**Return to Work / Stay at Work Policy**

**Company name**

Name of Company is committed to the well-being and rehabilitation of all employees unable to perform their normal duties as a result of being injured on or off the job or recuperating from an illness.

A Stay at Work or Return to Work Plan is individualized for each employee and is supported by medical documentation either by a physician or other health care specialist such as a physiotherapist. This program provides for timely and appropriate job modification or placement to a temporarily or permanently injured employee who cannot perform regular duties as a consequence of an occupational or non-occupational injury/illness.

The alternative job will be productive and valued work which can be performed safely and without risk of re-injury or aggravation to the injury, or risk to other employees.

It is Name of Company’s intent that this program will be compatible with current labour laws and WCB practices in province.

All employees who become injured or disabled, regardless of cause, will be eligible and encouraged to participate in the program.

Name of Company is also committed to the awareness of accident and injury prevention in the workplace. All employees are required to report a workplace illness or injury to their supervisor immediately after the incident accident takes place or at the end of their shift.

If the employee is unable to report the accident at the time of injury or illness then they will have 24hr to report the incident to their employer.

Name of Company has developed an Injured Employee Care Package to facilitate communication between all parties involved (employee, employer, attending physician, and/or other health care specialists such as physiotherapists, and WCB).

In case of injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(manager/supervisor/owner) of Name of Company will provide you with a Worker Care Package to aid you in your Return to Work Plan.

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| **Date:** |  |  |  |
| **Signatures:** |  |  |  |
|  | **Business Owner** |  | **Employee Safety Representative** |