



SBCI UPDATE

November 2011

NEWSLETTER

MESSAGE FROM THE CHAIRPERSON

It is with great pleasure that I provide you an update on the activities of your cooperative as we close out 2011. For many, the year has been busy with activities at your Board, community and provincial level. I want to thank you for your dedication to making our workplaces better for our employees.

In the fall I wrote to the Superintendents of Business and of Human Resources regarding the Broader Public Sector Accountability Act and how it relates to SBCI. SBCI has obtained a legal opinion that indicates that Ontario school boards can acquire services from SBCI, as a wholly owned co-operative, without the requirement to obtain alternative quotes. This truly demonstrates the benefits of ownership by avoiding the onerous requirements of a Request For Proposal. More importantly, SBCI is an industry leader so Boards are assured of quality service.

There have been a few staffing changes since the last Newsletter. Anna Vogiatzis has joined the Attendance Support team, replacing Shoba Thomas. Anna is bilingual and will therefore be primarily supporting the French language boards. April Wei has been hired as Executive Assistant to the CEO, since Monica Wroblewska has decided not to return to SBCI following her maternity leave. And very recently, Michael Andich has joined SBCI as a full-time Sales and Marketing Consultant. We welcome them all.

One of Michael's key tasks over the next few months is to work on our Business Growth Strategic Imperative. The Board has asked staff to investigate whether some or all of SBCI's services could be offered to other "industries", thereby

spreading the expenses of running the organization, while maintaining the level of service that school boards are accustomed to receive from this Co-operative.

As we rapidly approach the end of the year, I want to commend the actuarial staff for completing all their work for school boards in a very timely manner. Wendy and her team do their utmost to provide a service that flexibly follows the school boards' various deadlines and delays. As the School Boards' Co-operative, we believe that our primary focus has to be on your needs and requirements.

I hope that this Christmas and New Year you will find time to celebrate and reflect on the message of peace and goodwill in a way which is meaningful to you, can spend time with your families and friends and that you are able to recharge your batteries as we prepare for 2012.

If you have any questions, comments or ideas regarding the Co-operative, please give me a call or send me an email. Our aim is always to improve the services that we provide to you. I can be reached at Gerry_thuss@hpcdsb.edu.on.ca or on (519)345-2440 X330.

Gerry Thuss
Chairperson

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A WSIB CASE STUDY

A Northern Ontario school board had a worker who suffered a back injury which turned into Chronic Pain Disability. Initially, the WSIB sponsored the worker in the WSIB Specialist Clinic Functional Restoration Program. This program abruptly ended when the worker's underlying problem caused her to be hospitalized during the course of the FRP leading to a significant relapse of her psychological issues. The program abruptly ended and the worker was sent home. This then led to a significant period of decline for the worker.

Thereafter, the worker was assessed for a permanent impairment and underwent a Functional Abilities Evaluation to assess her permanent restrictions. During the course of that assessment, it was

determined that the combined compensable and non-compensable issues which included a psychological condition were extreme barriers to returning the worker back to gainful employment. When the WSIB provided the employer with the permanent restrictions, it was evident that they could not accommodate her multitude of issues, compensable and non-compensable alike. During the course of the discussions with the school board officials it was made clear that if the school board was not able to accommodate the worker, based on WSIB policy governing Labour Market Re-entry, the WSIB would be obligated to look at the whole person, including pre-existing conditions. This is correct based on the reading of policy. The school board was also advised that if they could not accommodate the worker, the WSIB would deem the worker competitively unemployable and pay LOE to age 65. The worker was 48 at the time of that assessment.

The school board then on its own initiative contracted with a different functional restoration program provider to provide the worker with the necessary supports and rehabilitation to increase her functionality and to help improve her prospects of returning to work. The program went for two years, bringing us to the 72-month lock-in date, which the WSIB waived because the worker was involved in medical rehabilitation program which was sponsored by the school board.

After a number of medical reports were submitted to file by the service provider, the WSIB determined that the worker was now deemed fit for her pre-injury duties with some minor accommodations, irrespective of her pre-existing, non-compensable conditions which the WSIB was not taking into account. Under the new Work Transition policies, the WSIB compelled the workplace parties to meet and fashion a return to work plan to commence the return to work process or face penalties. Additionally, the WSIB requested that the plan commence sooner and faster than what was being recommended by the functional restoration service provider. Moving too quickly, we were told, would place the worker at risk and ultimately cause the RTW plan to fail. The WSIB was unswayed by this argument.

What is hard to understand in this case is why the WSIB would take such a hard line in a situation where they have no skin in the game? The school board is a Schedule 2 employer and by virtue of that fact, own all of the financial liability for the claim. Additionally, when presented with compelling medical findings about the risks of moving too quickly with RTW, thereby placing in jeopardy the gains made over the past 2 years by the functional restoration service provider, the WSIB's response was, that is not our issue.

So intent was the WSIB to close their file, likely in keeping with new directives by senior management, that they failed to take into account the larger and more important picture – that of a worker who was slowly making her way back to becoming a more fully functioning member of society, able to work productively, earn a regular salary, pay taxes and contribute to society. Instead, the WSIB's logic here was to simply close the claim, force a return to work that would not have worked (based on very solid medical guidance), and damn the torpedoes.

What is most curious in this case is that the school board simply requested a short reprieve from returning the worker back to work for a few short months while the functional restoration program drew to a close with what is expected to be a successful outcome. The harsh reality of this case is that there are no other supportive programs for the worker at the school board (sick leave or LTD) so that if she returns to work and fails, there are no other income supports except welfare or possibly CPP Disability benefits.

It is remarkable that the WSIB so often gets it wrong going the other way – granting entitlement when they should not. In this case, the reverse is true also.

At this time, the school board continues to work with this injured worker with the help of SBCI and the functional restoration service provider to ensure the most successful outcome possible.

WSIAT DECISION # 483/11

In September 2011, WSIAT released decision number 483/11. This decision

deals with a claim for traumatic mental stress (TMS) brought by a casual Educational Assistant at a member school board. This decision is significant because it expands the concept of what constitutes a “sudden and traumatic event” beyond traditional interpretations of law and policy.

In this claim an Educational Assistant was accused of striking a student in a Grade 5 classroom. In accordance with the school board procedure the employee was summoned to the school office and was advised by the school Principal that she had been accused of hurting a child and that she would have to leave the school while the matter was being investigated by the Children's Aid Society (CAS). She was encouraged by the Principal to speak to Human Resources, her union and CAS directly. The Educational Assistant had an emotional reaction in the Principal's office. CAS advised the employee about six weeks later that the complaint had not been substantiated. A meeting was held with Human Resources and she was authorized to apply for work assignments again. She attempted one work assignment and left part way through and has not been back to work since. She claimed that she was so devastated by the student's accusations that she was having difficulties functioning. She was diagnosed with major depression. The situation was complicated by the fact that the worker had been abused as a child and this may have made her more sensitive to allegations against her.

The WSIAT panel looked at the wording of the WSIB policy dealing with traumatic mental stress and some of the examples listed. The examples listed in the policy were of events where there was physical violence or threats of physical violence. The panel asked the WSIB legal branch whether a “sudden and traumatic event” as set out in the policy had to involve an actual or implied threat to a person's physical well-being or integrity. The senior legal counsel for the WSIB responded that nowhere in the policy was it stated that an event would be characterized as a “sudden and unexpected traumatic” event if it involved a threat to a person's physical well-being or integrity. She went on to note that generally there would be that threat but it was not a requirement.

The WSIB senior legal counsel was asked if it was necessary for a person to be diagnosed with post-traumatic stress disorder (PTSD) to have entitlement under the policy. She noted that a number of possible psychiatric diagnoses could result from the occurrence of a traumatic event. In this case the Educational Assistant was not diagnosed by a psychiatrist or psychologist as having PTSD. Finally she noted in response to a third question from WSIAT that the list of examples in the WSIB Traumatic Mental Stress policy was not exhaustive. "Situations not reflected in the examples may give rise to entitlement for traumatic mental stress if the statutory and policy requirements are met." The WSIB legal counsel took the position that the examples listed in the TMS policy were illustrative of the types of situations that would give rise to entitlement.

In interim decision # 483/11I the WSIAT panel took the position that the student allegation was "sudden and unexpected." They also felt that the allegation itself, with possible criminal implications, would be "reasonably and objectively traumatic for the average worker, including a worker in the educational field." This Educational Assistant has now been granted entitlement to traumatic mental stress and LOE benefits will be processed for her on a retroactive basis. It is hoped that with further medical treatment she will be able to return to productive work in some capacity.

This decision, if widely followed, has the potential to increase the number of claims and types of situations accepted for traumatic mental stress. This has the potential to increase the costs to the WSIB system. SBCI did ask a number of outside counsel whether they felt there was a strong case for judicial review or reconsideration but the responses were negative. Under the circumstances a letter has been sent on behalf of the Schedule 2 Employers' Group asking the WSIB to consider requesting WSIAT to reconsider their decision. In addition the WSIB has been asked to place the TMS policy at the top of the policy review list with a view to tightening the language in the policy to make it crystal clear that entitlement should only be granted in cases where a worker is in mortal danger or witnesses some truly horrific event. It is too early to tell whether the requests will lead to any

changes. We will continue to monitor the situation to see whether this case starts a new trend in future TMS entitlement decisions or is a one-off decision. If you have questions concerning the case you may call Chris at SBCI at extension 227 or email to chris@sbc.org.

SURFING THE WSIB NET

Information on the WSIB website www.wsib.on.ca provides an outline on WSIB sponsorship – private schools and private career colleges. In early 2010, WSIB directed LMR service providers to use only private career colleges that are registered with the Ministry of Training, Colleges and Universities, and to consider referrals to community colleges.

In December 2010, WSIB began implementing the new Work Reintegration Program. Work transition plans can be developed with the input of employers and injured workers and when these plans involve education and vocational training, injured workers may choose the training institutions they attend, as long as the institutions meet certain minimal eligibility requirements. Before sponsoring their attendance, WSIB must confirm eligibility and they ask private schools and private career colleges to provide written confirmation about their ability and willingness to comply with specific WSIB sponsorship terms.

WSIB conducted a survey on the draft Framework for Policy Development and Renewal and comments were accepted up until September 15, 2011. The Policy Framework is intended to convey the purpose and authority of WSIB policy, outline its approach to policy development and review, and describe the consultation process.

It is indicated that WSIB will establish an annual policy agenda with a 3 to 5-year rolling plan. The overall policy agenda will be refreshed as necessary at a minimum of once per year. Beginning in 2012, the annual policy agenda, including the 3 to 5-year rolling plan, will be made public each January.

STANDARD MEDICAL CERTIFICATES

SBCI's Attendance Support Team continues to work with our client school boards in the development and implementation of Standard Medical Certificates (SMC). Many boards across the province have successfully implemented the use of a SMC, and as a result are receiving more objective and clear medical documentation to assist with disability case management and return to work/remain at work plans.

SBCI would like to remind our client boards that we are available to assist you with the development of a standard medical certificate. In addition, we can attend mediations (or prepare the board in advance if preferred) to provide input and recommendations with respect to the type of information that should be included in a medical certificate. We can also provide case law to support our clients in this regard.

In a previous article we provided information on a case decision by Arbitrator Surdykowski who expressed the view that "an employer was entitled, in respect of an application for short-term disability benefits, to "know the reason for the incapacity in the form of a 'general statement of the nature of the...illness or injury, that the employee has and is following a treatment plan (but not the plan itself), the expected return to work date, and what work the employee can or cannot do."

In a more recent decision dated January 27, 2011, Arbitrator Surdykowski again ruled on a grievance regarding the request for medical information in the case of Ontario Public Service Employees Union and its Local 431 v. Providence Care, Mental Health Services. When an employee with a history of health-related absences claimed sick leave benefits for a three-day absence and provided a note that simply cited "medical reasons," the employer requested information about the nature of his illness and denied the employee the benefits when he refused. In dismissing the grievance over the denial of the benefits, the arbitrator confirmed his earlier ruling that the employer was entitled to information about the nature of the grievor's illness but not to any

"technical medical details, diagnosis or symptoms."

SBCI recommends that the Standard Medical Certificate include the following:

- Nature of illness (not diagnosis)
- Expected date of full recovery
- Date of next attending physician's appointment
- Outline of the employee's current cognitive and/or physical limitations/restrictions and abilities
- Confirmation that the employee is receiving treatment
- A section to allow the attending physician to provide comments to assist the employee in a safe and timely return to work

The development and implementation of standard medical certificates, such as SBCI's Standard Medical Certificate will ensure that school boards receive the necessary information to support access to sick leave and discharge its duty to accommodate.

This will set the foundation for early, safe and successful return to work/stay at work planning and should lead to a reduction in absence durations. For further information about Standard Medical Certificates or any aspect of SBCI's Attendance Support Program, please contact Kathleen Gratton at kathleen@sbc.org.

SAFETY IN SCIENCE LABORATORIES

2010-11 school year was marked by an increase of incidents that took place in school science laboratories. This incites SBCI to reiterate, to school boards, the importance for school principals and supervisors to be cautious and to practice due diligence in ensuring the qualification of teachers and the application at all times of safety procedures.

The *STAO (Science Teachers Association of Ontario)*, aware of this situation developed a guide to increase awareness of risks related to the use of chemicals in school science laboratories. The document has been developed to alert teachers to the hazards posed by certain chemicals and provides guidance on their suitability for use. The listing of a substance in the Guide is not to discourage science teachers from its proper use, but rather to

provide better information on the hazardous material.

The Association also recommends that prior to a laboratory activity involving the use of chemical solutions, science teachers should identify the minimum safe concentration of a solution that results in the desired effects of a reaction being observed.

On its part, the Office of the Fire Marshall has developed guidelines (OFM-TG-01-2011) for science teachers, who elect to conduct demonstrations using chemicals including flammable and combustible liquids. Before conducting such activities science teachers should also be aware of other legislation governing the use of these including those administered by the Ministry of Labour.

Furthermore, it is expected that science instructors and students will be trained in safe procedures for handling chemicals including flammable and combustible liquids. At a minimum, the science instructor must be trained in the Workplace Hazardous Materials Information System (WHMIS). Records of all training are recommended to be maintained.

In those guidelines, the Fire Marshall reminds school boards that they are responsible to ensure that science instructors and students have received adequate training in handling flammable and combustible liquids.

If you want to be proactive, here are five easy steps to follow:

- Limit the quantities of chemicals in the workplace
- Dangerous chemicals should only be used by trained teachers
- Store hazardous substances in the appropriate cabinets
- Follow your Board's recommended procedures when disposing of chemicals
- Ensure proper training has been received and maintain records

POST OFFER SCREENING PROTOCOL

In 2007, SBCI developed testing protocols for the position of Custodian.

Based on feedback from member School Boards, the guidebook has been revised. This guidebook includes an updated Physical Demands Analysis for the position of Custodian.

SBCI has also developed a Post Offer Screening Protocol for the position of Educational Assistant.

Both of these guidebooks have now been sent out to member School Boards. They are also available in French and the French guidebooks will be distributed by November, 2011.

The protocols and screening tests are to assist School Boards with recruiting candidates who are physically suited to do the essential duties of the position of Custodian and Educational Assistant to minimize the risk of injury.

The guidebooks contain all of the information that a School Board needs to implement a screening process, including the wording for the job posting, sample candidate letters, waivers, updated Physical Demands Analyses for both positions and third party provider documents related to testing.

PARKLANE ATTENDANCE AND ABSENCE MODULE

Parklane has created two new reports for this module which should greatly help school boards track employees with consecutive absences greater than a specified number of days, and incidences of absence for a specified number of days. These are the R90 and R91 reports which were available in the June Parklane updates. These reports also make it easy to compare not only absenteeism costs, but what types of absenteeism are occurring from one year to the next.

ELECTRONIC FORM 7s

At present approximately half of SBCI member school boards submit their Form 7s to the WSIB electronically and then email them to SBCI. Once school board staff gets used to the process they find that this is an efficient way to do business that cuts down on extra faxing or photocopying and mailing.

The WSIB is working on enhancements to the process so that an employer will be able to attach other documents to the Form 7 for review by WSIB claims adjudication staff. WSIB sometimes would like to see job descriptions or PDAs but will no longer store them at their offices. In cases of gradual onset of pain or where there are questions as to whether a condition or complaint is related to a job duty it is great to be able to attach job descriptions or PDAs. SBCI is working with the WSIB and will be looking for volunteers to assist in testing the capacity of the WSIB to accept attachments to the Form 7. At this stage we are checking with Parklane to see if any changes are needed to that system before testing can begin. If you have general questions about electronic submission of Form 7s please do not hesitate to contact Chris James at chris@sbc.org or for technical questions please contact Sylvie David at sylvie@sbc.org.

H&S DUE DILIGENCE FOR SUPERVISORS

Due Diligence is first knowing your duties under the law and taking all reasonable steps to protect everyone - "Walk the Talk". Second, it is the identification of hazards and steps taken to prevent accidents. Third, it is the communication of those hazards and preventive measures to everyone who is likely to encounter them.

A Supervisor under the Occupational Health and Safety Act (OHSA) "General Duty" clause is mandated to "take every reasonable precaution – under the circumstances" to protect those in their care. This clause is the most significant and far reaching of the responsibilities of a supervisor. "Every reasonable precaution" is not what an average supervisor would do on an average day but what *a good supervisor would do on a good day*. "Under the circumstances" means that the foreseeable hazards, countermeasures and controls have been considered in each circumstance.

In order not to be negligent, work must be organized and duties carried out to prove due diligence. It is necessary for each individual to think outside of their own subjectivity of the situation. *"Is what I'm*

about to do (or not to do) something that a jury of reasonable peers, knowing what my circumstances are right now, would do (or not do)?"

Due Diligence Variables

It is helpful to understand what variables may apply to your situation when trying to determine what reasonable steps are available to you. For example:

- What are the intrinsic risks of your environment?
- Who are you in terms of position and authority?
- What are your duties?
- What knowledge and skill should a person like you have?
- What are the existing standards?
- What constraints are you under?
- Who are you responsible for?
- What are you responsible for?
- What risks have emerged today?
- What controls are available to you?
- What special or specific knowledge do you have today?

Questions for Supervisors

As a supervisor, there are questions you may ask yourself to determine if you are fulfilling the General Duty clause and to ensure you understand what is expected of you.

- Do you understand the nature of the work that your people are doing and the hazards and risks associated with that work?
- Are you clear about who you are responsible for as a supervisor and the boundaries of the physical area that you are in charge of?
- Are you familiar with the regulations that apply to the kind of work you supervise and of internal policies, procedures and guidelines that apply?
- Do you enforce standards and rules through discipline where necessary?
- Do you understand that authority and responsibility for health and safety has been delegated to you by the OHSA?
- Do you investigate close calls, incidents and loss events as opposed to just paying attention to only the high severity accidents?

- Do you ensure that new people are trained before they begin?
- Do you take health and safety problems that are outside your jurisdiction or beyond your ability to solve to senior people?
- Have you documented every step and action that you have taken or participated in?

Maintaining due diligence and ensuring you are a competent supervisor sounds like a tall order. But it doesn't have to be! Paying attention every day, keeping abreast of changing issues and keeping lines of communication open will help manage your responsibilities.

For more information contact your SBCI Health and Safety Specialist.

DOCTOR DIRECTED ABSENCE MANAGEMENT

You have likely been faced with this scenario in the past; you have just received a generic Doctor's note that states, "The patient is under my care and is unable to work for 4-6 weeks." Or perhaps you have received a copy of a functional abilities form (FAF) that has been checked off with "patient physically unable to return to work at this time." A generic form that relays only a small amount of information can be difficult to work with, unless you have some guidelines and resources to help you through the process.

The first step in dealing with the issue is to develop a strategy for returning the patient to work in a way that may be modified for the nature of the injury. Then, if the patient is unable to return to work in any modified way, a long term strategy must be employed.

When managing an absence and planning for return to work, The Institute for Work and Health identified that the two key principles are early contact, and an offer of suitable work. Contacting the parties involved as soon as possible will help the employee and the physician or health care provider (HCP) understand the options available for return to work. A prompt return to work offer and plan is often the preferred practice in dealing with certain injuries.

The Medical Disability Advisor guidelines provide injury based function and resumption of work activities according to the strength requirements of the job. This serves as an excellent reference for return to work planning.

The WSIB has a wide array of literature available as a reference that can help you discuss and plan return to work in concert with the HCP or WSIB decision maker. According to the WSIB's program of care, integration of return to work in the treatment plan is preferred. The Acute Low Back Injuries (ALBI) program of care recommends against immobility and bed rest, and supports transition to work in the first four weeks. The guide instructs the treatment provider to contact the employer for return to work, and states,

At the beginning of treatment, you may contact the employer as appropriate, either by phone or by letter, to let the employer know that you will be involved in facilitating the worker's continued progress of return to work. You should inquire about the physical demands of the worker's job and, if necessary, about possible modifications.

The Upper and Lower Extremity Program of Care (POC) involving injuries such as carpal tunnel syndrome, epicondylitis, rotator cuff, tendonitis, and the ankle or knee, recommends early and safe return to work and stay at work within the first phase of treatment in the first three weeks.

In the WSIB's Guide for Physicians "Injury and Illness, Return to Work/Function", the physician's role is described as being to minimize the impact of the injury/illness to the patient's quality of life. It describes a prolonged absence as detrimental to one's well being and that a safe and timely return to work is a benefit to the patient.

According to the WSIB's guide, 'Best Approaches –Recognizing Time to Heal – Assessing Timely and Safe Return to Work' (November 2005), a return to work in a safe and suitable capacity over the next 48 hours following a soft tissue injury is the best approach. It states, in part,

Following this type of injury, inflammation develops during the first 48 hours and treatment may consist of rest, ice, compression, elevation and medication. After the first 48 hours, the patient should usually start to mobilize the injury, to prevent unnecessary stiffening and loss of function. This means gently trying to regain the normal range of movement and strength of the affected part, which should be expected to cause some mild pain.

The patient should use common sense and listen to what his/her body is trying to tell hi/he. The patient should not ignore the warning signs of overdoing it, or allow a mild increase in discomfort to put him/her off work. In general, exercises that encourage a good range of movement but avoid large or sudden forces are most suitable.

The Workplace Safety and Insurance Act (WSIA) Sections 43(3) and (7) gives the statutory authority to pay loss or suspend loss of earnings dependent on the worker's cooperation in early and safe return to work and medical rehabilitation.

The Workplace Safety & Insurance Board's new work re-integration policy is not as explicit as the earlier return to work policies on the health care provider's role and responsibility. Whereas the previous policy was clear on the role of the HCP to ensure the possibility of return to work was discussed, in contrast the new policy states,

Health Recovery Support

Treating health professionals support WR [work re-integration] by, among other activities, providing functional abilities information. Where recovery barriers are identified in any phase of a case (with a focus on identifying barriers in the early stages of a case), the WSIB will proactively obtain medical support (such as the Regional Evaluation Centres and Specialty Clinics) to address the recovery barrier in discussion with the worker's treating health professional.

There is an implied role to support return to work, and address any barriers. Failure to do so will necessitate steps by the WSIB to arrange for 'medical support'.

Having regard for the literature and reference material, it is conclusive that remaining off work is not recommended, and that return to work supports recovery and resumption of normal activity and quality of life.

In the event that a note or FAF is received that directs a prolonged absence without reasonable explanation, an eight-step streamlined approach has been developed to mitigate the absence and support benefit closure at the WSIB. The steps are as follows:

1. Contact the worker to discuss the health care provider's (HCP) recommendation, what was discussed with the physician or HCP, and if they were made aware there is a return to work program and accommodation is available.
2. Discuss the reasons why the worker is choosing to remain off work. Document the reason(s) provided by the worker.
3. Discuss with the worker actions that would assist or remove any of the barriers in the return to work offer and plan.
4. Contact the HCP to communicate the availability of return to work, discuss possible solutions to overcome the barriers such as graduated hours or duties, a timeline to start, integration with the treatment program(s), reduced productivity, a buddy support and assistive devices. This contact can occur by telephone but always confirm it in writing with a copy to the WSIB. Document your attempts to communicate with the physician or HCP even if you do not actually speak with him or her.
5. A return to work offer and plan must be in writing, detailing the communication efforts, what was discussed, the worker's decision and reasons, to agree to the full plan or partial hours and/or duties.
6. Contact the WSIB decision maker to discuss what communication efforts have occurred, attempts to address and remove barriers, and request assistance to intervene with the physician, HCP or worker.
7. Give a copy of the return to work offer or plan to the worker, and ask they share it with the physician or

- HCP. Preferably, send a copy directly to the physician or HCP.
8. Revisit the return to work offer and plan upon receipt of updated information or clarification, revise and document the return to work offer or plan, sending a copy to the worker and the WSIB. Again, send the revised plan to the physician or HCP.

If the worker is unable to return to work in either regular or modified form then a long term strategy must be employed. Four essential elements in managing long term absences are the following:

1. Setting milestones for recovery,
2. Ensuring regular follow-ups with the worker, usually weekly and in concert with the medical or treatment plan,
3. Utilizing rehabilitation options to support recovery, and
4. Integrating with work.

Documentation of return to work discussions and plans is vital to ensure that the information shared is disseminated to all parties involved. This becomes part of the case file which is relevant when a dispute or appeal occurs.

A recent decision of the Workplace Safety & Appeals Tribunal (WSIAT) revealed that a documented return to work plan and the efforts of the employer lead was significant in the final outcome of an appeal. In WSIAT case 1254/11, a worker was denied loss of earnings benefits for 12 weeks. He declined suitable work that was offered by the employer, and instead relied upon the direction of his physician to remain off work. The physician was not made aware of all modified work options available to the employee and gave instructions based solely on the nature of the injury and the patient's complaints. There were no medical contraindications that prevented the employee from returning to a modified work program, and the worker made no effort to trial the work. WSIAT concluded that there was no reasonable basis for the physician and the worker to decline the modified work.

In closing, there are strategies for redress when general absence medical notes or FAFs are received. Medical literature and WSIB reference material clearly endorses the integration of return to work for soft tissue injuries as part of the treatment

plan. Follow the steps outlined to manage the absence and document communication with the worker, the HCP and the WSIB. Following these steps will have a greater likelihood of success in managing the absence and favourable decisions at the appellate level.

DECISION ON WI-FI

A decision from a WSIB Case Manager was recently received which denied an Elementary Teacher's claim for symptoms of nausea due to exposure to the Wi-Fi system in the workplace. The worker claimed entitlement for headaches, nausea and general body weakness due to this exposure. The worker had also been seeking medical attention for the last 3 years regarding mercury levels in the blood.

Attached to the Employer's Report of Accident, the school board attached their IT Testing Protocol; background information about the "Safety of Wireless Technology in Schools" and; a "Statement from Dr. Arlene King, Chief Medical Officer of Health dated September 16, 2010 on the Safety of Wi-Fi".

The Case Manager from WSIB's Occupational Disease Services Division discussed this claim with WSIB's Occupational Disease Policy Research Branch who advised there is no conclusive scientific evidence of a link between the worker's symptoms and the worker's limited exposure to radiation.

The Case Manager ruled that based on the details of the worker's exposure and the information from the Occupational Disease Policy Research Branch, it could not be established that the worker's limited exposure to radiation in the workplace made a significant contribution to the worker's symptoms. The claim was denied.

LEADERSHIP ACHIEVEMENT AWARDS IN HEALTH AND SAFETY

Over the past year, a subcommittee of your peers has worked with SBCI to develop a program that recognizes exceptional performance in Health and Safety for school boards. With this input, SBCI is pleased to announce the creation

of the Leadership Achievement Awards that will do just that. The awards recognize stellar performance in the following categories:

Statistical performance, determined on an average, based on frequency rate for the small, medium and large school board categories that are set by SBCI.

Most improved statistically, based on an average for the small, medium and large categories

Education/Training, based on the development of an educational program which provided the foundation for understanding education safety concepts. Examples would be public education or employee education on violence prevention, slips, trips and falls, ergonomics or specific job related training programs. School boards or individuals can be nominated for this specific award.

The awards will be presented at the 2012 SBCI Annual General Meeting with nominations accepted up to March 15, 2012. This is a great way to recognize and promote the wonderful work being accomplished at all our school boards.

LA SÉCURITÉ DANS LES LABORATOIRES DE SCIENCE

L'année scolaire 2010-2011 s'est démarquée par une augmentation du nombre d'incidents survenus dans les laboratoires de science des écoles secondaires. Cette constatation incite SBCI à réitérer, aux conseils scolaires, l'importance que les directions d'école et les superviseurs soient prudents et fassent preuve de diligence en s'assurant de la qualification du personnel et du respect en tout temps des procédures de prévention en place.

L'APSO (Association des professeurs de sciences de l'Ontario), conscient de cette situation, a développé un document pour sensibiliser les enseignants de science sur les risques que posent certains produits chimiques et leur offrir un guide pour les aider à déterminer si ces produits sont aptes à l'utilisation. La liste de produits incluse dans ce document a été développée non pas dans le but de décourager l'enseignant à en faire un

usage approprié, mais plutôt pour donner de meilleurs renseignements en ce qui a trait aux propriétés dangereuses du produit.

L'APSO recommande aussi, qu'avant une activité de laboratoire impliquant l'utilisation d'une solution chimique, que l'enseignant de science identifie la concentration sécuritaire minimum de cette solution pour permettre d'observer la réaction désirée.

De son côté, le Bureau du commissaire des incendies a développé des lignes de conduite sur la manutention de liquides inflammables et combustibles pour les laboratoires de science des écoles (OFM-TG-01-2011). Entre autre, ce document indique qu'avant de conduire une activité comprenant des liquides combustibles et inflammables tout enseignant de science doit connaître les règlements qui régissent leurs utilisations.

De plus, les enseignants de science et les élèves doivent être formés sur les procédures sécuritaires pour la manutention de produits chimiques incluant les liquides inflammables et combustibles. Au minimum, l'enseignant doit avoir reçu la formation SIMDUT (Système d'information sur les matières dangereuses utilisées au travail). Il est recommandé qu'un dossier soit maintenu sur toute formation donnée ou reçue.

Dans ces lignes de conduite, le Commissaire des incendies rappellent aux conseils scolaires qu'il est de leur responsabilité de s'assurer que les enseignants de science et les élèves aient reçu la formation nécessaire sur la manutention des liquides inflammables et combustibles.

Si vous désirez être proactif, voici cinq étapes faciles à suivre :

- Limiter la quantité de produits chimiques sur les lieux de travail
- Seul le personnel dûment qualifié peut utiliser les produits chimiques dangereux
- Entreposer les produits chimiques dans des cabinets appropriés
- Suivre les procédures du Conseil scolaire pour l'élimination des produits chimiques

- S'assurer que la formation nécessaire a été reçue et documenter

SBCI BOARD OF DIRECTORS

Gerry Thuss (Chair)
Lynda Coulter (Vice Chair)
Ronald Bender
Carolyn Miljan
Mark Musca
John O'Connor
Maura Quish
Roger Richard
Mary Lynn Schauer
Anna Sequeira

DATES OF MEETINGS

Board of Directors Meetings

Friday, December 9, 2011

Friday, February 3, 2012

Friday, March 2, 2012

AGM, Friday, April 13, 2012

Friday, May 11, 2012

SBCI STAFF

Brian Brown, Chief Executive Officer
Lynn Porplycia, Chief Operating Officer
Wendy Achoy, Chief Actuary
Joe Huang, Actuarial Analyst
Shawn Tang, Actuarial Analyst
Mary Luck, Senior Claims Manager
Darlene Iwaszko, Claims Manager
Christopher James, Claims Manager & Lawyer
Kelly Melanson, Claims Manager
Robert Orrico, Claims Manager
Figen Dalton, Claims Manager
Louise Bellamy, Financial/Office Coordinator
April Wei, Executive Assistant
Lily Li, Executive Assistant
Anne Huska, (Acting) Supervisor, Data Management
Sylvie David, Data Management Assistant
Rose Erbay, Data Entry Clerk
Audrey O'Connor, Data Entry Clerk
Rolly Montpellier, Marketing Consultant
Michael Andich, Marketing Consultant
Robbin Lavoie, Senior Health & Safety Specialist
Christina Bick, Health & Safety Specialist
France Germain, Health & Safety Consultant
Cheryl Luke, Attendance Support Practice Leader
Byron Franson, Attendance Support Consultant
Kathleen Gratton, Attendance Support Consultant
Anna-Maria Vogiatzis, Bilingual Attendance Support Consultant
Patrick Gani, Senior Analyst Programmer