**Sample Return to Work Program Policy**

*(Company Name / Organization)* is committed to providing a safe and healthy work environment for all employees and is dedicated to the objective of eliminating the possibility of injury and illness. If an injury or illness is sustained, we are committed to keeping that employee in the workplace and assisting him/her through their recovery with a Stay at Work (SAW) or Return to Work (RTW) Program.

The Return to Work Program allows the team the opportunity to review the injury, reports from health care professionals and Workers’ Compensation Board (WCB) of Nova Scotia to develop a safe plan for the return of an injured worker. This may include offering the injured/ill employee modified duties (temporary changes to their current position to lower the physical demand on their body based off a functional assessment), or alternate duties (lighter duties that may not be a part of the employee’s current role).

*(Company Name / Organization)* is committed to educating all employees about the Return to Work Program and outlining everyone’s shared responsibilities. Employees are required to report injuries to their supervisor immediately. If it believed to be a strain or sprain injury, employees are invited to call an approved allied health care provider (e.g., physiotherapist, chiropractor) and participate in WCB’s “Direct Access to Assessment” program to ensure prompt assessment and treatment. The employee and management will need to stay in contact throughout the treatment process so safe decisions can be made regarding the employee’s return to work.

*(Company Name / Organization)* is committed to providing safe, meaningful, and productive return to work options for employees. This will be agreed upon by the employee, supervisor, health care provider and WCB.

RTW options shall be reviewed and updated at a minimum every two weeks. Active participation from all team members is imperative for a safe and efficient return to work.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_