee is reevaluated on: _____ (date)

☐ Employee remains totally incapacitated at the present time and will be reevaluated on: _____ (date)

Physician's comments:

Physician's signature: _____ Date: _____
Physician's name: (please print) _____ Telephone No.: _____
Address: _____ Fax No.: _____

Note: Both employee and physician must complete form.

[37] Adapted from: OEM Health Information Inc., "Return-to-Work Notification: Report to Employer, IB-19" in *OEM Occupational Health and Safety Manual* (Beverly, MA: The OEM Press, 1996).

APPENDIX 10: CONSENT TO THE DISCLOSURE OF INDIVIDUALLY IDENTIFYING HEALTH INFORMATION AUTHORIZED BY THE HEALTH INFORMATION ACT (HIA), SECTION 34

CONSENT TO THE DISCLOSURE OF INDIVIDUALLY IDENTIFYING HEALTH INFORMATION

AUTHORIZED BY THE HEALTH INFORMATION ACT (*HIA*), SECTION 34

CLIENT INFORMATION:

Name: _____
(surname) (given name/names)

Date of Birth: _____
(day/month/year)

Address: _____

I authorize my individually identifying health information related to _____

_____
(description of information/relevant dates, etc)

to be disclosed by _____
(name of custodian)

in accordance with section 34 of the *Health Information Act* to,

_____
(name of recipient)

for the following purpose(s): _____

_____

_____

I understand why I have been asked to disclose my individually identifying information, and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my individually identifying information. I understand that I may revoke this consent in writing at any time.

Dated this _____ (day) of _____ (month), _____ (year). Expiry date (if any): _____ (day) of _____ (month), _____ (year)

_____
Signature of client/authorized representative*

* if you are signing on behalf of the client, the following information must be provided:

_____ _____
Print Name of Authorized Representative **Print** Source of Representative's Authority [refer to *HIA* section 104(1)]

_____ _____
Witness Signature Witness Name

Revised June 6, 2006

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