



Title: Disability Management Policy		Number: 8005
Reference: Administrative Committee - March 25, 2009 Administrative Committee - Sept. 30, 2015	Adopted by City Council: November 2, 2015	Supersedes: December 15, 2003 April 6, 2009
Prepared by: Human Resources Department		

STATEMENT

The Disability Management Policy (DMP) has been established to assist and support employees' in times of health-related illness or injury. The aim is to provide consistent application of case management and support during the period of disability. The DMP works with the employee, to maintain attendance and/or to return-to-work in a safe and timely manner, within their abilities and limitations.

PRINCIPLES

1. The DMP is a component of the overall Wellness, Health and Safety strategy of the City of Medicine Hat and works in concert with the Health and Safety Policy (and, to be developed and approved, the Corporate Strategy on Health and Wellness for City employees).
2. In the event that an employee sustains an illness or injury, the DMP will assist in the case management of the health issue.
3. The DMP will provide a planned approach to minimize the barriers, promote and support recovery related to the employee's disability so that employees can return-to-work in a safe and timely manner without risk to their health, or to the health of others or undue hardship to organization. This will be done via early case management intervention and supportive return-to-work initiatives.
4. The DMP process is a tri-partite relationship. This relationship involves the employee, the employer and the union to seek and assist in identifying the employee's abilities/limitations, provided by the employee's health care practitioner, and remove barriers to the employee returning to work.
5. If the disability becomes permanent in nature, the DMP process will act as a guideline for the employee, employer, union and/or insurance carrier (if applicable) to clearly establish the employee's abilities and seek alternate employment opportunities.

ROLE OF COUNCIL

1. City Council is responsible to adopt/amend policies related to disability management.
2. Receive and review annual reports on the Disability Management Program.

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1. DEFINITIONS

1.01 Accommodation

The process followed to fulfill the City's obligation to assist employees with limitations related to an illness or injury (and, on an occasional basis due to a health related complication to pregnancy) that prevent them from returning to their pre-disability position on a temporary or permanent basis.

1.02 Adaptive Devices

Products or environmental changes that are utilized to adjust the employee's work environment to enable them to fulfill their occupational requirements by maximizing their functional abilities and minimizing their disability.

1.03 Case Management

The link between the workplace, the employee and the health care community. It involves the coordination and management by the City's Occupational Health Professional of an employee claim for an occupational or non-occupational illness or injury. The goal is to ensure that the employee receives appropriate treatment and their return-to-work is as safe and timely as possible.

1.04 Claims Management

The coordination of the disability management process which includes coordinating compensation and employee benefits. Claims management provides the link between Case Management, payroll and benefits.

1.05 Confidentiality

The City's obligation not to divulge personal information without a person's consent or as required by law. The result is the maintenance of trust and the avoidance of an invasion of privacy through accurate reporting and authorized communication.

A written and signed consent form may be requested of the employee to allow any medical information to be released by their Health Care Provider(s) to the Occupational Health Professional. Occupational Health Professionals are bound by their respective codes of ethics to maintain the confidentiality of all employee's personal and health information obtained in the course of the Occupational Health Professional's duties. The information that will be relayed to the supervisor/manager will pertain to an employee's fitness for work and/or limitation and abilities, confirmation that a treatment plan is in place, and the prognosis for the length of the inability to perform the various job duties or to explore alternate work options.

1.06 Direct Costs

Costs directly attributable to an illness or injury. These may include health care costs, income replacement, increased insurance premiums, fines and equipment damage.

1.07 Disability

Altered work capacity due to a health-related illness or injury.

1.08 Employee and Family Assistance Program (EFAP)

A program designed to provide confidential, professional assistance to employees and their families to help them resolve problems that affect their personal and professional lives.

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1.09 Ergonomic Assessments

Specific observations conducted by professionals trained in ergonomics to assist employees to adapt their work environment to their current abilities/limitations, to promote well-being and maximize their functional capabilities.

1.10 Fitness for Work

The extent to which an individual is capable of safely carrying out the demands of a job with minimal risk to self and others. An employee is described as being: 1) Fit for work; 2) Fit for work with restrictions; or 3) Unfit.

1.11 Health Care Provider

The health care provider is the attending physician, physiotherapist, psychologist, psychiatrist, occupational therapist, chiropractor or other member of the employee's rehabilitation team. These professionals provide the necessary information about the employee's expected return-to-work date, the limitations that may apply upon the employee's return-to-work and the prognosis of the illness or injury.

1.12 Income Protection Insurance Benefits During a Period of Non-Occupational Injury and /or Illness

A "Three Part Disability Plan" available to City of Medicine Hat employees:

Block 1: Provides coverage for the first 30 calendar days of a health-related absence.

- 100% coverage is provided to those employees who have adequate accrued sick leave.
- If an employee does not have adequate accrued sick leave, they receive no coverage from the period the sick days run out to the end of the first 30 calendars days.

Block 2: Runs from 31st day to the 365th day from date of disability.

- 100% coverage is provided to the extent the employee has adequate accrued sick days.
- **When** all sick days have been used, coverage falls to 70% of the employee's classified rate of pay under the Short Term Disability Plan
- If **the** employee is on an approved modified work plan (and/or makes a full return-to-work) and a recurrence of the same disability occurs within 30 calendar days, the employee should refer to their collective agreement, or with non-union, would revert to his/her place on Block 2 and continue the elimination period.
- No sick day accrual when Short Term Disability (70% coverage) commences, all other benefit entitlements would continue to be in effect.

Block 3: Provides coverage after 365 calendar days from date of disability (See Long Term Disability).

1.13 Independent Medical Examination (IME)

A third party medical examination that the City may request the employee to participate in if the medical information received by the City is insufficient and/or contradictory medical information is received. The IME is used to determine the employee's level of disability, expected length of disability and possible recommendations for rehabilitation and return-to-work options. IME's are coordinated by the Occupational Health Professional upon approval of the employee's pre-disability department which is responsible for paying for the cost of the examination.

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1.14 Indirect Costs

Costs indirectly related to an illness or injury that may include the impact on department productivity, training and staffing issues such as decreased engagement from increased workload and loss of experienced staff.

1.15 Long Term Disability

An employee-funded insurance program through which eligible employees may derive income replacement for long term illness/injury.

1.16 Modified Work

Interim work offered to recovering employees, or those experiencing a diminished capacity, when it is medically foreseen that the employee will return to their own occupation. As a general guideline, modified work is not expected to exceed six (6) months, and salary/wages as well as any modifications made to the work environment are paid for by the employee's "home" department. However, this time line may be extended through the Case Management process. Modified work includes:

- a. Changing existing "own" occupation conditions (hours/duties/responsibilities).
- b. Providing different duties with another occupation/worksite.

1.17 Permanent Accommodation

A permanent placement offered to ill/injured employees, or those with diminished capacity when it is medically determined that the employee will not return to their own occupation. This includes:

- a. Changing existing "own" occupation conditions and/or duties, and/or rebundling of some duties.
- b. Providing different duties within another occupation/worksite.

1.18 Physical Demands Analysis (PDA)

A comprehensive document analyzing various aspects of a position of employment, including the technical, academic, and physical, demands.

It includes a determination and documentation of the physical components of the employment position, relating specifically to the percentage of time in a work day required to perform the tasks as well as the weight limitation an employee in the position will incur.

1.19 Rehabilitation

The process whereby an individual is assisted to attain optimal physical, psychological and emotional health after a health-related illness or injury. A rehabilitation team can consist of the family physician, specialist physician, Occupational Health Professional, occupational therapist, physiotherapist, exercise physiologist, psychologist, social worker, chiropractor and/or Worker's Compensation Board (WCB) or insurance representative.

1.20 Return-to-Work

A process followed when an employee returns to work after an illness or injury to achieve these objectives:

- a. Ensure fair and consistent treatment for all employees who are returning to work.

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- b. Promote shared responsibility for effective return-to-work plans and placements among supervisors, union representatives, ill/injured employees and the Occupational Health Professional.
- c. Mitigate medical absence associated with sick leave, short term health- related disability, Workers' Compensation and Long Term Disability claims.

1.21 Return-to-Work Options

The hierarchy of options for an employee's return-to-work as follows:

- a. "Own job" with no restrictions or workplace accommodations.
- b. "Own Job" with minor restrictions or some workplace accommodations.
- c. "Different job" in home department or other department where no training is required and no/some accommodations.
- d. "Different job" in home department or other department where training is required and no/some accommodations.

1.22 Return-to-Work Plan

A formal written document that involves extensive consultation and planning by the Return-to-Work Team and outlines the terms and conditions agreed upon by the Return-to-Work Team, minus the Health Care Provider, in relation to the employee's return-to-work.

1.23 Return-to-Work Team

A team consisting of the employee, Occupational Health Professional, attending Health Care Provider(s), union representative(s) (if applicable) and supervisor/manager of the employee's home department and of any other department(s) involved in the return-to-work plan and others as appropriate. This team prepares and implements an integrated return-to-work plan for the recovering employee.

1.24 Short Term Disability

An employer funded insurance program through which eligible employees may derive income replacement for short term non-occupational illness or injury.

1.25 Sick Leave Plan

A City of Medicine Hat funded income continuance program for absences from work due to illness/injury incurred off the job.

1.26 Supervisor

For the purposes of this policy, the first non-union employee that an affected employee reports to. Parts of, or all of the Supervisor's responsibilities may be delegated to a union supervisor.

1.27 Undue Hardship

The point at which the City's duty to accommodate an employee's illness or injury creates onerous conditions (e.g., intolerable financial costs or serious disruption to operations). The point at which Undue Hardship is reached will vary depending upon the circumstances. However, the following factors might be taken into consideration:

- 1. Financial cost of Accommodation
- 2. Disruption of a collective agreement
- 3. Morale problems of other employees
- 4. Interchangeability of workforce and facilities

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5. Size of the City's and/or department's operations
6. Health and safety considerations
7. Legitimate operational requirements
8. Substantial interference with the rights of others

1.28 Vocational Rehabilitation

The process whereby an individual is assisted to attain comparable earnings power after an illness or injury. This is done using vocational assessments followed by retraining, continuing education, on-the-job training and job placement. Vocational rehabilitation may be supported by WCB, the Long Term Disability carrier and/or the City.

1.29 Workers' Compensation

Employer-sponsored income replacement through the Alberta Workers' Compensation Board for work-related illness/injury requiring medical aid and/or a medical absence past the day of injury.

1.30 Work Restrictions/Limitations

Guidelines for restricted or limited work duties that are specific, medically approved, documented and communicated to the City.

2. RESPONSIBILITIES

2.01 Administrative Committee

- a. Make recommendations to City Council regarding necessary changes, additions, and/or deletions to the Disability Management Policy.
- b. Review, amend, and adopt any recommended changes to the Disability Management Procedures.

2.02 Commissioners

- a. Ensure cooperation and support across the organization when dealing with an ill or injured employee who requires Accommodation.
- b. Ensure consistent application of the Policy and Procedures within their division.

2.03 General Managers

- a. Ensure their department provides support and assistance in the accommodation of ill or injured employees, on a temporary or permanent basis.
- b. Educate and support their managers/supervisors and employees in their responsibilities as per the Disability Management Policy and Procedures.

2.04 Employees

An employee who has sustained a health-related injury and/or illness has the following responsibilities:

- a. Advise their immediate supervisor of the following information if they are, or likely to be, absent from work due to an injury or illness, including:
 1. Whether the illness/injury is work-related (i.e. to meet Workers' Compensation legislation guidelines);
 2. Anticipated length of the health-related absence;
 3. Provide employer with an update/change in return-to-work status in a timely manner; and
 4. Any other requirements in the Attendance Management Policy and/or applicable collective agreement.

This policy is subject to any specific provision of *The Municipal Government Act* or other relevant legislation or union agreement.

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b. Notify the Occupational Health Professional to:

1. Provide timely absence information from the attending Health Care Provider (i.e. Fitness for Work Form or a Consent for Release of Information or Employers' Copy of Physicians' Report for Workers' Compensation Board) within 24 hours if:
 - i. work related illness &/or injury, or
 - ii. after three days health-related absence from work, or
 - iii. if requested by the employer prior to three days.
2. Facilitate early intervention to address health related concerns that may be affecting their performance.
3. Communicate health, social and/or psychological concerns that may impact a safe and timely return-to-work to the Occupational Health Professional.
4. Attend appointments with medical, physiotherapy and other rehabilitation specialists as required.

c. Assist with Return-to-Work Options by:

1. Taking an active role in initiating, suggesting, developing and participating in a safe and timely return-to-work option with the supervisor/union representative.
2. Cooperating in the rehabilitation and/or return-to-work option deemed appropriate by the Return-to-Work Team.
3. When appropriate, obtaining medical clearance for the Occupational Health Professional for a return-to-work option.
4. Communicating any concerns about the return-to-work option to the supervisor/Occupational Health Professional so potential problems can be quickly resolved.
5. Providing feedback on ways to prevent employee illness/injury from recurring at the end of the return-to-work process.
6. Ensuring time is coded properly by communicating with timekeepers and payroll.

2.05 Managers and Supervisors

a. The manager/supervisor will notify the Occupational Health Professional:

1. As soon as possible, especially if the employee has sustained a work-related illness/injury (i.e. within 24 hours of date of injury to ensure the employer meets Workers' Compensation legislative requirements for reporting of injuries) and/or if the manager/supervisor feels the employee may require assistance from the Occupational Health Professional in dealing with their health- related issue.
2. If the employee attends work and is experiencing a diminished work capacity.
3. If there are concerns with regards to an employee's absence.
4. If the employee has been/will be off work for more than three days, or if the supervisor has a concern with regards to the absence.

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- b. The key roles and responsibilities of managers and supervisors are to:
1. Assist employees to understand their rights, responsibilities and roles in the disability management process.
 2. Maintain regular, informal contact with ill/injured employee during absence.
 3. Respect the employee's right to confidentiality concerning medical diagnosis and other health information.
 4. Refer employees who are experiencing a diminished work capacity or high absenteeism to the Occupational Health Professional for an assessment if the cause may be related to an underlying health issue/condition.
 5. Notify the Occupational Health Professional:
 - i. of an occupational illness/injury requiring medical aid or resulting in lost time (time beyond the day of injury) and complete and submit the appropriate WCB forms (when required) to the Occupational Health Professional immediately via fax, scan or personal delivery.
 - ii. of a non-occupational absence if the absence will be more than three days in length, or if there is diminished work capacity or if, concerned about an employee's absence.
 6. Support and monitor the employee's recovery and progress by:
 - i. actively participating with the ill/injured employee and Occupational Health Professional in identifying positions within the department suitable for return-to-work options.
 - ii. providing feedback on the return-to-work options and Disability Management Policy process and outcomes.
 - iii. providing feedback on ways to prevent employee illness/injury and support injury prevention initiatives.
 - iv. ensuring time for the ill/injured employee is recorded accurately in payroll.

2.06 Union Representatives Responsibility

Each union representative has a key role in assisting the members of their respective bargaining unit along with the City to identify appropriate return-to-work options. The union representative must be aware of employee rights, responsibilities and roles in respect to the Disability Management Policy, Employee and Family Assistance Program, sick leave, Workers' Compensation Board and Long Term Disability benefits; and the union's position in supporting return-to-work options.

The role of the union representative is to:

- a. Educate and advise their members:
1. on the principles of the Disability Management Policy;
 2. on the duty to Accommodate;
 3. to seek appropriate intervention when ill/injured;
 4. of the services offered by EFAP providers.

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- b. Work with the Occupational Health Professional to:
 - 1. respect the employee right to confidentiality;
 - 2. maintain regular, informal contact with the employee during the absence;
 - 3. monitor the recovery progress of ill/injured members;
 - 4. support and participate in identifying return-to-work options and attend Case Management meetings on an as needed basis;
 - 5. support the Disability Management Process;
 - 6. suggest Modified Work or Accommodation possibilities;
 - 7. support employees who are participating in return-to-work options.
- c. Provide:
 - 1. union representation for dispute resolution;
 - 2. feedback on ways to prevent employee illness/injury at the City of Medicine Hat;
 - 3. feedback on the Disability Management Policy program, process and outcomes;
 - 4. support injury prevention initiatives.

The unions represented are Canadian Union of Public Employees Local 46, International Association of Fire Fighters Local 263, International Brotherhood of Electrical Workers Local 254 and Medicine Hat Police Association.

2.07 General Human Resources Department

- a. Ensure effective supportive policies and procedures are in place for the disability management process and the return-to-work practices to provide a systematic and standardized approach for all employees.
- b. Regularly evaluate and recommend amendments to the Disability Management Policy.
- c. Provide advice and direction to City departments on risk and impact associated with disability management processes including current jurisprudence in this area.
- d. Ensure the City meets its obligations under existing collective agreements and duty to accommodate obligations.

2.08 Employee Services Team

- a. Responsible for the overall support and management of the Disability Management Policy and the promotion of relevant procedures in support of the policy.
- b. Be available to support and assist in the education of all employees with regard to the Disability Management Program.
- c. Foster communication and awareness of roles and responsibilities for all stakeholders, including consulting with unions, management and employees on specific cases as required.
- d. Act in a consultative role to management, together with Labour Relations, in cases where performance issues and other workplace issues impede a safe and timely return-to-work.

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- e. Analyze and disseminate data on injury prevention and health promotion strategies including coordination of corporate wellness initiatives.
- f. Collect and report occupational health statistics and metrics as required.
- g. Communicate regularly with employees and providers of WCB, Long Term Disability and self-insured disability benefit plans to ensure appropriate and accurate claim coordination.
- h. Ensure the accurate and timely communication of employee status as it relates to the coding of time between occupational health, departmental supervisors/managers, timekeepers and payroll.

2.09 Occupational Health Professional

- a. Communicate with the employee as soon as possible after the injury/illness onset (same day with WCB and/or after the third day of absence with other health-related absences) to:
 - 1. Assess the nature and extent of illness/injury and determines whether additional medical advice or treatment is required.
 - 2. Assist the employee with any health-related issues around their disability.
 - 3. Work with the employee to establish recovery and rehabilitation goals and objectives.
 - 4. Advise the employee of his/her right to confidentiality and maintain the confidentiality of health information.
 - 5. Coordinate external assessments and establish/liaise with internal and external Health Care Providers and insurance carriers on return-to-work strategies.
- b. Communicate with Health Care Providers to obtain the necessary information about the employee's illness/injury as it relates to their absence from the work place including:
 - 1. Nature of the illness/injury.
 - 2. Prognosis and expected return-to-work date.
 - 3. Abilities or limitations that may apply.
 - 4. Confirmation of the treatment plan.

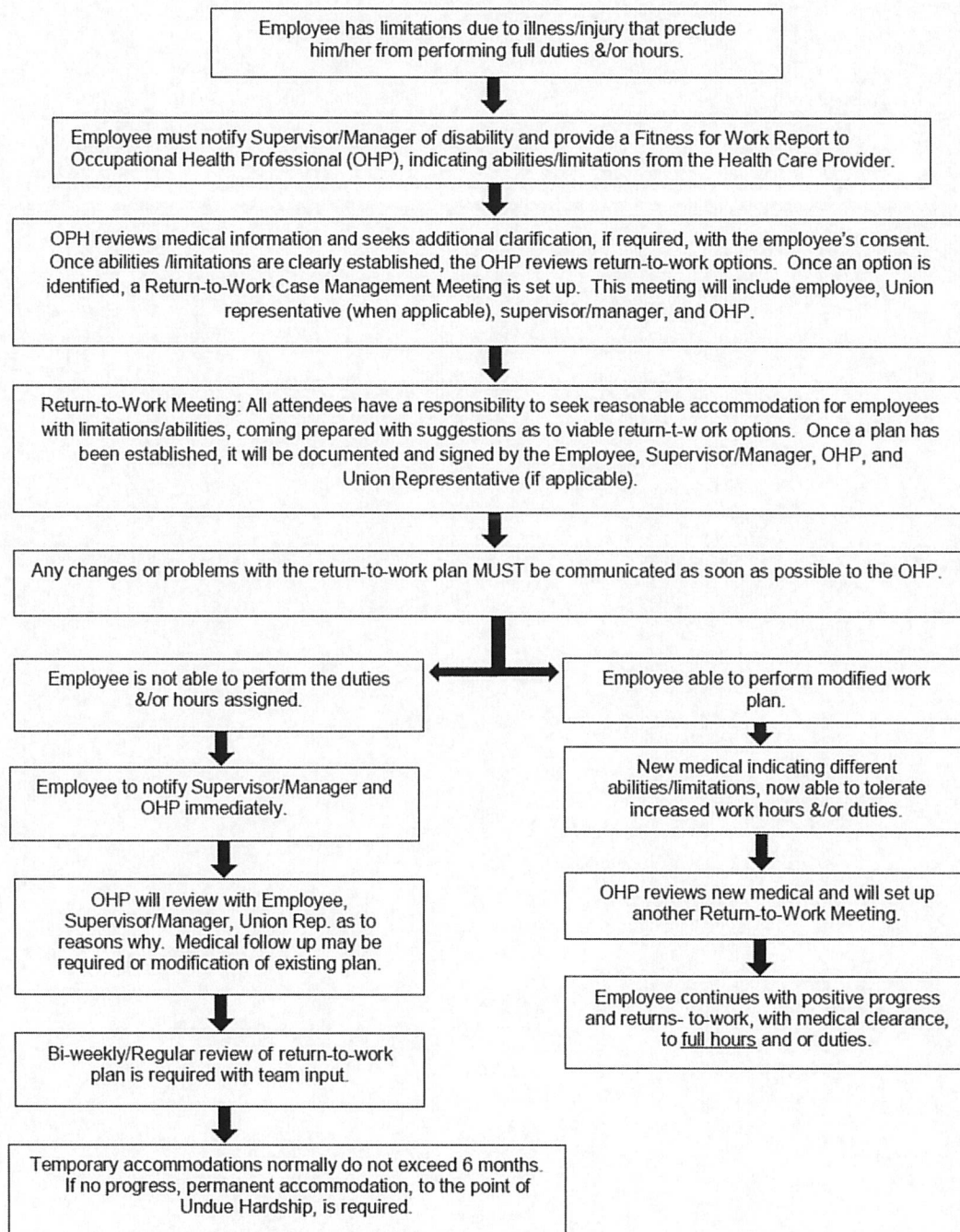
It is essential that on-going communication occur between the attending Health Care Provider, the employee and the Occupational Health Professional in an effort to prevent prolonged absences.
- c. Communicate with departmental supervisors/managers the status of the ill/injured employee with regard to nature of illness, prognosis, confirmation of treatment plan and any restrictions/abilities.
- d. Work with all stakeholders to determine, coordinate and facilitate return-to- work options including:
 - 1. Reviewing limitations and abilities of the disabled employee to recommend and consult on modified and/or alternate placements offered to the employee through the Disability Management Policy.
 - 2. Scheduling a return-to-work meeting with the Return-to-Work Team to outline and document the return-to-work plan.

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3. Monitor the progress of employees on return-to-work plans.
4. Monitor Modified Work placements and/or trial Accommodations and provide feedback to all stakeholders on how the plan is progressing.
- e. Provide advice and identify issues for action for the City to:
 1. Prevent employee illness/injury through tracking of trends in employee absenteeism and disability.
 2. Maintain documentation for Case Management activities, as required, by governing associations and applicable legislation.
 3. Provide Disability Management education as required.
 4. Review medical documentation and substantiation to determine sick and Short Term Disability benefit approval.
 5. Provide feedback on issues or trends that arise.

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RETURN TO WORK FLOW CHART



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3. OTHER CONSIDERATIONS:

The following issues need to be considered on a case-by-case basis.

3.01 Vacation

a. While on Sick Leave or Short Term Disability:

If this vacation has been planned and approved by the department in advance (i.e. more than 3 months) and is assessed by the Occupational Health Professional (based on clearance from a medical practitioner) as not interfering with the employee's rehabilitation, the vacation may then be taken as approved. Time away on vacation will be coded in Payroll as vacation and reduce the employee's vacation bank.

b. While on a Modified Work Plan:

- i. If this vacation has been planned and approved by the department in advance (i.e. more than 3 months) and is assessed by the Occupational Health Professional (based on clearance from a medical practitioner) as not interfering with the employee's rehabilitation, the vacation may then be taken as approved. Time away on vacation will be coded in Payroll as vacation and reduce the employee's vacation bank.
- ii. If the employee is currently on a Modified Work Plan and wishes to take vacation/overtime leave etc. in lieu of participation in a Modified Work Plan, this will require another Case Management meeting to review and discuss. (NB: if this case is covered by Workers' Compensation, their opinion will be required prior to the City being able to approve any changes to the Modified Work program).

3.02 Overtime/Call Out/Call Back provisions on a Modified Work Plan

- a. Employees participating in a Modified Work Plan will require the review and approval of the Occupational Health Professional on whether overtime is acceptable while under a modified work program. This is especially important with Workers' Compensation involvement as any authorization of call back/call out or overtime will require pre-approval by WCB, even if the employee has no restrictions to the number of hours they are able to work, or restrictions with regards to duties.
- b. An employee, who is in a Modified Work Plan with hour restrictions, should not be scheduled for overtime regardless if it is a continuation of shift, call back to work, or call out.

3.03 Compressed Work Week (CWW) and Shift Schedule changes while on Modified Work Plan

- a. Employees may be required to revert back to their regular schedule while participating in a Modified Work Plan unless approved to stay on the CWW schedule by the Occupational Health Professional and the department.
- b. Regular shift schedules may be changed according to Modified Work assignment (for example, a shift worker may be taken off a shift schedule and put on straight days).

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3.04 Refusal of participation in a Modified Work Plan

- a. If the employee has been medically cleared to participate in a Modified Work Plan and appropriate duties provided and the employee refuses to participate in the plan, the employee will not be paid under the Sick Leave Plan or Short Term Disability Plan and the issue will be referred back to the Supervisor for appropriate review and determination.
- b. In the case of Worker's Compensation, the Occupational Health Professional will inform the insurer of the refusal of the plan and submit a copy of the proposed plan, together with supporting medical, for consideration.

3.05 Absence from Work while on Workers' Compensation

- a. Temporary employees are not kept on pay when they are absent due to an occupational illness or injury; they will be compensated directly by Workers' Compensation.
- b. Permanent Employees, once they have supplied the WCB Physicians' Report to the Occupational Health Professional and it has been established that they are Unfit for work, will be placed on wage assignment and continue to be compensated by the employer.

3.06 Medically Supported Limitations/Abilities

- a. Employees are expected to follow their restrictions at all times, which include the time they are not at work. Restrictions are not exclusive to work hours.

3.07 Pay for absences without medical substantiation

- a. For occupational illness/injuries, Workers' Compensation will not compensate employees for work absences without supporting medical documentation. Therefore, if employees feel they are unable to work due to a work-related illness/injury, they must see a physician and have the Physicians' Report for Workers' Compensation completed and submitted to Workers' Compensation. They will also be expected to submit a copy of the Physician's report to the Occupational Health Professional.
- b. If an employee has been accepted by Workers' Compensation Board as having a work-related injury, but, WCB has denied benefits for any time lost from work due to the injury, the employee will not be compensated for additional absence from work with City of Medicine Hat sick benefits.

4. PAY WHILE PERFORMING MODIFIED WORK, TRIAL ACCOMMODATION OR PERMANENT ACCOMMODATION:

4.01 Modified Work, Own Occupation

Employee is paid at their own classified rate of pay while performing Modified Work in their own occupation. The time worked will be paid by the employee's original, pre-disability department.

4.02 Other Established Position or Department

Employee is paid at the classified rate of pay for Modified Work in other established position and/or department. The time worked will be paid by the employee's original, pre-disability department. If the employee is to be paid at a higher rate of pay than their pre-disability position, careful review must be undertaken by all stakeholders

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and a clear timeframe should be established, as it may impact their ability to return back to their pre-disability position.

4.03 Other Duties

Employees performing additional duties that are not considered to be that of an established position are paid at their own occupation classification by the employee's original, pre-disability department.

4.04 Permanent Accommodation, Other Position

Employees permanently accommodated into another position within the City of Medicine Hat will be compensated at the classified rate of pay for that position within that department. The employee will be compensated by the receiving department.

5. RELATED SUPPORT SYSTEMS

5.01 The City administers a range of policies and employee benefit plans intended to reduce the negative impacts that an illness or injury can have for an employee and the family. These policies and benefits include:

- a. Income Protection Insurance Benefits during a period of Non-Occupational Injury and/or Illness
- b. Benefits Plan continuance (dental, extended health, life insurance, etc.)
- c. Vacation
- d. Family Leave
- e. EFAP
- f. Collective Agreements, where applicable.

5.02 Further information on the specific services and eligibility requirements for these benefits is described in applicable handbooks provided by the insurance carriers or available on the City intranet and individual collective agreements.

5.03 An employee participating in a return-to-work plan who becomes ill/injured as a result of an unrelated illness/injury can access their casual sick bank/WCB/Long Term Disability, etc., as appropriate.

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6 PERMANENT ACCOMMODATION PROCESS:

