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Saskatchewan
Workers'
Compensation
Board

Saskatchewan Workers'
Compensation Board

Policy and Procedure Manual

Policy directives include **policy and procedure** documents that form the basis of decisions made or actions performed under ***The Workers' Compensation Act, 2013.***



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Suspension of Benefits	POL 15/2016	PRO 09/2017	01 October 2016 01 August 2017
Suspension of Benefits – Pregnancy	POL 01/2008		01 February 2008
Suspension of Benefits – While Incarcerated	POL 10/2016	PRO 10/2016	01 October 2016
Temporary Additional Allowance	POL 15/2008	PRO 15/2008	01 December 2008
Temporary Foreign Workers	POL 03/2016	PRO 03/2016	01 June 2016
Termination – Age 63 and Over, Age 65, and Retirement	POL 09/2012		01 October 2012
Termination of Compensation Benefits – Notice	POL 17/2010	PRO 17/2010	01 May 2010
Third Party Actions	POL 13/2014	PRO 13/2014	01 November 2014
Transferring a Firm's Experience	POL 21/2016		01 December 2016
Translation Services		PRO 04/2012	01 February 2012
Travel Expense Rates	POL 01/2019	PRO 01/2019	01 January 2019 <i>Meal rates updated March 1, 2020</i> <i>Mileage rate updated November 1, 2020</i>
Travelling for or Attending Medical Aid or Return-to-Work Programming	POL 04/2011		01 April 2011
Under and Overestimating Payroll – Penalties and Credits	POL 03/2019		01 March 2019

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Vocational Rehabilitation – Equipment and Tools	<u>POL 05/2004</u>	<u>PRO 05/2004</u>	01 November 2004
Vocational Rehabilitation – Moving Allowance	<u>POL 02/2014</u>	<u>PRO 02/2014</u>	01 June 2014
Vocational Rehabilitation – Programs and Services	<u>POL 23/2016</u>	<u>PRO 23/2016</u>	01 November 2016
Vocational Rehabilitation – Self-Employment Plans		<u>PRO 11/2014</u>	01 October 2014
Voluntary Relocation Outside Canada	<u>POL 07/2007</u>	<u>PRO 07/2007</u>	01 June 2007
Wage Base – Recurrence	<u>POL 18/2017</u>	<u>PRO 18/2017</u>	01 February 2018
Worker's Death Prior to the Issuance of Entitlement	<u>POL 03/2011</u>		03 February 2012
Workers Acting as Good Samaritans	<u>POL 07/2009</u>		01 November 2009

Introduction to the Manual

Links to *The Workers' Compensation Act, 2013*, *The Workers' Compensation General Regulations, 1985*, and *The Workers' Compensation Miscellaneous Regulations* are found on our website located in the [Policy & Legislation](#) area.

The Workers' Compensation Board Members are given express authority by *The Workers' Compensation Act, 2013* to interpret and implement the intentions of the Legislature within the context of the Act. Policies authorized by the WCB Board Members represent the primary operating authority under the Act and provide guidelines for WCB staff. Staff are specifically directed to use policy where applicable, rather than re-interpret the legislation.

Policy (POL) constitutes the day-to-day decision-making framework and authority for all WCB staff decisions and actions. Only WCB Board Members and those to whom they specifically delegate such authority are authorized to interpret the Act and transform such interpretation into action.

Procedure (PRO) is authorized by the Chief Executive Officer and specifies how a given policy will be implemented. Where procedures are approved for a specified policy, it will immediately follow the policy in the Manual.

Administrative policy or procedure (ADM) is an internal document that directs WCB staff on the appropriate conduct of business, financial processes, and control and protection of WCB assets.

Policy development is a formal process within WCB, with specific processes and sign-offs designed to ensure organization-wide consultation and collaboration in the drafting and revision of policies and procedures.

Customer Notification Service

Customers can access the Policy and Procedure Manual [on-line](#) at www.wcbsask.com using [Adobe Reader](#). The Saskatchewan WCB no longer distributes paper copies of the Manual. However, customers may view paper copies of the Manual in the reception areas at the Saskatoon and Regina offices.

When the Manual is updated, a list of recent policy and procedure updates is documented on our [website](#).

To provide our customers with timely access to new and updated policies, WCB also offers a Manual Subscription Service. Through this service, customers are notified by email whenever new or updated policies and procedures are posted to this website. If you or your organization are interested in this service, click [here](#) to subscribe.

How to Use the Manual

Saskatchewan WCB's Policy and Procedure Manual is available as a PDF document. Download the document viewer (Acrobat Reader) from Adobe's [website](#) at no charge.

How the Manual is Organized

The policies and procedures are divided into sections based on the topics. Each section contains both policies and procedures. If a policy has a corresponding procedure, it will immediately follow the policy. Policies are indicated by “POL” and procedures by “PRO”.

There are two indexes located near the beginning of the Manual:

- [A table of contents organized by section.](#)
- [An alphabetical index.](#)

Bookmarks Panel

The bookmarks panel in the Manual provides a table of contents, which can be used to navigate the Manual. Each bookmark is a link to a section’s table of contents or to a specific policy or procedure.

Depending on the internet browser and the version of Adobe Reader used, the bookmark panel may not automatically appear.

- If using Internet Explorer or Firefox, the bookmark panel should appear on the left hand side. If it does not automatically appear, click on function key F4 to open the navigation pane.
- If using Chrome, there will be a bookmarks flag in the top right hand corner. If this doesn’t appear, click on function key F4. Use the down arrow beside the bookmarks flag to show the bookmarks panel.
- If using Safari, the bookmarks panel may not appear unless your internet preferences are updated to allow for Adobe Reader.
- If using Microsoft Edge, the bookmarks panel may not appear unless Site Permissions in Settings are updated to always open PDF files externally.

POL/PRO Number

Every policy (POL) and procedure (PRO) in the Manual is assigned a unique number. The POL or PRO number conveys the year in which the policy or procedure was first created and where it fits in the order of policies/procedures created that year.

Effective Date

This identifies the date on which the policy or procedure becomes effective.

Every policy and procedure has an effective date. Most often, this means that the new or revised policy will apply to all injuries that occur on or after that date. In these cases, previous superseded policy will still apply to claims with an injury date before the new or revised policy’s effective date.

Application

Application indicates to what special groups, what general groups, or under what circumstances the policy or procedure is applicable. For example, “All new injuries” would indicate that all new injuries would be governed by the new policy on or after the effective date, but that all injuries that occurred before the effective date would be adjudicated based on the superseded policy.

Document Date

For policies, this is the date that the Board Members approved the policy. For procedures, this is the date that the CEO approved the procedure.

Legislative Authority

At the end of every policy and procedure, we have listed the Act sections which provide the underlying authority for the policy or procedure.

Superseded / Archived Policies and Procedures

When a policy or procedure is revised, WCB publishes the current version in the Manual and removes the previous one. At the end of each policy and procedure, we note the superseded document and/or the document history. If this area is marked with “n/a”, this indicates that this policy or procedure deals with an issue that has not been considered previously.

Historic policy documentation for archival and reference purposes is retained by the WCB, but not published in this Manual.

Superseded policies and procedures are available by contacting Corporate Policy (CorporatePolicy@wcbsask.com).


Cross References (Complements)

A complements section is located at the end of every policy and procedure. This directs readers to other policies and/or procedures that deal with the same or similar subject matter. These related policies and/or procedure may add further insights or considerations to the topic. In the electronic copy of the Policy Manual, these are also links to the complementary or related policy or procedure.

Tips for searching the Manual

How to find information

There are three main tools to help you find the information you're looking for:

- [Table of Contents](#)
 - Provides a list of all documents in the Manual. It includes the chapter, the policy or procedure title, and the policy or procedure number.
- [Alphabetical Index](#)
 - Provides a complete alphabetical listing by document title.
- Search
 - A reader can search key words, terms or phrases or policy or procedure numbers.
 - The search function will be in different locations depending on which browser and Adobe Reader version used.
 - The search function may be located:
 - In the top left side under the bookmarks function.
 - By clicking Ctrl + F, or
 - By using the binocular tool .

Other viewing tips:

- Use the bookmarks panel (described in [How to Use the Manual](#)).
 - A plus (+) sign beside a bookmark indicates that there are more documents in that section. By clicking on it, the document titles will appear.
 - A minus (-) sign indicates there are no additional bookmarks to open.
- Each section begins with a table of contents, including links to the policies and procedures.
- To return to your previous view, use Alt + ← (left arrow).
- Using the “Home” key will return to the beginning of the Manual.

Printing tips:

The bookmarks panel can be used to print out individual policies or procedures:

- Using the mouse, right click on the policy title in the bookmarks panels.
- From the pop-up window that appears, select “Print Section(s)”.
- Only the policy or procedure selected will print.
- If you want to print out an entire section, right click on the Section title and select “Print Section(s)”.

General

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Governance Policy	POL 01/2021		01 January 2020
Funding	POL 14/2017		19 April 2017
Policy Directives	POL 23/2013		01 January 2014
Safety and Security – Workplace	POL 09/2010		04 March 2010
Public Interest Disclosure Act Procedure	POL 05/2012		01 September 2011
Fair Practices Office	POL 29/2016		01 December 2016
Third Party Actions	POL 13/2014	PRO 13/2014	01 November 2014
Determination of a Worker's Right to Bring Action	POL 01/2013	PRO 01/2013	01 February 2013
Procurement Procedure		PRO 07/2012	01 July 2012
Extrication Services	POL 16/2014	PRO 16/2014	01 December 2014

Policy	Governance Policy (POL 01/2021)
Effective Date	January 1, 2020
Application	Board Members, Chief Executive Officer, Management
Purpose	To approve the Workers' Compensation Board's Governance Policy and subsequent updates.

BACKGROUND

1. The Workers' Compensation Board (WCB) Board Members are responsible for the stewardship of the WCB, and to oversee the WCB's adherence to provisions of *The Workers' Compensation Act, 2013*.
2. The Board believes that a strong governance framework is necessary to ensure that it fulfils its responsibilities to workers and employers in the most effective manner. As a result, the Board is committed to ensuring that its governance structures and activities reflect sound governance principles.

POLICY

1. The Board Members hereby approve the Governance Policy that describes WCB's public policy objectives and the governance framework, which has been adopted to achieve them.
2. The Board Members will review the Governance Policy annually. It will be revised when appropriate to ensure alignment with:
 - a. *The Workers' Compensation Act, 2013*.
 - b. The needs of the WCB, and
 - c. Governance best practices.

Attachments	Governance Policy
Effective Date	January 1, 2020
Approved Date	February 3, 2021
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> <i>The Workers' Compensation General Regulations, 1985</i> <i>The Workers' Compensation Miscellaneous Regulations</i>

Document History

- (1) February 3, 2021.
In 2019, the Board reviewed and agreed upon changes to the Governance Policy and Protocols. However, during the 2020/2021 governance review process, it was determined that formal approval of those amendments had not been documented. As the Board's actions throughout 2020 had been governed by the 2019 Governance Policy as amended, a Special Meeting of the Board was held to finalize that approval effective January 1, 2020.
- (2) September 2019. Governance Policy and Protocols reviewed.
- (3) POL 01/2017, Governance Policy (effective June 24, 2017 to December 31, 2019).
- (4) POL 09/2014, Governance Policy (effective June 24, 2014 to January 16, 2017).
- (5) ADM POL 13/2000, Corporate Governance (effective January 1, 2001 to June 23, 2014).
- (6) ADM POL 04/2001, Mandate of the Audit Committee of the Board (effective June 4, 2001 to June 23, 2014).

Complements

- | | |
|---------------------------------|---|
| ADM POL 02/2021 | Protocols – Board and Committee Meetings and Communications |
| POL 02/2019 | Decision Making |

Policy	Funding (POL 14/2017)
Effective Date	April 19, 2017
Application	Applies to the WCB's Injury Fund and Reserve Levels
Purpose	To establish guidelines to maintain a fully funded status and set a target range for the Injury Fund.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") requires the Workers' Compensation Board (WCB) to maintain an Injury Fund sufficient to finance its activities and other obligations under the Act. Therefore, WCB has established a funding policy that provides direction for the management of the revenue necessary to fulfil these obligations (Sections 114, 115, 116).
2. While the Act clearly states that the WCB is to be fully funded at all times, the level of the Injury Fund and any reserves is to be left to the discretion of the Board Members.
3. The Act also authorizes WCB to establish additional reserves to meet losses arising from a disaster or other circumstance which would, in the opinion of the WCB, unfairly burden employers (Section 145).
4. The administration and management of WCB investment funds is determined through WCB's Statement of Investment Policies and Goals (SIP&G) (ADM POL 02/2017).
5. Periodically, the WCB conducts an Asset Liability Study to review the assets held by WCB to ensure they are sufficient to meet current and future benefits liabilities of the WCB and to take into account unexpected claim activity and volatile economic conditions. The Asset Liability Study guides the funding policy.
6. The WCB will review the Funding Policy prior to significant changes to accounting standards.

POLICY

Principles

1. The objective of WCB's long term financial strategy is to maintain a fully funded status that:
 - a. Ensures sufficient funds are available to meet required benefits levels based on actuarial standards applied to assumptions which are reviewed by the WCB and approved by the Board Members annually.
 - b. Ensures sufficient funds are available to cover reasonable levels of both foreseen and unforeseen plausible events which, although occurring relatively infrequently, would have a significant financial impact (e.g., occupational diseases, disasters, etc.).
 - c. Supports the long-term financial stability of the WCB.

- d. Ensures current employers' premiums reflect the cost of all claims in the current year. These costs include current and future claims costs and administration costs arising from injuries that occur during the year, and
 - e. Minimizes fluctuations in the average premium rate.
2. At the end of each fiscal year, WCB's Funding Percentage will be calculated based on audited financial statements. The Funding Percentage calculation takes into account:
 - a. Benefits liabilities.
 - i. This represents an actuarially determined provision for future benefits payments and administration costs arising from both reported and unreported claims resulting from work injuries that occurred during the fiscal year. This involves reviewing long-term economic and actuarial assumptions and methods.
 - b. Annuity fund payable.
 - i. This represents anticipated annuity funds obligations.
 - c. Injury Fund.
 - i. This represents the cumulative balance of WCB's comprehensive income and loss, net of reserves and other comprehensive income (loss) in accordance with WCB's Statement of Financial Position.
 - d. Unrealized gains and losses on investment assets.
 - i. To control significant fluctuations in the market value of investments, unrealized gains and losses on investments are not considered when determining WCB's Funding Percentage, in accordance with International Financial Reporting Standards (IFRS).
3. The Funding Percentage is calculated at the end of each fiscal year as follows:

$$\text{Funding Percentage} = 1 + \frac{(\text{Injury Fund} - \text{unrealized gains and losses on investment})}{(\text{Benefit liabilities} + \text{Annuity Fund Payable})}$$

Injury Fund

4. The objective is to maintain the Injury Fund within a targeted Funding Percentage range between 105 per cent and 120 per cent. This range ensures sufficient funds are available to meet required benefit levels and protects against unexpected claim activity or potential fluctuating economic conditions.
5. If the Funding Percentage shifts out of the targeted range, the WCB will replenish or regulate the Injury Fund to return to the targeted range.
6. At the WCB's discretion, any replenishment or surplus distribution will exceed a threshold amount of 2 per cent of the Funding Percentage before WCB processes any adjustments. If the Funding Percentage is above or below the targeted range but within the threshold amount, no actions may be taken.

7. The WCB is considered fully funded when the Funding Percentage is 105 per cent. The WCB, at its discretion, will replenish or regulate the Injury Fund as follows:
 - a. Below targeted range:
 - i. If the Funding Percentage falls below 100 per cent, the WCB will take action to replenish the Injury Fund immediately to reach 100 per cent. Generally, industry premium rates will be increased by a percentage that is calculated to allow the Funding Percentage to return to 105 per cent.
 - ii. If the Funding Percentage falls between 100 and 103 per cent, the WCB, at its discretion, will take action to replenish the Injury Fund to reach 105 per cent within 3 years. Generally, industry premium rates will be increased by a percentage that is calculated to allow the Funding Percentage to return to 105 per cent.
 - iii. If the Funding Percentage falls below 105 per cent but above 103 per cent, the WCB, at its discretion, will not take any action.
 - b. Above targeted range:
 - i. If the Funding Percentage rises above 122 per cent, the WCB, at its discretion, will distribute the surplus funds to employers to return the funding percentage to 120 per cent.
 - ii. Generally, surplus funds will be distributed within the year following the WCB's fiscal year in which the Funding Percentage exceeded 122 per cent. However, if payment of the surplus funds would create future instability in the Injury Fund, the Board would use its discretion to ensure the integrity of the Injury Fund is maintained. The distribution period may be extended beyond the year following the WCB's fiscal year in which the Funding Percentage exceeded 122 per cent or the amount of surplus funds to distribute in any given period may be adjusted.
8. WCB staff will ensure that the WCB website contains up to date information on the Funding Percentage calculation and if any actions to replenish or regulate the fund will be taken. This will also include eligibility rules for any surplus funds distribution.

Reserves

9. The WCB may establish additional reserves to meet losses arising from a disaster or other circumstance which would, in the opinion of the WCB, unfairly burden employers. These reserves are maintained in addition to the Injury Fund.
10. The Disaster Reserve is established to meet the requirements of the Act with respect to disasters (POL 12/2014, Disaster Reserve):
 - a. Disaster – Part 1 covers the potential volatility in less severe disasters. This reserve is set at one per cent of benefit liabilities.
 - b. Disaster – Part 2 covers rare but severe disasters. This reserve is set at one per cent of benefit liabilities.
11. The Occupational Disease Reserve is established to provide cost relief and protection to employers who may be faced with high costs for diseases caused by past exposure (POL 05/2014, Occupational Disease Reserve). This includes exposure for which the employer may not be responsible or for industries where the employer is no longer in business.

12. The Second Injury and Re-employment Reserve provides employers with cost relief on claims that are attributed to an earlier injury, an injury following re-employment and other circumstances established in POL 21/2010. Based on past utilization of this reserve, the Second Injury and Re-Employment Reserve is set at one per cent of benefit liabilities as actuarially determined.

Effective Date	April 19, 2017
Approved Date	September 18, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(o), 114, 115, 116, 117, 118, 121, 134, 144, 145, 149, 150, 151
Document History	<ul style="list-style-type: none"> (1) POL 01/2014, Funding (effective December 31, 2013 to April 18, 2017). (2) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (3) POL 02/2013, Funding Policy (effective December 31, 2012 to December 30, 2013). (4) PRO 02/2013, Funding (effective December 31, 2012 to April 18, 2017). (5) POL and PRO 02/2012, Funding (effective September 1, 2012 to December 30, 2012). (6) POL 16/2007, Funding Policy (effective December 31, 2007 to August 31, 2012). (7) POL 01/2005, Funding Policy (effective December 31, 2004 to December 30, 2007).
Complements	<ul style="list-style-type: none"> POL 01/2021 Governance Policy ADM POL 02/2017 Statement of Investment Policies and Goals (SIP&G) POL 11/2017 Second Injury and Re-Employment Reserve POL 05/2014 Occupational Disease Reserve POL 12/2014 Disaster Reserve POL 13/2017 Rate Setting Model POL 05/2020 Annuities

Policy	Policy Directives (POL 23/2013)
Effective Date	January 1, 2014
Application	All customers.
Purpose	To ensure the public release of policy directives.

DEFINITION

Board means collectively the Board Members appointed under Section 9 of *The Workers' Compensation Act, 2013* (the "Act").

Policy directives are policy and procedure documents that form the basis of actions performed or decisions made under the Act.

Procedures support policies and provide specific instructions for day-to-day tasks or functions, required to implement policy.

BACKGROUND

1. The Act recognizes the authority of the Board to develop policy directives (Sections 2(1)(ee), 18 and 23).
2. The Board is required to make policy directives available to the public in a manner that the Board considers necessary (Section 19(2)).
3. The Workers' Compensation Board (WCB) is required to make its decisions on the real merits and justice of each case but may consider its policy directives (Section 23).

POLICY

1. The Board delegates its powers and functions to its staff through policy directives. Actions performed and decisions made by its staff are bound by these policy directives (POL and PRO 02/2019, Decision Making).
2. All current policy directives, other than purely administrative documents, are published electronically in a Policy and Procedure Manual (Manual). Policy directives that have an effect on injury benefits or employer assessment must be included in the Manual.
3. The Manual can be downloaded and printed at www.wcbsask.com.
4. The Manual is provided in portable document format (PDF) to ensure access regardless of the computer system or internet browser used. Customers are advised to download free Adobe Reader software.
5. Customers can view a paper copy of the Manual during business hours in the reception areas of the Regina and Saskatoon offices.

6. Upon request, the WCB will provide paper or electronic copies of individual policies and procedures.
7. The Manual is updated within 30 days of the effective date of each new or revised policy and procedure.
8. A free email subscription service to inform customers of changes to the Manual is available at www.wcbask.com.

Effective Date	January 1, 2014
Approved Date	December 18, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(ee), 9, 18(1), 18(2), 18(3), 18(4), 18(5), 19(2)
Document History	<ol style="list-style-type: none"> (1) POL 03/94, Board Policy Directives (effective February 9, 1994). (2) February 9, 1994, amendment to <i>The Workers' Compensation Act</i> provided that "the board shall make its policy directives available to the public." (3) POL 10/96, Amend Status of Existing Policies and Approve New Procedure Manual (January 1, 1996). (4) POL 11/96, Approval and Issuance of new Board Policy Manual (April 1, 1996). (5) PRO 60/2000, Issuance of Procedures Manual with Housekeeping Amendments (November 10, 2000).
Complements	POL 01/2021 Governance Policy POL 02/2019 Decision Making PRO 02/2019 Decision Making

Policy	Safety and Security – Workplace (POL 09/2010)
Effective Date	March 4, 2010
Application	Applies to all WCB staff, workers, employer, health care providers.
Purpose	To establish the authority to provide a safe and secure workplace.

BACKGROUND

9. The Board Members (“Board”) of the Workers’ Compensation Board (WCB) acknowledge their responsibility under *The Workers’ Compensation Act, 2013* (the “Act”) to treat workers and employers in a fair and reasonable manner.
10. The Board also has an obligation to ensure that WCB employees are able to carry out their duties in a safe and secure environment without fear of harm, whether physical or psychological.
11. Aside from the Board’s responsibilities under the Act, Section 3-8 of *The Saskatchewan Employment Act* (the “SEA”) requires that employees be provided with a safe work environment.
12. Section 3-21 of the SEA requires that employers must develop, in consultation with a labour/management Occupational Health Committee (OHC), appropriate policy or procedure if workplace violence has occurred or may reasonably be expected to occur.

POLICY

1. The Saskatchewan Workers’ Compensation Board is committed to zero tolerance for all threatening and abusive behaviour.
2. The Board hereby delegates the authority for the safety and security of WCB employees to the Chief Executive Officer (CEO) of the WCB, who shall ensure that proper security measures are in place to protect WCB staff.
3. Executive management, directors/managers, supervisors, team leaders and employees shall share in the responsibility for workplace safety and security during the administration of the Act (ADM PRO 05/2016, Safety and Security – Workplace).

Effective Date	March 1, 2010
Approved Date	March 4, 2010
Legislative Authority	<i>The Workers’ Compensation Act, 2013</i> Sections 18, 19, 20, 21, 22, 25 <i>The Saskatchewan Employment Act</i> Sections 3-8 and 3-21

Document History	(1)	January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Complements	ADM PRO 05/2016	Safety and Security – Workplace (WCB Staff)
	ADM PRO 01/2016	Security of Premises and Property (WCB Staff)
	ADM PRO 03/2016	WCB – Meetings After Hours (WCB Staff)
	POL 05/2017	Privacy of Information

Policy	Public Interest Disclosure Act Procedure (POL 05/2012)
Effective Date	September 1, 2011
Application	All WCB employees.
Purpose	To establish the process to manage disclosures by Workers' Compensation Board (WCB) staff of wrongdoings in accordance with <i>The Public Interest Disclosure Act</i> .

DEFINITION

The Act, for the purposes of this procedure, means *The Public Interest Disclosure Act*, Chapter P-38.1 of The Statute of Saskatchewan, 2011, as amended by the *Statutes of Saskatchewan*, 2014, c.E-13.1, and 2015, c.16.

Commissioner, means the Public Interest Disclosure Commissioner appointed by an order of the Legislative Assembly, and includes any acting commissioner appointed pursuant to Part V of the Act.

Disclosure, for the purpose of this procedure, means a disclosure of wrongdoing made in good faith by an employee of the WCB.

Designated Officer means, at WCB, the Chair of WCB and, in the event of their absence or inability to act in this capacity, the CEO of WCB.

Employee, for the purpose of this procedure, means a person who is an employee of WCB at the time of making of the disclosure.

Government Institution includes the Workers' Compensation Board.

Reprisal means any of the following measures taken against an employee because that employee has, in good faith, sought advice about making a disclosure, made a disclosure, cooperated in an investigation pursuant to this Act or declined to participate in suspected wrongdoing:

- A dismissal, lay off, suspension, demotion or transfer, discontinuation or elimination of a job, change of a job location, reduction of wages, changes in hours of work or reprimand;
- Any measure other than the ones mentioned above that adversely affect the public servant's employment or working conditions;
- A threat to take any of the measures mentioned above.

Wrongdoing means:

- A contravention of a Federal or Provincial Act or Regulation.
- An act or omission that creates:

- A substantial and specific danger to life, health or safety of persons, not including a danger inherent to the employee's job; or
- A substantial and specific danger to the environment;
- Gross mismanagement of public funds or a public asset, or
- Knowingly directing or counselling a person to commit any of the above.

BACKGROUND

4. *The Public Interest Disclosure Act (PIDA)*, which came into effect September 1, 2011, provides a process for employees of government institutions to make disclosure of wrongdoing with protection against reprisal for making such disclosure if made in accordance with PIDA.
5. As required by Section 6 (1) and (2) of PIDA, the WCB has adopted the following procedure to manage disclosure of its employees in accordance with the legislation.

POLICY

6. An employee who is considering making a disclosure may seek advice from the Designated Officer or the Commissioner.
7. If an employee reasonably believes that he or she has information that could show that a wrongdoing has been committed or is about to be committed, or that could show that the employee has been asked to commit a wrongdoing, the employee may make disclosure to:
 - a. The Designated Officer for WCB; or
 - b. The Public Interest Disclosure Commissioner (the Commissioner). A disclosure can be made to the Commissioner at: Public Interest Disclosure Commissioner, 150 – 2401 Saskatchewan Drive, Regina, Saskatchewan, S4P 4H8. Phone (306)787-6211. Toll free 1-800-667-7180. Fax (306)787-9090. <https://ombudsman.sk.ca/pidc/>.
8. Disclosures must be received by the designated officer or the Commissioner in writing, and should be on the prescribed form. A copy of the prescribed form is attached as Appendix A to this procedure. The form should be placed in a sealed envelope clearly marked "Personal and Confidential to be opened by the Chair only" to ensure confidentiality. The form must include the following information:
 - a. A description of the wrongdoing.
 - b. The name of the person(s) alleged to have committed the wrongdoing or be about to commit the wrongdoing.
 - c. The date of the alleged wrongdoing.

Management of Disclosures

9. Upon receipt by the designated officer, each disclosure must be date-stamped.
10. Each disclosure received by the designated officer, and all records of advice sought from the designated officer by any employees regarding a potential disclosure, must be (1)

maintained in a separate, secured file; (2) treated as strictly confidential; (3) protected from unauthorized access.

11. All written information obtained as a result of a disclosure or its review or investigation, must be included in the disclosure file. All pertinent information obtained verbally must be documented, in writing, dated and placed in the disclosure file. When the designated officer creates a paper or electronic record to track disclosures or requests for advice under PIDA, those documents and records shall be handled in such a manner as to ensure confidentiality and the protection of identities as required by PIDA. When the designated officer creates a paper or electronic record to track disclosures or requests for advice under PIDA, those documents and records shall be handled in such a manner as to ensure confidentiality and protection of identities as required by PIDA.
12. The identity of all persons involved in the disclosure process including employees who seek advice about a possible disclosure, employees who make disclosures, witnesses and those alleged to have committed a wrongdoing, must be protected. Any person who obtains information through the performance of their duties under PIDA shall not disclose it, except as required by law.
13. If the designated officer determines that an investigation of the alleged wrongdoing is required, it shall be conducted in accordance with the principles of procedural fairness and natural justice. These principles include the requirements that the alleged wrong-doer: (1) has a right to be informed of the nature of the disclosure; (2) must be given an opportunity to make oral or written submissions to the designated officer with respect to the disclosure; (3) should be provided with all information that will be considered by the designated officer and given an opportunity to answer the case against him or her; (4) should be told of the reason for the decision.
14. The designated officer must act in a manner that is not biased, arbitrary or discriminatory, and that is fair and open-minded.
15. In responding to a request for advice from an employee respecting a possible disclosure or with respect to the receipt, review or investigation of a disclosure, the designated officer may: (1) seek legal advice from its legal counsel; (2) seek procedural advice from the Commission; (3) utilize such specialized services within WCB as the designated officer determines necessary, or (4) refer the matter to the appropriate external agency, to conduct an investigation.
16. The designated officer must remove himself or herself from the process surrounding the disclosure and/or its investigation in the event of a conflict of interest.
17. Once a disclosure has been filed with the designated officer, it cannot be withdrawn.

Procedure for Receiving Disclosures

18. Within 20 calendar days of receipt by the designated officer of a disclosure, the designated officer shall arrange to discuss the disclosure privately with the disclosing employee.

19. The designated officer must determine and comply with the wishes of the disclosing employee respecting the manner of communication to be used with him or her, by the designated officer, regarding the disclosure matter.
20. The designated officer must advise the disclosing employee that: (1) information related to the disclosure, including their identity, will be protected and kept confidential to the fullest extent possible within the law, and in keeping with the principles of procedural fairness and natural justice. (For example, the disclosing employee's name will not be disclosed unless it is a necessary fact in resolving the disclosure matter. But the disclosing employee should be aware that it may be possible to identify him or her from the facts contained in the disclosure); (2) the disclosing employee also has an obligation to protect information related to the disclosure, including the identity of all persons involved in the disclosure process.

Assessing Disclosures

21. The designated officer shall assess the disclosure to determine if the matter, if proven to be true, would be a wrongdoing within the meaning of PIDA, and to determine what action should be taken. That assessment should be completed, where reasonably possible, within 40 days of receipt of the disclosure by the designated officer.
22. In conducting the assessment of the disclosure, the designated officer should consider the following criteria: (1) whether the designated officer is in a conflict of interest and, if so, whether the matter should be referred to the Commissioner; (2) whether the nature of the disclosure pertains to a matter within WCB and, if not, whether the matter should be referred to the designated officer of a different government institution, where it would be more appropriately dealt with; (3) whether the disclosure is a wrongdoing as defined by PIDA; (4) whether the disclosure has been made in good faith and whether the disclosing employee has a reasonable belief that the information disclosed could show a wrongdoing has been or is about to be committed.
23. In the event that the designated officer determines that the disclosure should be referred to the Commissioner or a different government institution, the designated officer must advise the disclosing employee in the manner agreed to in accordance with paragraph 13 of this procedure.

Processing Disclosures

24. If the designated officer determines that no further action is required with respect to the disclosure, the disclosing employee shall be notified and the file closed.
25. If the designated officer determines that the criteria set out in paragraph 16 have been met and action is required, the designated officer shall advise the disclosing employee of the action to be taken, including whether or not an investigation will be required and will provide the alleged wrong-doer with notice of the disclosure and only such relevant information as is consistent with the principles of procedural fairness and natural justice.
26. Any investigation that is to be undertaken with respect to the disclosure shall be managed by the designated officer, although he or she may utilize the appropriate expertise to assist with the process, or may refer the matter to the police during or after the investigation, if the designated officer determines such action to be required.

27. If other employees are invited to participate in the investigation, the designated officer shall advise them of their right to have a person attend with them to provide support (e.g. union representation for in-scope employees) but that support person shall not be entitled to contribute to the investigation or speak on the employee's behalf.
28. Within 30 calendar days of completion of an investigation, the designated officer will prepare and deliver a written report with respect to their findings and any recommendations or corrective action he or she considers appropriate respecting the disclosure and wrongdoing. The disclosing employee shall be advised that a report has been made and provided with such information as the designated officer considers appropriate.

Complaint of Reprisal

29. If a WCB employee alleges that a reprisal has been taken or directed against him or her, that employee may make a written complaint to the Public Interest Disclosure Commissioner respecting the matter. Such a complaint may be made in the form attached to this policy as Appendix B.

Annual Reporting of Disclosures

30. The designated officer shall ensure that a process is established to track disclosures of alleged wrongdoings received by him or her, for annual reporting of disclosure in accordance with the Act.
31. The PIDA annual report prepared by the designated officer shall include the following information: (1) the number of disclosures received; (2) the number of disclosures acted on and not acted on; (3) the number of investigations commenced as a result of the disclosure; and (4) if an investigation results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective action taken, or the reasons why no corrective action was taken. Each annual report shall be for the reporting period commencing on April 1 in one year and ending on March 31 of the following year.

Attachments

[Appendix A – Disclosure of Wrongdoing Under The Public Interest Disclosure Act \(PIDA\)](#)

[Appendix B – Complaint of Reprisal](#)

Effective Date

September 1, 2011

Approved Date

May 24, 2012

Legislative Authority

The Public Interest Disclosure Act (PIDA)

Document History

- (1) September 1, 2016. Definitions updated in accordance with amendments to *The Public Interest Disclosure Act*.
- (2) January 1, 2014. References updated in accordance with *The Workers' Compensation Act, 2013*.

Complements

[ADM PRO 01/2017](#) Code of Ethics and Professional Conduct

Appendix A
Disclosure of Wrongdoing

Under *The Public Interest Disclosure Act*

Under Section 10(1) of the act, where an employee of WCB reasonably believes that he or she has information that could show that an employee of WCB has been asked to commit a wrongdoing, the WCB employee may make a disclosure to:

- (a) The designated officer for the WCB, or
- (b) The Public Interest Disclosure commissioner

Current Date: _____

(please print)

Last Name: _____ First Name: _____

When Employed with WCB: _____

Preferred Contact Information:

Address: _____

City or Town: _____ Province: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____

Preferred time to contact: Day: _____ Evening: _____ Weekend: _____

Details of Wrongdoing:

(Please provide the details of the nature of the wrongdoing, include name(s), date(s), location(s), etc., attaching any supporting documentation, if possible. Use additional pages, if required.)

[illegible]

Appendix B
Complaint of Reprisal
Under *The Public Interest Disclosure Act*

Under section 36(1) of the Act, no person shall take or direct a reprisal against a WCB employee or former WCB employee because he or she has, in good faith:

- (a) Sought advice about making a disclosure from the designated officer of WCB or the commissioner;
- (b) Made a disclosure
- (c) Co-operated in an investigation pursuant to this Act; or
- (d) Decline to participate in wrongdoing.

If the WCB employee or former WCB employee alleges that a reprisal has been taken or directed against him or her, he or she may make a written complaint to the Public Interest Disclosure Commissioner respecting the matter.

Current Date: _____

(please print)

Last Name: _____ First Name: _____

When Employed with
WCB: _____

Preferred Contact Information:

Address: _____

City or Town: _____ Province: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____

Preferred time to contact: Day: _____ Evening: _____ Weekend: _____

Details of Reprisal:

Please provide the details of the nature of the wrongdoing, include name(s), date(s), location(s), etc., attaching any supporting documentation, if possible. Use additional pages, if required.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Policy	Fair Practices Office (POL 29/2016)
Effective Date	December 1, 2016
Application	Applies to workers, employers and external service providers who raise issues regarding service delivery on and after the effective date.
Purpose	To establish the mandate for the WCB Fair Practices Office.

BACKGROUND

32. The Fair Practices Office (FPO) was established in September 2003 with the appointment of the Fair Practices Officer. This position was created in response to recommendations by the James Dorsey Review in 2000 and the Saskatchewan Workers' Compensation Act Committee of Review 2001 Report.
33. The establishment of the FPO is supported by Section 19(1)(a) of *The Workers' Compensation Act, 2013* (the "Act"), which directs that the WCB shall treat workers and their dependants in a fair and reasonable manner.
34. The Fair Practices Officer is appointed under Section 186 of the Act and can, in accordance with the role and mandate established by the Board, investigate and make recommendations relating to any matter pursuant to this Act, including claims or assessment matters, in which the worker, dependant or employer asserts that he or she has been aggrieved.
35. Section 172 of the Act directs that, subject to Sections 173 and 174, no member and no person authorized to make an inspection or inquiry pursuant to this Act shall divulge or allow to be divulged any information obtained by him or her that came to their knowledge in carrying out their duties or in exercising their powers pursuant to this Act unless:
 - (a) Required or permitted pursuant to this Act
 - (b) Authorized to do so by the board, or
 - (c) Ordered to do so by a court.
36. Access to information held by the FPO in accordance with Sections 25 and 186(4) of the Act is subject to the provisions of Section 172 of the Act.

POLICY

Establishment and status of the FPO

1. The FPO is to function as an independent office within the WCB, to address inquiries and issues of service delivery raised by workers, dependants, employers and external service providers.
2. The conduct of the FPO shall reflect the WCB Value Statements with respect to dignity, fairness, honesty and openness.

Appointment and qualifications of the Fair Practices Officer

3. The Fair Practices Officer is required to be a person of recognized knowledge, judgment, objectivity and integrity with demonstrated skills in problem solving and dispute resolution.
4. The appointment and termination of the Fair Practices Officer is the responsibility of the Board Members.
5. The Fair Practices Officer is an employee of the WCB and their terms and conditions of employment are consistent with the WCB's Human Resources policies.

Role and mandate of the FPO

6. The FPO has a mandate to:
 - a. Subject to Point 12 below, receive, investigate and resolve inquiries about unfair practices in all areas of service delivery raised by workers, dependants, employers and external service providers, and
 - b. Identify policy matters and systemic issues arising from inquiries, inquiry trends, and make recommendations for improvements.
7. If upon completion of an investigation as referenced in Point 6(a) above, the Fair Practices Officer determines that an unfair practice has occurred, he or she will attempt to resolve the issue at the most appropriate administrative level of the WCB. If the Fair Practices Officer does not believe that the appropriate remedy has been implemented, he or she will raise the matter to senior management levels of the WCB, including the Chief Executive Officer (CEO). Unresolved issues will be reported to the Chairperson.
8. Trends, policy and systemic issues identified from inquiries may be investigated by the FPO with approval of the Board. The findings and recommendations will initially be presented to senior management within the WCB, including the CEO, and then to the Chairperson.
9. The FPO will decline to investigate any inquiry that does not fall within its mandate as set out in this policy. The FPO may decline to investigate an inquiry based upon considerations such as merits or timeliness. Issues that a person had knowledge of for more than one year, and did not actively pursue, will generally not be accepted by the FPO.
10. The Fair Practices Officer will annually report in the WCB Annual Report, which may include statistics on the number and types of inquiries received, services rendered and inquiries resolved. The annual report may indicate FPO recommendations if not accepted by management or acted upon within a reasonable period of time.
11. The Fair Practices Officer will report to the Chairperson on a quarterly basis or more frequently as requested by the Chairperson or the Fair Practices Officer.

Authority

12. In accordance with Point 1 above, the FPO has jurisdiction to investigate inquiries related to all areas of service delivery of the WCB including, but not limited to:
 - a. Delays in adjudication, communication, referrals and payment.

- b. Conduct of staff.
 - c. Verbal and written communications.
 - d. Implementation of appeal findings.
 - e. Revenue and employer accounts.
 - f. Benefit payments, and
 - g. Misapplication of policy.
13. In conducting an investigation, the FPO will have within normal WCB working hours and with reasonable notice:
- a. Unfettered access to all files, documents and other materials in the possession of the WCB relating to the matter under investigation, and
 - b. Unfettered access to all WCB employees.
14. An inquiry is not within the jurisdiction of the FPO if it pertains to:
- a. Conduct or a decision of the Board Members.
 - b. Changes to the Act or its regulations.
 - c. An issue outside of the jurisdiction of the WCB.
 - d. An issue in the appeal process, with respect to which the right of appeal has not been exhausted.
 - e. Any issue under appeal to the Appeals Department or Board Appeal Tribunal.
 - f. Any decision of the Appeals Department or Board Appeal Tribunal.
 - g. An issue being handled by the Office of the Workers' Advocate, unless the Workers' Advocate requests that the FPO review the inquiry.
 - h. An issue referred by WCB staff (e.g., human resource issues), and
 - i. An alleged illegal or fraudulent act. Allegations of this nature will be referred to the investigative unit within Internal Audit.
15. Notwithstanding Point 14(h) above, the FPO may investigate inquiries by WCB staff in their capacity as injured workers.

Standards of practice

16. The FPO will adhere to the following standards of practice:
- a. Independence:
 - i. The FPO is independent of WCB operations.
 - ii. The Fair Practices Officer reports directly to the Board Members through the WCB Chairperson.
 - iii. Within its mandate, the FPO exercises sole discretion over whether or how to act regarding an individual concern.

- iv. The Fair Practices Officer holds no other position within the WCB which may compromise independence.
- b. Neutrality and impartiality:
 - i. The Fair Practices Officer maintains a moral duty of impartiality and the FPO cannot act as an individual's advocate or representative.
 - ii. The FPO treats all parties to an inquiry with dignity and respect and approaches issues with an open mind. The FPO has a responsibility to consider the legitimate concerns and interests of all individuals affected by the matter under consideration.
 - iii. The Fair Practices Officer conducts investigations and makes recommendations for any remedial or corrective actions based on the findings of the investigation.
 - iv. The FPO helps develop a range of responsible options to resolve problems and facilitates discussion to identify the best options.
- c. Confidentiality:
 - i. Any person seeking the assistance of the Fair Practices Officer may request confidentiality with respect to that inquiry. If such a request is made, no information related to that inquiry will be disclosed unless the person subsequently gives permission to do so, or if there appears to be imminent risk of serious harm, or if there appears to be no other reasonable option, as determined by the Fair Practices Officer. However, any person requesting such confidentiality will be advised that such a request may prevent communication of key information about their inquiry to appropriate areas of the WCB and limit the ability of the FPO to resolve their issue. They will also be advised that all records of the Fair Practice Office are accessible under the provisions of *The Freedom of Information and Protection of Privacy Act*.
 - ii. Unless the person making the inquiry has requested confidentiality, the FPO will enter all information relevant to that inquiry on the appropriate WCB claim or employer file. The FPO will maintain a separate database for those inquiries on which confidentiality has been requested, which will only be accessible by staff of the FPO. Any information already contained in that database at the effective date of this policy will be maintained as if the person making those inquiries has requested confidentiality.
 - iii. Access to information held by the FPO in accordance with Sections 25 and 186(4) of the Act is subject to Section 172 of the Act.
 - iv. The FPO prepares any data or reports in a manner that protects all requested confidentiality and safeguards the identity of the individuals who made such requests. All records maintained by the FPO for the purpose of receiving, investigating, and resolving inquiries upon which requests for confidentiality have been made, will be kept in secure storage which prevents access or inspection by any other person, subject to disclosure required by *The Freedom of Information and Protection of Privacy Act*, or this policy.
- d. Informality and other standards:
 - i. The FPO acts in an informal manner by such means as listening, providing and receiving information, identifying and reframing issues and developing a range of reasonable options to resolve the problem.

- ii. Where the FPO has made a recommendation, that recommendation is not binding and the office has no authority to make binding decisions.
- iii. The FPO does not replace existing appeal procedures within the WCB and the FPO has no authority where a matter has entered the appeal process (i.e. Appeals Department, Assessment Committee and Board Members).
- iv. The FPO identifies trends, issues, and concerns about WCB policies and procedures arising from inquiries, including potential future issues and concerns and provides recommendations for responsibly addressing them.
- v. The Fair Practices Officer keeps professionally current by pursuing continuing education and relevant training and provides opportunities for FPO staff to pursue professional training.
- vi. The Fair Practices Officer adheres to the Saskatchewan WCB Code of Conduct and Ethics and other WCB administrative policies.

Administration

- 17. The Board Members approve the budget of the FPO with input from the Fair Practices Officer.
- 18. The Fair Practices Officer will manage the operating budget and will hire and manage the staff of the FPO. To facilitate the management of the FPO and its arm's length relation to operating areas and management of WCB, the Fair Practices Officer is authorized to execute agreements with third parties on behalf of the FPO and pay expenses in connection with the ongoing operations of the FPO, provided that the expenditures are within the approved budget of the FPO and generally follow the principles of WCB administrative policies.
- 19. The Board Members may request that periodic independent reviews be conducted to evaluate the position of the Fair Practices Officer and or the operations of the FPO.
- 20. Internal Audit may from time to time audit the FPO.

Effective Date	December 1, 2016
Approved Date	November 23, 2016
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 19, 24, 25, 172, 173, 174, 180, 186
Document History	<ul style="list-style-type: none"> (1) POL 14/2013, Fair Practices Office (effective January 1, 2014 to November 30, 2016). (2) POL 15/2010, Fair Practices Office (effective June 1, 2010 to December 31, 2013). (3) POL 05/2009, Fair Practices Office (effective September 17, 2009 to May 31, 2010). (4) September 2003, Fair Practices Office established with the appointment of a Fair Practices Officer. Initial responsibilities outlined in "Mandate and Role, Fair Practices Office".

Complements

[POL 22/2013](#)

Appeals – Board Appeal Tribunal

[POL 21/2013](#)

Appeals – Claims

[POL 20/2013](#)

Appeals – Employer Accounts

[ADM PRO 05/2016](#)

Staff Safety – Workplace

[ADM PRO 01/2017](#)

Code of Ethics and Professional Conduct

[ADM PRO 06/2013](#)

Employee Indemnity

Policy	Third Party Actions (POL 13/2014)
Effective Date	November 1, 2014
Application	Applies to all claims involving third parties.
Purpose	To provide guidelines for the management of third party actions.

DEFINITION

Customer means an injured worker or a surviving dependant.

Third party, for the purpose of this policy, means a person or entity that is not a worker or employer within the meaning of *The Workers' Compensation Act, 2013* (the "Act").

Subrogation means the substitution of one person or group by another in respect of a debt or insurance claim. This includes the transfer of any associated rights and duties. For the purpose of this policy, the right of subrogation arises when the Workers' Compensation Board (WCB) pays claim costs for a customer and then attempts to recover these costs from the third party responsible for the work injury.

Third party action means a civil claim to recover damages suffered by the customer as the result of a work injury caused by the actions or neglect of a third party. The customer or the WCB would bring legal action against the third party.

BACKGROUND

1. When a customer has a right of action against a third party with respect to a work injury, and the customer is entitled to WCB benefits, the customer (Section 38):
 - a. Will receive compensation, and
 - b. May bring legal action against the third party.
 2. The Act provides the WCB with the right of subrogation (Section 39). To recover claim costs, the WCB may:
 - a. Bring legal action in its own name against the third party, or
 - b. Join with the customer in their legal action against the third party.
 3. Before the customer receives any money, the WCB will recover money for the claim costs and the WCB's share of the legal costs. Any sum remaining after the WCB's recovery is payable to the customer (Section 40).
 4. When a customer plans to take legal action against a third party they must provide written notice to the WCB. Likewise, the WCB will provide written notice if it plans to take action. In either situation, failure to give notice does not affect the claim of action (Section 41).
 5. The WCB must provide written approval for any settlement that is less than the amount of the claim costs provided under the Act (Section 42).
-

POLICY

1. A customer cannot sue an employer or worker covered under the Act with respect to a work injury. They may, however, take action against a third party not covered under the Act.

Workers' Right to Bring Action

2. Customers, who have a right of action against a third party not covered by the Act, are entitled to:
 - a. Receive compensation, and
 - b. Take action against the responsible third party.
3. Customers must give notice to the WCB of their intention to take action. The WCB will advise the customer or their representative of the WCB's claim in the third party action.

Subrogation

4. If the customer chooses not to take action, the WCB will review the case to determine whether it should take action to recover the costs of the claim.
5. The WCB will only seek recovery on an accepted claim that is work related.
6. The WCB will not seek recovery when the claim is for a worker covered by the *Government Employees Compensation Act (GECA)*.
7. When the WCB takes action against a third party it will seek only to recover the damages for which the WCB has paid or will pay for future claim costs. The WCB will not pursue any part of the action on behalf of the customer.

Employer Cost Relief

8. The WCB will provide respective employers cost relief when it is successful in recovering all or part of the claim costs through subrogation or through its own action.

Distribution of Settlement Funds

9. The WCB may:
 - a. Keep the entire settlement if the settlement is less than the amount of the customer's claim, or
 - b. Where circumstances warrant it, the WCB may negotiate a fair and reasonable settlement.
10. If the amount of the settlement is greater than the claim costs and any anticipated future costs, the WCB will:
 - a. Keep the funds recovered for current and future costs, and
 - b. Pay the remainder to the customer.

Approval of Settlements

11. The Board Members give the Chief Executive Officer (CEO) the authority to approve settlements. The CEO may give this authority to the Corporate Solicitor.

Compromised Settlements

12. The WCB must provide written approval for a settlement that is for an amount less than the claim costs.

Effective Date	November 1, 2014
Approved Date	September 2, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2, 38, 39, 40, 41, 42, 43
Document History	<p>(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>.</p> <p>(2) POL and PRO 04/2007, Third Party Actions/Subrogation (effective May 1, 2007 to October 31, 2014).</p>
Complements	<p>PRO 13/2014 Third Party Actions</p> <p>POL 01/2013 Determination of a Worker's Right to Bring Action</p>

Procedure	Third Party Actions (PRO 13/2014)
Effective Date	November 1, 2014
Application	Applies to all claims involving third parties.
Purpose	To provide guidelines for the management of third party actions.

BACKGROUND

The Workers' Compensation Board (WCB) has approved POL 13/2014, Third Party Actions. The following procedure provides WCB staff with guidelines for the management of these claims.

PROCEDURE

1. Operations staff members are responsible for identifying claims for work injuries that involve third parties. This includes, but is not limited to:
 - a. Motor vehicle collisions.
 - b. Fatality claims.
 - c. Claims involving product liability (for example, asbestos related injuries, equipment failures, premature air bag inflations).
 - d. Aircraft crashes.
 - e. Claims involving assault (physical or psychological) against an injured worker, including dog/animal attacks.
 - f. Claims involving negligence by a third party (for example, exposure to environmental/dangerous hazards, lack of fire alarms or firefighting equipment), and
 - g. Slip and fall claims.
2. Operations staff will refer such claims to the Subrogation Administrator (SA) if:
 - a. The claim has been accepted, and
 - b. The general limitation period of two years for starting an action has not expired.
3. Operations staff will not refer claims for workers covered under the *Government Employees Compensation Act* (GECA). Employment and Social Development Canada (ESDC – Labour Program) manages federal government third party actions.
4. Operations staff will assist the SA in determining the future costs of claims (for example, benefit, medical and vocational rehabilitation costs):
 - a. Operations staff will determine future costs by reviewing the cost history of the claim, expected recovery tables, and the medical prognosis.

- b. Where the customer is receiving long term earnings replacement, Operations staff will use wage loss capitalization to project future benefit costs (POL 14/2010, Capitalization of Claims).
5. The SA will contact the customer or their representative to determine if:
 - a. They have started a third party action, or
 - b. Plan to take action.
6. If the customer chooses to take action, the SA will advise the customer or their representative of the WCB's claim in the third party action.
7. If the customer chooses not to take action, the SA will refer the claim to the Corporate Solicitor. The Corporate Solicitor will review the case to determine whether the WCB should take action to recover the costs of the claim. This includes considering factors such as:
 - a. The amount of damages the WCB could recover.
 - b. The cost effectiveness of proving the case, and
 - c. How successful the WCB might be in collecting the judgment.

Employer Cost Relief

8. When the WCB's action is successful, the SA will send the award to the Finance department. Finance staff will deposit the award so the WCB can provide cost relief for the respective employer. The cost relief will equal the lesser of:
 - a. The claims costs charged against the employer (less legal fees), or
 - b. The amount of the settlement.

Compromised Settlements

9. The WCB must provide written approval for a settlement that is for an amount less than the claim costs. Customers or their legal representatives must submit requests for approval to the Corporate Solicitor.

Reporting

10. The SA will provide a quarterly report to the Chief Executive Officer (CEO). The report will indicate missed subrogation opportunities.
11. The Service Excellence team will ensure ongoing training is provided to Operations staff for identifying claims that involve third parties.

Effective Date	November 1, 2014
Approved Date	September 3, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2, 38, 39, 40, 41, 42, 43

Document History	(1)	January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
	(2)	POL and PRO 04/2007, Third Party Actions/Subrogation (effective May 1, 2007 to October 31, 2014).
Complements	POL 13/2014	Third Party Actions
	POL 01/2013	Determination of a Worker's Right to Bring Action
	POL 14/2010	Capitalization of Claims

Policy	Determination of a Worker's Right to Bring Action (POL 01/2013)
Effective Date	February 1, 2013
Application	Applies to all applicants desiring to bring an action.
Purpose	To establish guidelines for determining if a right of action exists.

DEFINITION

Action means any civil claim against another party which may include grievances and matters that may be examined before other tribunals.

BACKGROUND

1. Section 43 of *The Workers' Compensation Act, 2013* (the "Act") states "no employer and no worker or worker's dependant has a right of action against an employer or a worker with respect to an injury to a worker arising out of and in the course of the worker's employment."
2. Under Section 169(1) of the Act states "any party to an action may apply to the board for adjudication and determination of the question of:
 - a. the plaintiff's right to compensation pursuant to this Act; or
 - b. whether the action is barred by this Act."
3. Section 169(2) of the Act adds that "the board's adjudication and determination pursuant to this section is final and conclusive."

POLICY

1. The Workers' Compensation Board (WCB) will identify third party actions in accordance with POL 13/2014, Third Party Actions. This will usually involve the Operations staff and Subrogation Administrator determining whether a right of action exists. This determination does not constitute a ruling under Section 169 of the Act.
2. A party to an action may dispute whether the right to the action is removed by the provisions of the Act. To resolve the dispute, the party must make application for a ruling under Section 169 of the Act.
3. All applications under Section 169 shall be received and developed by the Board Services department. All rulings will be made by the Board Members.

Effective Date	February 1, 2013
Approved Date	January 15, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 43, 167, 168, 169

Document History	(1)	POL 26/95, Determination of a Worker's Right to Bring Action (effective January 1, 1996 to January 31, 2013).
	(2)	POL 50/82, Determination of a Worker's Right to Bring Action (effective December 7, 1982 to December 31, 1995).
Complements	PRO 01/2013	Determination of a Worker's Right to Bring Action
	POL 13/2014	Third Party Actions
	PRO 13/2014	Third Party Actions

Procedure	Determination of a Worker's Right to Bring Action (PRO 01/2013)
Effective Date	February 1, 2013
Application	Applies to all applicants desiring to bring an action.
Purpose	To establish guidelines for determining if a right of action exists.

BACKGROUND

POL 01/2013, Determination of a Worker's Right to Bring Action, establishes the Board Members' exclusive responsibility in determining applications for right of action under Section 169 of *The Workers' Compensation Act, 2013* (the "Act").

PROCEDURE

1. As per POL 13/2014, Third Party Actions, Operations staff and the Subrogation Administrator will attempt to identify claims where a worker has a right of action against a third party. Where the possibility of an action is raised, Operations staff will consider the issue and advise the claimant if they feel, in their opinion, the facts available are likely to provide the basis for an action.
2. Where there is a dispute on whether a right of action exists, any party to an action may request a ruling on whether the action is barred by the Act. It is not necessary for a compensation claim to have been initiated for a ruling to be made under Section 169.
3. All inquiries concerning a Section 169 ruling should be forwarded to the Board Services department.
4. On straight forward matters, Board Services may contact the party making the inquiry and inform them of WCB practice and previous rulings in similar cases. This may allow the party to avoid the necessity of a full Section 169 ruling. The advice provided by Board Services will not remove the party's right to request a ruling and is not intended to suggest the Workers' Compensation Board (WCB) has prejudged the case.
5. An application for a Section 169 ruling must be in writing and no application will be considered unless an action has been commenced. It is necessary for the WCB to have all the details of the grounds for the action in order to make a ruling.
6. On receipt of an application, Board Services will contact all parties requesting their submissions. Board Services will ensure the parties are provided copies of all the submissions and are given the opportunity to submit rebuttal arguments. Appropriate timeframes for submissions will be established.
7. Any party to the action may request an in person hearing and any such request will be considered by the Board Members.
8. The Board Members will make their ruling once:

- a. all submissions are received; and
- b. if indicated, an in person hearing has occurred.

Each party to the application will receive an original signed decision.

Effective Date	February 1, 2013
Approved Date	January 22, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 43, 167, 168, 169
Document History	<ul style="list-style-type: none"> (1) POL 26/95, Determination of a Worker's Right to Bring Action (effective January 1, 1996 to January 31, 2013). (2) POL 50/82, Determination of a Worker's Right to Bring Action (effective December 7, 1982 to December 31, 1995).
Complements	POL 01/2013 Determination of a Worker's Right to Bring Action POL 13/2014 Third Party Actions PRO 13/2014 Third Party Actions

Procedure	Procurement Procedure (PRO 07/2012)
Effective Date	July 1, 2012
Application	Applies to all WCB staff purchasing goods and services on behalf of the WCB.
Purpose	To define the process that governs the purchase of goods and services by Workers' Compensation Board (WCB) staff.

DEFINITION

Best Value means the acquisition of goods and services through a competitive process which results in supply arrangements at the most effective life cycle cost (i.e., a combination of purchase prices, amortization, maintenance, repair, operating and disposal costs), in the correct quantities, at the right quality, and from the most qualified, responsive and responsible vendor or supplier.

Bid means an offer submitted in response to a tender to supply goods or services, or to purchase assets at a specific price or price formula, under stated terms and conditions.

Contract signatory means the WCB staff member with designated authority to purchase goods and services.

Expression of interest (EOI) means a list compiled of prospective vendors and suppliers who are interested in participating at a future date in a competitive bidding process for a particular good or service. The list of prospective vendors and suppliers will be viewed when WCB staff do not have a solid idea of the type of good or service required. Viewing this list is the starting point in the overall tendering process.

Purchase order means an authorized legal contract to acquire goods or services.

Purchase request means a request for the purchase of goods and services to be approved by the applicable purchasing authority.

Purchases for the internal administration of the WCB means all goods and services procured for internal day to day business (e.g., paper, printer cartridges, business cards).

Purchases on behalf of customers means goods and services required to facilitate return-to-work or vocational rehabilitation programs (e.g., equipment, tools, modifications to residence, vehicle or workplace).

Request for proposal (RFP) means an invitation to potential vendors and suppliers for bids where the requirements for goods and services may not be clearly defined and the expected price is likely to exceed \$2,500. Vendors and suppliers will outline their methodology, approach in delivery, price and timelines.

Request for quotation (RFQ) means an invitation to vendors and suppliers to provide pricing and delivery information for clearly defined goods and services, generally of a low dollar value

(e.g., \$2,500). A request for quotation may be issued to multiple vendors or suppliers as an informal tender.

Standing offer means a contract for standardized goods and or services to be purchased and delivered on an as-required basis for specific periods of time at prearranged prices and delivery conditions (e.g., printer cartridges, paper products, business cards, ergonomic chairs).

Tender means the process in which qualified vendors and suppliers are invited to submit sealed bids for the supply of specific and clearly defined goods and services during a specified timeframe. The tendering process includes a request for quotation and request for proposal.

BACKGROUND

1. The WCB autonomy is acknowledged by the Saskatchewan Government with respect to the purchase of goods and services required to complete daily operations. While the WCB does not fall within the jurisdiction of *The Purchasing Act, 2004*, or the interprovincial *Agreement on Internal Trade* (1995), the WCB observes the guiding principles and best practices. WCB procurement practices also comply with the *New West Partnership Trade Agreement* (NWPTA) where applicable.
2. The following principles have been adopted to govern all purchase and procurement transactions of the WCB:
 - a. To procure goods and services that support achievement of the WCB's corporate objectives in a fiscally responsible and competitive manner;
 - b. To ensure a fair, open and accountable process; and
 - c. To ensure goods and services are purchased in accordance to best value.
3. The annual administration budget process or program budget process is the method by which the WCB approves the overall spending required for the operations of the WCB. Subsequent decisions to purchase budgeted goods and services are made throughout the year and must be approved in accordance with this procedure.
4. This procedure applies to goods and services purchased for the internal administration of the WCB and on behalf of WCB customers. This procedure also applies to the provision of health care services unless rates are set by the Saskatchewan Ministry of Health, or negotiated with health care professional associations.
5. For medical aid prescribed by a treating physician or health care provider (e.g., bandages, heating pads), or paid in accordance with established WCB policy (POL 19/2010, Allowance – Clothing, POL 11/2016, Expenses – Orthotics/Appliances – Provision, Replacement and Repair, and POL 11/2019, Medication Coverage), this procedure will not apply.

PROCEDURE

General

1. When purchasing goods and services for the internal administration of the WCB and on behalf of WCB customers, WCB staff will adhere to the principles of ADM PRO 01/2017, Code of Ethics and Professional Conduct:

- a. Confidential information will not be disclosed unless it is necessary in order to fulfill job responsibilities.
 - b. Situations where there may be a conflict or a perceived conflict of interest will be avoided.
2. If an employee believes that they have information regarding a wrongdoing that has been committed or is about to be committed, or if they have been asked to commit a wrongdoing, the employee may make a disclosure to WCB's Designated Officer in accordance with POL 05/2012, *Public Interest Disclosure Act* Procedure.
3. To maximize benefit and minimize the risk to the WCB, every effort must be made to acquire goods and services through a competitive purchasing process. Competitive procurement practices are accomplished by tendering for goods and services.
4. Whenever possible, standing offers will be initiated to ensure that long-term consistency of service, quality and performance requirements are met.
5. For unanticipated expenditures of goods and services (not included in the annual administrative or program budget) exceeding \$2,500, a written business case must be documented and signed by the WCB staff member making the purchase. In addition, the WCB staff member must report to their direct supervisor the reasoning for the unanticipated expenditure.
6. Purchases by a department must be authorized by the department having the corporate mandate to manage the product or service.

Purchase Authorities and Spending Limits

7. WCB staff with the designated authority to purchase goods and services on behalf of customers can, without secondary approval, purchase goods and services where the amount is less than \$2,500.
8. Managers responsible for each cost center may designate (in writing) a limit of two employees (e.g., Supervisor and Administrative Assistant) to purchase, without secondary approval, goods and services for the internal administration of the WCB where the amount is less than \$2,500.
9. Where the purchase amount noted on the invoice is greater than or equal to:
 - a. \$2,500 but less than \$20,000, secondary approval is required from a Manager or Team Leader.
 - b. \$20,000 but less than \$50,000, secondary approval is required from a Director.
 - c. \$50,000 but less than \$100,000, secondary approval is required from a Vice- President or designate.
 - d. \$100,000 or greater, secondary approval is required from the Chief Executive Officer or designate.

10. Managers, Team Leaders, Directors, Vice-Presidents (and designates) and the Chief Executive Officer (and designate) cannot authorize their own purchase requests unless the amount is less than \$100.

Purchase Requests

11. Where the good or service cannot be filled from an existing contract, standing offer, stock or inventory and the price of the good or service is estimated to be less than \$2,500, a WCB staff member with the designated authority to make purchases may select a vendor or supplier from a list established and maintained by the Purchasing Team.
12. Where the price of the good or service is estimated to be greater than \$2,500, a tender, in accordance with Points 19 to 21, is required.
13. On occasion, there may be a situation that presents unique conditions that can only be met by one vendor or supplier. The following situations may require a single source purchase request:
 - a. Maintenance by a specific company on equipment to ensure warranty conditions are met;
 - b. Equipment has already been purchased that is only compatible with another specific product obtained from the same source;
 - c. Continuity of service for a project where it would be detrimental to the WCB if the service provider was to be changed;
 - d. Project or program commencement is imminent; or
 - e. A customer is in a location where there is only one vendor or supplier and it is cost effective to use that vendor or supplier.
14. Single source purchase requests for emergency purchases will only be acceptable where:
 - a. There is an unforeseen interruption to the normal course of business (e.g., electrical services that shut down operations); or
 - b. Purchases need to be made after regular office hours and or within a short period of time (e.g., same or next day).
15. Receipts for incidental purchases, or minor expenses typically under \$100 that are not budgeted for, but are essential to the business of the WCB, must be submitted for secondary approval before reimbursement from Financial Services can be received. In every case, reimbursement for incidental purchases requires secondary approval.

Purchase Orders

16. Purchase orders are required in order to obtain goods or services exceeding a cost of \$500. Exceptions include, but are not limited to:
 - a. Contracts for advertising;
 - b. Contracts established by Legal Services on behalf of other departments or for its own purposes;
 - c. Contracts established prior to the effective date of this procedure;

- d. Travel expense claims;
 - e. Incidental expenses; and
 - f. Purchases for telephone, postage, utilities, rent, membership fees, association fees, or registration fees.
17. Purchase orders are issued when the Purchasing Team selects a vendor or supplier, or when a vendor or supplier has been selected through a tender.
18. Where the WCB has a signed contract with a vendor or supplier, purchase orders are issued when goods and services are requested directly from that vendor or supplier.

Tendering

Tendering Requirements by Procurement Value

19. When the expected cost of the good or service over the life of the contract is greater than or equal to \$2,500 but less than \$10,000, a tender (which includes a request for quotation and request for proposal) may be conducted by telephone, facsimile, written proposal or in person.
20. For purchases that are expected to be greater than or equal to \$10,000 over the life of the contract, it is mandatory to formally issue tender notices, either written or electronically, and obtain written bids or submissions. These must be documented through the purchasing system.
21. For purchases (other than for the provision of health care services) of:
- a. goods at a cost greater than or equal to \$10,000;
 - b. services at a cost greater than or equal to \$75,000; or
 - c. construction at a cost greater than or equal to \$100,000.
- equal opportunity will be provided to vendors and suppliers from British Columbia, Alberta and Saskatchewan in accordance with the NWPTA. Tender notices will be issued on a central electronic tendering system (when available).

Tendering Process

22. An expression of interest may be used to compile a list of prospective vendors and suppliers that can be used at a future date when preparing a tender. However, the expression of interest must be prepared using the same process for a tender, ensuring criterion and evaluations are documented. This same process will be used for obtaining professional services.
23. A minimum of three vendors or suppliers (when available) will be contacted to quote on a contract.
24. The WCB will re-tender all business contracts (including standing offers) every five years unless the CEO provides written permission not to re-tender. Where tendering is bypassed, the WCB must re-tender the business contract after an additional five years.

25. WCB representatives for the Saskatchewan Government and General Employees' Union (SGEU) will be notified of intentions to finalize new contracting out of work arrangements.
26. Where there is labour involved in the contract to be performed on WCB premises or the premises of a WCB customer, a current WCB "Letter of Good Standing" must be supplied by the bidder before a decision can be made to award the contract.
27. Travel services are excluded from the tendering process and may be obtained in accordance with ADM PRO 03/2015, WCB Staff Business Expenses.
28. Motor vehicles permanently assigned to WCB staff will be leased. The lease is to be arranged and managed by the Purchasing Team. Other short-term rental vehicles will be arranged by the Purchasing Team or WCB employees (e.g., out-of-town rentals) in accordance with this procedure and ADM PRO 04/2015, WCB Staff Motor Vehicle Travel and Expenses.

Awarding the Contract

29. Evaluation criteria for the selection of the successful vendor or supplier must be clearly defined and documented within the tender.
30. The successful vendor or supplier will be chosen by the Purchasing Team, or where directly tendered, by a panel with a minimum of three members, including the contract signatory and a member of the Purchasing Team.
31. All contracts must be endorsed by Legal Services.
32. The WCB will award contracts based on the principles of best value.

Evaluations

33. The Purchasing Team or contract signatory is responsible for monitoring and managing vendor and supplier performance relative to the terms and conditions of the contract. Evaluations of business contracts (including standing offers) will be completed:
 - a. When reviewing current performance (such evaluations may occur at any time during the contract);
 - b. When determining if the contract should be renewed; or
 - c. Upon completion of the contract.

Receipt of Goods

34. Goods must be inspected and reconciled with the packing slip and or the purchase order prior to distribution. The receipt of goods will be coordinated by the Purchasing Team.
35. Purchases of goods and services on behalf of customers require the WCB staff member who initiated the purchase and a member of the Purchasing Team to verify and document receipt of goods to the claim file, coordinate returns and determine how credit will be received.

Invoices

36. Invoices must have a valid purchase order or contract billing number (unless the purchase is exempt in accordance with Point 16 above).
37. Where there is labour involved in a contract for services performed on WCB premises or that of a WCB customer, prior to making payment a clearance letter must be obtained to ensure the contractor's account is current. Where an out-of-province contractor is awarded the contract, registration with the WCB is required in accordance with POL 07/2002, Coverage Within Saskatchewan – Out of Province Employers.
38. Where costs exceed the maximum contract value amount, the contract signatory must obtain appropriate secondary approval before payment of invoices can be made.
39. For internal purchases, Finance will annually reconcile all suppliers with aggregate payments exceeding \$100,000 to the Corporate Solicitor's active contract list. This also applies to purchases on behalf of customers, but will be reconciled by the responsible department. The lists will be forwarded to the CEO annually for review.

Attachments	Procurement Standards and Guidelines	
Effective Date	July 1, 2012	
Approved Date	June 28, 2012	
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 18(1-4), 115, 131 and 132 <i>The Freedom of Information and Protection of Privacy Act (FOIPP)</i> <i>The Public Interest Disclosure Act (PIDA)</i>	
Document History	(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> . (2) PRO 50/2007, Procurement Procedure (effective January 16, 2007 to June 30, 2012; effective May 31, 2007 for claims management). (3) PRO 50/2000, Procurement Procedure (effective January 1, 2000 to January 15, 2007). (4) ADM 31/95, Procurement Policy (effective December 1, 1995 to December 31, 1999). (5) ADM 17/96, Procurement Policy (effective April 1, 1996 to December 31, 1999).	
Complements	POL 11/2016	Expenses – Orthotics/Appliances – Provision, Replacement and Repair
	POL 07/2002	Coverage Within Saskatchewan – Out of Province Employers
	POL 05/2004	Vocational Rehabilitation – Equipment and Tools
	POL 04/2015	Modifications – Home, Vehicle, and Work
	POL 19/2010	Allowance – Clothing

<u>POL 11/2019</u>	Medication Coverage
<u>PRO 11/2019</u>	Medication Coverage
<u>PRO 11/2014</u>	Vocational Rehabilitation – Self Employment Plans
<u>ADM PRO 01/2017</u>	Code of Conduct and Ethics
<u>ADM POL 02/2000</u>	CEO Authority for Procurement
<u>ADM PRO 03/2015</u>	WCB Staff Business Expenses
<u>ADM PRO 04/2015</u>	WCB Staff Motor Vehicle Travel and Expenses
<u>ADM PRO 07/2016</u>	Disposal of Surplus Assets

Policy	Extrication Services (POL 16/2014)
Effective Date	December 1, 2014
Application	Applies to all claims where the WCB is billed for extrication services.
Purpose	To provide payment for extrication services.

DEFINITION

Extrication, for the purpose of this policy, means the removal of an injured worker from a situation that would prevent the worker from receiving medical aid. For example, the removal of a worker trapped in a damaged vehicle or a collapsed building.

BACKGROUND

The Worker's Compensation Board (WCB) may use its fund for any purposes to carry out the intent of *The Workers' Compensation Act, 2013* (Section 115(j)).

POLICY

1. Extrication may be required when rescuing a worker who is injured in the course of employment.

Extrication from a Licensed Vehicle

2. Saskatchewan Government Insurance (SGI) will be the first payor in all instances involving a licensed vehicle. The WCB will reimburse SGI for extrication services involving an injured worker.

Extrication – Other

3. Where a third party, other than SGI, directly pays for extrication services, the third party may apply to the WCB for reimbursement. The WCB will reimburse the third party for the lesser of the actual costs or \$1,000.

Reimbursable Costs

4. The WCB will cover the costs for:
 - a. The Jaws of Life.
 - b. A crane.
 - c. A tow truck, or
 - d. Any other means of extrication considered acceptable by the WCB.

Non-Reimbursable Costs

5. The WCB will not cover the costs for:

- a. Firefighting.
- b. Traffic control.
- c. Cleaning of roads.
- d. Medical aid provided by first responders, or
- e. The wages of staff assisting at an incident.

Effective Date	December 1, 2014
Approved Date	October 16, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 115(j)
Document History	(1) POL and PRO 08/2008, Extrication Services (effective July 1, 2008 to November 30, 2014).
Complements	PRO 16/2014 Extrication Services

Procedure	Extrication Services (PRO 16/2014)
Effective Date	December 1, 2014
Application	Applies to all claims where the WCB is billed for extrication services.
Purpose	To provide payment for extrication services.

BACKGROUND

The Workers' Compensation Board (WCB) has approved POL 16/2014, Extrication Services.

PROCEDURE

1. Operations staff will review billings for extrication. Billings that meet the requirements of POL 16/2014 will be approved.
2. Payments will be charged to expense code M37.

Effective Date	December 1, 2014
Approved Date	October 16, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 115(j)
Document History	(1) POL and PRO 08/2008, Extrication Services (effective July 1, 2008 to November 30, 2014).
Complements	POL 16/2014 Extrication Services

Decision Making – Principles

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Decision Making	POL 02/2019	PRO 02/2019	01 April 2019
Arising Out of and In the Course of Employment	POL 03/2017	PRO 03/2017	01 September 2017
Date of Injury	POL 04/2013		01 July 2013
Fatalities, Presumption	POL 04/2014	PRO 04/2014	01 June 2014
Serious and Wilful Misconduct	POL 08/2017	PRO 08/2017	01 September 2017
Pre-Existing Conditions – Aggravation or Acceleration	POL 12/2017	PRO 12/2017	01 October 2017

Policy	Decision Making (POL 02/2019)
Effective Date	01 April 2019
Application	Applies to all decisions made by WCB staff under the Act on and after the effective date.
Purpose	To outline WCB's authority to make decisions and outline WCB staff responsibilities for gathering and weighing information.

BACKGROUND

1. The Workers' Compensation Board (WCB) has exclusive jurisdiction to examine, hear and determine all matters and questions arising under *The Workers' Compensation Act, 2013* (the "Act"), *The Workers' Compensation General Regulations, 1985* and *The Workers' Compensation Miscellaneous Regulations*.
2. The actions and proceedings of the WCB are final and conclusive. The WCB's decisions and findings on all questions of fact and law are not open to question or review in any court (Section 20).
3. The Act recognizes the authority of the Board Members to develop policy directives (Sections 2(1)(ee), 18 and 23). Through policy directives, the Board Members may delegate any of their powers or functions to WCB staff.
4. WCB will make its decisions on the real merits and justice of each case and is not bound to follow any legal precedent. In making its decisions, the WCB may have regard to its policy directives (Section 23).
5. If the evidence in support of the opposite sides of an issue is approximately equal, the WCB will decide the issue in favour of the worker (Section 23(3)).
6. The WCB will treat workers and their dependants in a fair and reasonable manner (Section 19(1)(a)). The WCB's decisions must be consistent with the provisions of the Act, policies, and the rules of natural justice and procedural fairness. This requires staff to:
 - a. Act properly, fairly and without bias.
 - b. Provide an opportunity for each party to state their case.
 - c. Inform each party of the case that they must respond to.
 - d. Consider all of the evidence.
 - e. Ensure that the decision is made by those who consider the evidence, and
 - f. Provide the parties with meaningful and timely reasons.

POLICY

1. WCB makes decisions on:
 - a. Worker files (e.g., claim acceptance, benefits, other entitlements, etc.),
 - b. Employer accounts (e.g., all matters relating to coverage and registration, assessments, industry classification, employer's claims cost experience, employer clearances, etc.), and
 - c. Any other matter governed by the Act.
2. WCB is legally bound to apply all statutory provisions and legislative intent in the Act that are relevant to the case.
3. WCB policies, approved by the Board Members, provide staff with guiding principles and form the basis of actions performed or decisions made under the Act. Policies ensure that the decision making process is consistent and transparent.
4. When making decisions, WCB considers:
 - a. Relevant provision(s) of the Act and Regulations.
 - b. Relevant policies and procedures, and
 - c. All facts and circumstances relevant to the matter under review or consideration.
5. WCB is not bound to follow any legal precedent. WCB will make its decisions on the real merits and justice of each case.
6. The obligation to determine each case on the basis of merits and justice does not authorize staff to disregard the relevant provisions of the Act or any policy. There must be compliance with the Act and with policies, if they apply to a particular case.

Exceptional Circumstances

7. There may be rare or exceptional circumstances where:
 - a. No policy exists that is applicable to the facts of the case.
 - b. Existing policy does not sufficiently cover the particular case, or
 - c. Application of the policy would lead to an unintended or unreasonable result that the Act or WCB never intended.
8. In these situations, the decision will be made on its own particular facts, in accordance with the general provisions of the Act and the merits and justice of each case.
 - a. In all cases, WCB will clearly identify the exceptional circumstance and explain why policy is not applicable.
 - b. At least one authority level above the original decision maker must review and confirm any decisions that involve a different approach from policy or that demonstrate an absence of policy direction for that case. Decisions will be documented.

- c. Such a decision will be considered for that specific case only and will not be precedent setting. However, formal policy direction to cover these situations may be sought from the Board Members through Corporate Policy to ensure consistent decision making.
9. Where a decision challenges the validity or legality of a policy (i.e., the decision maker considers the policy to conflict with the Act or has an opposing interpretation of the Act), the Board Members will consider the decision made.
- a. In its governance role, the Board Members will determine what action, if any, is required to respond to the policy challenge. This could include:
 - i. The Board Members may request a reconsideration of the decision. Customers can appeal any reversed decisions (see Reconsiderations and Appeals section in Policy and Procedure Manual).
 - ii. The Board Members may determine a policy revision is required.

Burden of Proof

10. Although there is no burden of proof on workers or employers, the Act requires specific information in order to make a decision or resolve an issue. Therefore, WCB uses an information-gathering model, which requires WCB to inquire into each case and to collect sufficient information to make an informed decision.

Standard of Proof

11. WCB will collect information to use as evidence to make, or help make, a decision. Evidence will be evaluated and considered to establish the facts of the case. This involves making judgements concerning relevancy, credibility (i.e., accuracy and reliability), and quality.
12. WCB will make decisions based on evidence.
- a. Where it appears from the evidence that two conclusions for a decision are possible, but that one is more likely than the other, WCB will decide the matter in accordance with the conclusion that is more likely (i.e., more evidence for the fact than against).
 - b. Decisions will not be made on speculations or opinions. Inferences drawn must be supported by evidence and documented on file.

Benefit of Doubt

13. If there is any doubt in a decision because the evidence on both sides is approximately equal (i.e., the evidence for and against the issue is approximately equal in weight), the WCB will decide the issue in favour of the worker or the dependant(s) of a deceased worker.
14. If there is doubt surrounding an issue exclusive to employer account matters (i.e., have no effect on a worker's or dependent's entitlement), WCB will decide the issue in favour of the employer.
15. The benefit of doubt principle is not to be used as a substitute for lack of evidence or when the issue can be decided on what is more likely than not.

16. If the benefit of doubt principle is applied, the decision must detail the rationale used to determine that the evidence on both sides is equal.

Decisions

17. Decisions will explain the reasons for the decision, including the application of legislation and policies used in the decision making process. They will also clarify the significance of the evidence used to make the decision.
18. WCB communicates decisions to both the worker and the employer and records the information in the appropriate WCB file(s).

Reconsiderations

19. WCB may reconsider previous decisions at the request of the customer or by its own initiative (Reconsiderations and Appeals section in the Policy and Procedure Manual will apply).

Effective Date	01 April 2019
Approved Date	21 February 2019
Legislative Authority	The Workers' Compensation Act, 2013 Sections 2(1)(ee), 18, 19(1)(a), 20, 21, 23, 48, 111 The Workers' Compensation General Regulations, 1985 The Workers' Compensation Miscellaneous Regulations
Document History	(1) POL and PRO 03/2012, Benefit of Doubt (effective 01 February 2012 to 31 March 2018). (2) POL and PRO 03/2012, Benefit of Doubt, reviewed 01 October 2013. (3) POL and PRO 03/2012, Benefit of Doubt, reviewed 12 August 2010. (4) POL and PRO 04/1999, Benefit of Doubt (effective 01 February 1999 to 31 January 2012). (5) Board Order 12/94 (effective 19 May 1994 to 31 January 1999).
Complements	PRO 02/2019 Decision Making POL 23/2013 Policy Directives POL 01/2021 Governance Policy POL 23/2014 Reversing Decisions PRO 23/2014 Reversing Decisions POL 22/2013 Appeals – Board Appeal Tribunal POL 21/2013 Appeals – Claims POL 20/2013 Appeals – Employer Accounts POL 05/2017 Privacy of Information PRO 06/2017 Authority for Disclosure

Procedure	Decision Making (PRO 02/2019)
Effective Date	01 April 2019.
Application	Applies to all decisions made by WCB staff under the Act on and after the effective date.
Purpose	To outline WCB's authority to make decisions and outline WCB staff responsibilities for gathering and weighing information.

BACKGROUND

POL 02/2019, Decision Making, establishes the basis on which decisions are made pursuant to *The Workers' Compensation Act, 2013* (the "Act"), *The Workers' Compensation General Regulations, 1985* and *The Workers' Compensation Miscellaneous Regulations*.

PROCEDURE

1. All decisions made by the WCB under the Act and Regulations are made by staff whose positions are assigned or delegated that function.
2. To make a decision, WCB staff will:
 - a. Identify the issue to be decided.
 - b. Collect information from all parties.
 - c. Consider relevant evidence.
 - d. Make the decision.
 - e. Clearly communicate timely decision and reasons.

Collecting Information

3. Although there is no burden of proof on workers or employers, the Act requires specific information in order to make a decision or resolve an issue.
4. Staff must collect all evidence that is relevant to prove or disprove an issue under inquiry. This includes collecting information needed to address and decide all issues pertaining to injury claims or employer accounts.
 - a. For injury claims, evidence may include injury reports, witness reports, medical information, and accepted medical opinion, as well as any other facts relevant to the injury.
 - b. For employer account issues, evidence may include payroll records, contractor information, industrial undertaking descriptions, as well as any other facts relevant to the employer's operations.
5. Staff will determine whether a reasonable decision can be made based on the evidence on file or whether further information is required before making a decision. If the information

received on the required reports is not sufficient to make a decision (e.g., gap in information exists), WCB staff will collect additional information relevant to the claim.

Considering Evidence

6. Staff will evaluate and consider the evidence to establish the facts of the case. This involves making judgments about the evidence, such as (but not limited to):
 - a. Relevance.
 - i. Information is considered relevant evidence if it pertains to the issue under review. Relevant evidence helps prove or disprove a fact essential to the decision.
 - b. Credibility.
 - i. Staff will determine if the information is accurate and describes the event or situation with certainty. Credibility is highly subjective and must be considered in the context of all the evidence.
 - ii. Staff will consider conflicting or contradictory evidence to determine whether it directs more toward one conclusion than another. When faced with contradictory evidence, staff will assess the credibility of individuals, statements or documents.
 - iii. When addressing conflicting medical evidence for the worker's injury or disease, staff may consult with a WCB Medical Officer.
 - c. Quality.
 - i. In the process of considering the quality of information, staff will make determinations that can be objectively concluded from the evidence (i.e., on the significance and strength of the evidence which outweighs the evidence on the other side).
 - ii. For example, direct evidence such as first-hand accounts of events will be considered more significant than circumstantial or indirect evidence such as speculative possibilities or hearsay.

Making Decisions

7. After considering the evidence, staff will:
 - a. Determine and identify applicable WCB policies or provisions of the Act.
 - b. Determine each matter according to the merits and justice of the case under the rules of natural justice.
 - c. Based on all the facts, determine if a fact is proven to be more likely than not (i.e., more evidence for the fact than against).
8. Staff must make decisions according to the evidence or lack of evidence received and not on unsupported information or speculation.
9. If there is any doubt in a decision because the evidence on both sides is approximately equal (i.e., the evidence equally support two possible conclusions), the benefit of doubt goes to the injured worker or the dependant(s) of a deceased worker. If the issue is exclusive to employer account matters (i.e., have no effect on a worker's or dependent's entitlement), WCB will decide the issue in favour of the employer.

Exceptional Circumstances

10. When making decisions, staff are required to follow WCB policies which are applicable to the case. However, there may be rare or exceptional circumstances where:
 - a. No policy exists that is applicable to the facts of the case.
 - b. Existing policy does not sufficiently cover the particular circumstance, or
 - c. Application of the policy would lead to an unintended or unreasonable result that the Act or WCB never intended.
11. If staff determine that no policy exists that is applicable to the facts of the case or if an existing policy does not sufficiently cover the particular circumstances, staff will decide the case on its particular facts, in accordance with the general intent of the Act.
 - a. In all cases, staff must clearly identify the exceptional circumstances and explain why policy is not applicable.
 - b. A director, team leader, manager or supervisor (at least one authority level above the original decision maker) will review and confirm any decisions that involve a different approach from policy or that demonstrate an absence of policy direction for that circumstance. This review and confirmation will be documented in the appropriate file.
 - c. This decision will be considered for that specific case only and will not be precedent setting.
 - d. The original staff member will be considered the decision maker in this case.
 - e. Corporate Policy will review these decisions to determine if WCB policies and procedures remain current and effective. In some situations, Corporate Policy may request formal direction from the Board Members to determine if existing policies require revision or whether a new policy may be required.
12. If a decision challenges the validity or legality of a policy (i.e., the decision maker considers the policy to be in conflict with the Act or interprets the policy in a different way than intended):
 - a. Staff must clearly explain the rationale and outline the information used to make the decision.
 - b. A team leader, manager or supervisor (at least one authority level above the original decision maker) will review and confirm any decisions that challenge the validity or legality of a policy. This review and confirmation will be documented in the appropriate file.
 - c. This decision will be considered for that specific case only and will not be precedent setting.
 - d. The original staff member will be considered the decision maker in this case.
 - e. Corporate Policy will monitor these decisions and will forward copies to the Board Members.
 - f. Through its governance role, the Board Members will review the decisions that challenge the validity of a policy and will determine what action, if any, is required to respond to the policy challenge. This could include:

- i. The Board Members may request a reconsideration of the decision. Customers can appeal any reversed decisions (see Reconsiderations and Appeals section in Policy and Procedure Manual).
- ii. The Board Members may determine a policy revision is required.

Communicating Decisions and Reasons

13. WCB staff will document all decisions made and communications with customers in the appropriate files. The documentation will provide a clear record of developments in worker and employer account files with respect to decisions made (e.g., entitlements, adjustments, agreements, decisions, etc.).
14. Detailed written explanations to customers will contain the following elements:
 - a. An outline of the issue under consideration.
 - b. The decision made and its impact.
 - c. The reason for the decision, including if it was based on benefit of doubt (i.e., evidence on both sides was equal and therefore benefit of doubt decided the issue in favour of the worker).
 - d. The evidence that was considered on both sides of the issue, including, but not limited to:
 - e. The significance given to the evidence.
 - f. Any objections that were raised.
 - g. Any investigations that were required in order to resolve the issue.
 - h. Reference to any WCB policies or sections of the Act applicable to the issue.
 - i. In special circumstances, an explanation of why the relevant policy is not applicable. The explanation must show that the decision is balanced and fair and that staff considered the relevant provisions of the Act.
15. Staff will ensure that all verbal and written decisions affecting workers and employers are understood. However, a customer can request to have a decision reviewed and reconsidered (Reconsiderations and Appeals section in the Policy and Procedure Manual will apply).

Effective Date	01 April 2019
Approved Date	21 February 2019
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(ee), 18, 19(1)(a), 20, 21, 23, 48, 111 <i>The Workers' Compensation General Regulations, 1985</i> <i>The Workers' Compensation Miscellaneous Regulations</i>
Document History	(1) POL and PRO 03/2012, Benefit of Doubt (effective 01 February 2012 to 31 March 2018).

- (2) POL and PRO 03/2012, Benefit of Doubt, reviewed 01 October 2013.
- (3) POL and PRO 03/2012, Benefit of Doubt, reviewed 12 August 2010.
- (4) POL and PRO 04/1999, Benefit of Doubt (effective 01 February 1999 to 31 January 2012).
- (5) Board Order 12/94 (effective 19 May 1994 to 31 January 31 1999).

Complements

POL 02/2019	Decision Making
POL 23/2013	Policy Directives
POL 01/2021	Governance Policy
POL 23/2014	Reversing Decisions
PRO 23/2014	Reversing Decisions
POL 22/2013	Appeals – Board Appeal Tribunal
POL 21/2013	Appeals – Claims
POL 20/2013	Appeals – Employer Accounts
POL 05/2017	Privacy of Information
PRO 06/2017	Authority for Disclosure

Policy	Arising Out of and In the Course of Employment (POL 03/2017)
Effective Date	September 1, 2017
Application	Applies to all injuries on or after the effective date.
Purpose	To clarify when an injury arises out of or in the course of employment.

DEFINITION

Acute injury means an injury caused by a specific or sudden work-related incident or traumatic event that results in immediate or near immediate symptoms.

Delayed onset injury means an injury caused by a single or series of work-related incidents, exposures or traumatic events over time that results in a delayed symptom onset.

Imported personal hazard means a risk or situation specific to the worker and is present regardless of employment. Imported personal hazards include items brought into the workplace by the worker and not under the control of the employer (e.g., lunches, personal vehicles, etc.).

Pre-existing condition means a non-work-related medical, physical or psychological condition that existed prior to the work-related injury. The existence of the condition must be medically confirmed, either pre-injury or post-injury, and may have been evident prior to the occurrence of the work injury or it may become evident afterwards.

Employer premises means the work location that the worker is entitled to be. This includes, but is not limited to, any employer-controlled areas (either leased or owned by the employer) and those areas used by workers to enter and exit work (e.g., common entrances or exits, stairs, elevators, lobbies, parking lots and passageways).

Temporary lodging means a worker's residence at a distant work location paid for by the employer (e.g., trailers, motels, or hotels).

Paid break means a rest break permitted under a labour agreement or authorized by the employer (e.g., coffee breaks).

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") defines an injury arising out of and in the course of employment as (Section 2(1)(r)):
 - a. The results of a wilful and intentional act, not being the act of the worker.
 - b. The results of a chance event occasioned by a physical or natural cause.
 - c. A disabling or potentially disabling condition caused by an occupational disease.
 - d. Any disablement.

2. The Workers' Compensation Board (WCB) has exclusive jurisdiction to determine "whether any injury has arisen out of or in the course of employment" (Section 20(2)(b)).
3. Unless the contrary is proven, the Act directs the WCB to presume the following (Section 27):
 - a. If an injury arises out of a worker's employment, it is presumed that it occurred in the course of employment.
 - b. If an injury occurs in the course of a worker's employment, it is presumed that it arose out of employment.
4. Unless the contrary is proven, the WCB will presume a worker, who has been found dead at a place where they had a right to be in the course of their employment, has died as a result of an injury arising out of and in the course of their employment (Section 29 and POL 04/2014, Fatalities, Presumption).
5. The many circumstances where coverage applies cannot be addressed under one policy. The policy and any examples are intended as general guidelines only and the WCB determines if an injury arose out of and in the course of employment based on the real merits and justice of each case.

POLICY

1. The WCB will cover a worker's injury if it arises out of and in the course of employment.
2. The WCB will make a decision on the real merits and justice of each case and decisions are not bound to follow any legal precedent. If the evidence in support of both sides of an issue is approximately equal, the WCB will resolve the issue in favour of the worker (POL 02/2019, Decision Making).
3. The WCB will obtain all relevant information to determine if an injury arose out of and in the course of employment. The WCB will determine entitlement based on the weight of that information.
4. Both acute and delayed onset injuries can arise out of and in the course of employment. If there is no evidence a worker has suffered an acute injury, the WCB will consider if the worker suffered a delayed onset injury.
5. It is not automatically assumed that a worker who experiences symptoms or pain at work has suffered an injury due to employment. The WCB will gather information to determine if an injury arose out of and in the course of employment.
6. After gathering all available information, it may be clear that one of the conditions (e.g., that the injury arose in the course of employment) is met but there is insufficient information to make a decision regarding the second condition (e.g., that the injury arose out of employment). In these cases, the statutory presumptions contained in Section 27 of the Act will apply and the WCB will presume the injury is the result of employment.
7. General guidelines have been developed which outline what the WCB considers when determining if an injury arose out of or in the course of employment, as follows:

- a. [Arising Out of and In the Course of Employment](#)
 - b. [Serious and Wilful Misconduct](#)
 - c. [Imported Personal Hazards and Pre-Existing Conditions](#)
8. Along with the general guidelines, the WCB may also consider specific guidelines to determine if an injury arose out of and in the course of employment, as follows:
- a. [Travelling to and from or for Work](#)
 - b. [Temporary Lodging](#)
 - c. [Entering or Exiting Employer Premises](#)
 - d. [Rest Breaks on the Employer Premises](#)
9. A corresponding procedure provides additional information about how WCB staff determine if an injury claim is acceptable.
10. The WCB may provide additional guidelines for the adjudication of certain types of injuries to determine if a worker has suffered an acute or delayed onset injury. These guidelines will be outlined in *Section 3, Injuries – Type of Injury* of the WCB Policy Manual (e.g., Injuries – Occupational Disease, Injuries – Heart Attack, Injuries - Communicable Diseases, Injuries – Hearing Loss, Injuries – Psychological).

General Guidelines

Arising Out of and In the Course of Employment

11. An injury arises out of employment if it is the result of an activity that has a link to, originates from, or is the result of a worker's employment and would not have happened if not for their employment.
- a. An injury may arise directly out of employment.
Examples includes, but are not limited to:
 - i. A cut from machinery.
 - ii. Inhaling chemicals.
 - iii. A traumatic work-related event.
 - b. An injury may arise indirectly out of employment.
Examples include, but are not limited to:
 - i. Access to and from work (i.e., if employer controlled, etc.).
 - ii. Reasonable use of employer premises (i.e., a lunchroom or washroom).
 - iii. Work-related travel.
 - iv. A lightning strike or insect bite while working outside.
 - v. An act of violence from a person external from employment that occurs during work.
 - c. An injury may arise from repetitive work activities or exposure to a harmful substance in the workplace.

Examples include, but are not limited to:

- i. Repetitive strain injuries.
 - ii. Occupational noise induced hearing loss.
 - iii. Exposure to substances such as mercury or asbestos.
12. An injury occurs in the course of employment when it happens in a time and place linked to employment and if the worker is performing a task which is part of their obligations and purpose of employment.
13. Time and place are not limited to the normal hours of work or the employer's premises. However, there must be a relationship between:
- a. The time and place of the injury.
 - b. Employment functions.
14. An injury that results from an activity or event reasonably related to employment may be considered to have occurred in the course of employment. The WCB determines if an activity or event is reasonably related to employment on a case-by-case basis.

Serious and Wilful Misconduct

15. A worker is not entitled to benefits if an injury that arises out of and in the course of employment is the result of the worker's serious and wilful misconduct, unless it results in death or serious functional impairment (POL 08/2017, Serious and Wilful Misconduct).
16. However, a worker may be covered for an injury resulting from the serious and wilful misconduct of another person, if it is determined that the worker was a non-participant (i.e., innocent bystander). Coverage for these types of claims will be determined based on whether the worker was in the course of employment at the time of injury.

Imported Personal Hazards and Pre-Existing Conditions

17. Imported personal hazards:
- a. Risks or situations that are specific to the worker are considered imported personal hazards and do not arise out of employment, unless it is demonstrated that a worker's employment contributed to the injury.
 - b. If it is clearly determined that the injury was not reasonably related to normal employment activities, the injury will not be considered to have arisen out of and in the course of employment.
 - c. Imported personal hazards include items or situations brought into the workplace by the worker and not under the control of the employer (e.g., personal relationships, food poisoning from a homemade lunch, injuring their finger in the door of a personal vehicle in the employer's parking lot, etc.).
 - d. If an injury results solely from an imported personal hazard it will not be considered to have arisen out of or in the course of employment.
 - e. If an injury occurs because of an imported personal hazard of another worker, it may be considered to have arisen out of or in the course of employment (e.g., allergic reaction to

a food item brought into the workplace by another worker, etc.). In these cases, the imported personal hazard is not under the control of the injured worker or the employer. Employers may be eligible for cost relief as per POL 11/2017, Second Injury and Re-Employment Reserve.

18. Pre-existing conditions:

- a. A worker's pre-existing condition is not considered during the initial decision to accept a claim, even though it may have increased the possibility that the worker would sustain an injury at work. The decision to accept a claim is based on if the injury arose out of and in the course of employment (i.e., either because of an acute or delayed onset injury).

- b. A pre-existing condition is a risk for the worker in and out of employment. The WCB will provide coverage if it is determined that conditions of the worker's employment increased the likelihood of an injury occurring or the severity of the injury.

An example includes, but is not limited to, situations where a worker has a seizure due to epilepsy at work and is injured because of their employment activities (e.g., due to falling from an increased height or from a tool being used for employment).

- c. The WCB will compensate for a work injury and does not assume responsibility for any pre-existing condition the worker may have. Employers may be eligible for cost relief as per POL 11/2017, Second Injury and Re-Employment Reserve.
- d. If an injury is determined to have resulted from employment, and results in an aggravation or acceleration of a pre-existing medical condition, POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration will apply.
- e. In all cases, the medical and factual information is considered together, in order to determine if the pre-existing condition or the employment activity/situation resulted in the injury or death. Once initial entitlement is established, the WCB will consider the impact of a pre-existing condition and the work-related injury to determine ongoing entitlement.

Specific Guidelines

Travelling to and from or for Work

- 19. The WCB does not provide coverage for an injury that occurs during travel to and from or for work, unless the travel is under the employer's control.

- 20. Considering the individual circumstances of each claim, the WCB may determine travel is under the employer's control if:

- a. The worker is travelling to and from employment or for the purpose of employment in a vehicle owned, leased, or otherwise paid for by the employer.

Examples include, but are not limited to:

- i. A crew bus, or
- ii. A vehicle supplied by the employer to respond to calls outside normal working hours.
- b. The worker is travelling to and from employment or for the purpose of employment and the employer pays for any time spent or any mileage for distance travelled in a personal vehicle.

- c. The worker responds to an emergency call and is expected to take immediate action. In this instance, coverage is from the time the worker leaves home until their return (POL 01/2016, Injuries – Responding to Work-Related Emergencies).
- d. The worker responds to an emergency situation encountered in the course of employment (POL 07/2009, Injuries - Workers Acting as Good Samaritans).

21. In the above cases:

- a. Coverage will only apply when the worker is following the most practical route between their residence and the work site.
- b. Coverage will extend to basic comfort needs (e.g., rest stops and meals) which are reasonably close to their direct route of travel.

22. Coverage will not apply to a worker who receives a predetermined travel allowance unrelated to the actual distance travelled. In these cases, the employer does not have control over the route or mode of travel.

Temporary Lodging

23. If an employer reimburses a worker for temporary lodging:

- a. Coverage will extend to the reasonable and permitted use of temporary lodging facilities (e.g., dining and laundry facilities).
- b. Coverage will not extend to the use of facilities which introduce significant additional risk (e.g., pools or fitness facilities).

Entering or Exiting Employer Premises

24. The WCB will provide coverage when an injury:

- a. Happens on the employer's premises, and
- b. Results from the condition of the property or an event under the control of the employer.

25. The WCB may extend coverage when there is a combination of:

- a. An imported personal hazard of the worker or another worker, and
- b. A hazard(s) related to the employer's premises.

26. A worker is covered when using or crossing an employer controlled parking lot for the purpose of:

- a. Accessing an employer provided parking spot, or
- b. Entering or exiting employment.

27. A worker is not covered while crossing public property to enter or exit employment.

28. In multi-user premises, such as malls and business towers, generally the employer will make payments to the owner of the property to maintain the areas intended for common use. This includes areas exclusive to the employer and may include common use areas such as; parking lots, lobbies, stairs and exits, walkways, and elevators.

- a. Coverage will extend to common use areas if a worker crosses these areas in the performance of their job or while entering or exiting employment.
- b. Coverage will not extend to common use areas if the worker crosses these areas for a purpose unrelated to employment (e.g., personal shopping).

Rest Breaks on an Employers Premises

29. The WCB will extend coverage to an injury that occurs during a paid break on the employer premises when it results:
 - a. From a hazard(s) or condition of the premises.
 - b. While making reasonable use of the premises.
30. During a paid break, there is no coverage for an injury resulting from an imported personal hazard or pre-existing condition.
31. Coverage will not extend to breaks taken away from the employer's premises. Examples include breaks taken offsite for personal activities, such as:
 - a. Shopping.
 - b. Bill paying.
 - c. Work breaks off of the employer premises, or
 - d. Walking to a car that is not on an employer controlled parking lot.

Effective Date	September 1, 2017
Approved Date	June 20, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20, 23, 26, 27, 29, and 30
Document History	<ol style="list-style-type: none"> (1) POL 12/2013, Arising Out Of and In the Course of Employment (effective January 1, 2014 to August 31, 2017). (2) POL 13/2001, Arising Out of and In the Course of Employment (effective November 30, 2001 to December 31, 2013). (3) POL 12/98, Injuries, Travelling to and from or for Work (effective September 16, 1998 to December 31, 2013). (4) POL 27/95, Injuries, Rest Breaks (effective January 1, 1996 to December 31, 2013). (5) POL 17/91, Injuries, Entering or Exiting Employer Premises (effective June 28, 1991 to December 31, 2013).
Complements	<p>PRO 03/2017 Arising Out of and In the Course of Employment</p> <p>All policies and procedures in Decision Making – Injuries</p> <p>POL 21/2013 Appeals – Claims</p> <p>POL 02/2019 Decision Making</p> <p>PRO 02/2019 Decision Making</p>

<u>POL 04/2014</u>	Fatalities, Presumption
<u>POL 29/82</u>	Injuries – Recreational Activities in Remote Camps
<u>POL 12/2017</u>	Pre-Existing Conditions – Aggravation or Acceleration
<u>POL 08/2017</u>	Serious and Wilful Misconduct
<u>POL 18/2017</u>	Wage Base – Recurrences

Procedure	Arising Out of and In the Course of Employment (PRO 03/2017)
Effective Date	September 1, 2017
Application	Applies to all injuries on or after the effective date.
Purpose	To clarify when an injury arises out of or in the course of employment.

BACKGROUND

POL 03/2017, Arising Out of and In the Course of Employment outlines when the Workers' Compensation Board (WCB) considers an injury to have arisen out of and in the course of employment. The following procedure provides guidelines Operations staff follow when determining if an injury claim is acceptable.

PROCEDURE

General Guidelines

1. Operations staff review claims on a case-by-case basis when determining if an injury arose out of and in the course of employment.
2. Operations staff must determine if the injury occurred within a time and place and from an activity related to employment. This includes considering what happened and how it relates to the worker's employment (i.e., if employment was necessary for the injury to happen).
3. Operations staff will consider:
 - a. What activity the worker was engaged in when they were injured.
 - b. Where the worker was performing the employment activity. The place the injury occurred is one element in determining if there is an employment link.
 - c. When the worker was engaged in the employment activity. This may also be an important factor in determining if the activity was "in the course of employment".
4. Operations staff may accept injuries that result from an activity reasonably related to employment. To determine if an injury is reasonably related to employment, Operations staff will consider:
 - a. The type of work being performed.
 - b. The type of work environment.
 - c. The customs and practices of the particular workplace (i.e., activities the employer explicitly or implicitly allows).
5. Operations staff will follow the specific guidelines outlined in POL 03/2017 (i.e., travelling to and from work, temporary lodging, entering and exiting employers premises, rest breaks on the employers premises) to determine if an injury arose out of and in the course of employment, when applicable.

6. Operations staff will also follow guidelines for certain injuries, as outlined in Section 3, Injuries – Type of Injury of the WCB Policy Manual (e.g., Occupational Diseases, Heart Attacks, etc.).
7. If Operations staff confirm that an injury either arose out of employment or in the course of employment but cannot confirm both, they will presume the injury was a result of employment and accept the claim. However, if there is information that shows the injury is not the result of employment, the claim will not be accepted.

Claim Decisions

8. If evidence in support of both sides of an issue is approximately equal, the WCB will resolve the issue in favour of the worker (POL 02/2019, Decision Making).
9. At their discretion, Operations staff may accept a claim if the following has been confirmed:
 - a. The worker was injured during working hours and while performing work for the purpose of employment.
 - b. The injury was the result of the worker completing tasks for the purpose of their employment duties with immediate or near immediate symptoms.
 - c. The employer confirms that the injury was employment related.
 - d. Details of the injury are consistent between the employer, worker and health care provider.
10. If Operations staff cannot confirm the injury with the employer (i.e., after they have made repeated requests to the employer) they will make a decision using any relevant information received.
11. In most cases, medical confirmation of the injury is required prior to Operations staff accepting a claim and issuing wage loss benefits.
12. If medical confirmation has not been received or the worker did not seek medical treatment, at their discretion Operations staff may accept and issue initial wage loss benefits when:
 - a. The injury has a clear employment connection.
 - b. The employer confirms the work injury and the worker's time loss.Medical confirmation of the work injury must be obtained before any additional wage loss benefits are issued.
13. To determine that an injury is the result of employment, Operations staff may request additional information from the employer, worker or health care professional or obtain an opinion from a WCB Medical Officer (MO).
14. Ongoing disablement and treatment is evaluated on a continuous basis throughout the duration of a claim. Benefits are only issued where ongoing impairment and treatment is a result of the original compensable injury.
15. All decisions are subject to review when any additional relevant information is received.

Appeals

16. If a worker or employer disagrees with a claim decision, they may request that it be reviewed or re-considered (POL 21/2013, Appeals – Claims).

Attachments	Arising Out of and In the Course of Employment – Examples
Effective Date	September 1, 2017
Approved Date	June 20, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20, 23, 26, 27, 29, 30, 48
Document History	<ul style="list-style-type: none"> (1) POL 12/2013, Arising Out Of and In the Course of Employment (effective January 1, 2014 to August 31, 2017). (2) POL 13/2001, Arising Out of and In the Course of Employment (effective November 30, 2001 to December 31, 2013). (3) POL 12/98, Injuries, Travelling to and from or for Work (effective September 16, 1998 to December 31, 2013). (4) POL 27/95, Injuries, Rest Breaks (effective January 1, 1996 to December 31, 2013). (5) POL 17/91, Injuries, Entering or Exiting Employer Premises (effective June 28, 1991 to December 31, 2013).
Complements	<p>POL 03/2017 Arising Out of and In the Course of Employment</p> <p>All policies and procedures in Decision Making – Injuries</p> <p>POL 21/2013 Appeals – Claims</p> <p>POL 02/2019 Decision Making</p> <p>PRO 02/2019 Decision Making</p> <p>POL 04/2014 Fatalities, Presumption</p> <p>POL 29/82 Injuries – Recreational Activities in Remote Camps</p> <p>POL 12/2017 Pre-Existing Conditions – Aggravation or Acceleration</p> <p>POL 08/2017 Serious and Wilful Misconduct</p> <p>POL 18/2017 Wage Base – Recurrences</p>

Arising Out of and In the Course of Employment – Examples

General

- A nurse reports a neck and back strain after lifting a heavy patient in the ICU. It is clear that the worker was in the course of employment when the injury occurred and that the injury arose out of employment (i.e., lifting a heavy patient). The injury claim is accepted.
- A hairstylist is walking from their work station to the staff room to prepare for their next customer. The worker trips and falls directly onto their shoulder causing an injury and it is determined that the worker tripped “on their own feet”. The injury arose out of and in the course of employment because the worker is required to walk from one point to the next in the workplace while performing employment duties. The injury claim is accepted.
- A worker is found unconscious on the floor. There were no witnesses, and because of the injury the worker has no memory of the incident. It is determined the worker was in the course of employment but how the injury happened cannot be clearly determined. The worker is given the benefit of the doubt and the injury claim is accepted.
- A worker reports experiencing back pain after standing up from their desk chair. The injury claim would be acceptable unless there is information to confirm that the injury was not primarily the result of employment.

Travelling to and from or for Work

- A worker is travelling to work on a direct route and the employer pays for the worker’s travel time. The worker is intoxicated and crashes their vehicle which results in an injury. The worker is considered to be in the course of employment and the injury claim is accepted. However, the worker may not be eligible for benefits (i.e., medical or wage loss) due to their serious and wilful misconduct (i.e., intoxication).
- A worker is travelling to work and the employer pays for the worker’s travel time. The worker is intoxicated and crashes their vehicle which results in an injury. However, it is determined the worker was not following the most practical route between their residence and the work site. The WCB does not consider the worker to be in the course of employment and the injury claim is not accepted.

Rest Breaks on the Employers Premises

- During a paid lunch break in the employer provided break room a worker stands up from a chair. It rolls out from underneath them and causes them to twist awkwardly and strain their back. The chair is considered a hazard of the employer’s premises and the injury claim is accepted.

Entering or Exiting Employer Premises

- A worker trips on loose carpet in a common area while entering or exiting employment in a multi-user premise. Injuries are acceptable when an injury happens on the employers premises and results from the condition of the property. The injury claim is accepted.
- A worker slips on the employer’s parking lot surface while stepping out of their personal vehicle. This injury includes a combination of both an imported personal hazard (i.e., the

workers vehicle) and a hazard of the employer's premises (i.e., the parking lot surface). The injury claim is accepted.

Imported Personal Hazards

- A worker suffers an injury resulting from a personal relationship that coincidentally occurs at the workplace. Personal relationships (e.g., spouse, family, and friends) are considered a personal risk. The cause of the injury is exclusively personal and has no direct or indirect relationship to the worker's employment duties or the employer's operations. The claim is not accepted.
- A worker brings food for their own personal lunch into the workplace which results in food poisoning. The food item is not under the control of the employer and is considered an imported personal hazard of the worker and not a hazard of their employment. The injury claim is not accepted.
- A worker has an allergic reaction to a food item brought into the workplace by another worker. It was not under the control of the employer or the worker who had the allergic reaction. Therefore, it would not be considered an imported personal hazard of the worker. The injury claim is accepted.

Policy	Date of Injury (POL 04/2013)
Effective Date	July 1, 2013
Application	Applies to all claims.
Purpose	To establish guidelines for determining a worker's date of injury.

DEFINITION

Acute injury means an injury caused by an identifiable work-related incident that results in immediate or near immediate symptoms.

Delayed onset injury means an injury caused by a single or series of work-related incidents or exposures over time that results in a delayed symptom onset.

BACKGROUND

Section 2(1)(r) of *The Workers' Compensation Act, 2013* (the "Act") states that "'injury" means all or any of the following arising out of and in the course of employment:

- (i) the results of a wilful and intentional act, not being the act of the worker;
- (ii) the results of a chance event occasioned by a physical or natural cause;
- (iii) a disabling or potentially disabling condition caused by an occupational disease;
- (iv) any disablement."

POLICY

1. The date of injury for acute injury claims is the date of the identifiable work-related incident.
2. The date of injury for delayed onset injury claims is the date the worker initially:
 - a. sought medical care for the injury; or
 - b. reported the injury to the WCB;
 whichever occurs first.
3. The date of injury for communicable disease injury claims, although considered delayed onset, is the date the worker initially:
 - a. sought medical care for the injury;
 - b. reported the injury to the WCB; or
 - c. informed the employer of the injury;
 whichever occurs first.

Effective Date	July 1, 2013
Approved Date	May 22, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 26, 27
Document History	(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> . (2) POL 39/80, Date of Injury (effective February 26, 1980 to June 30, 2013).
Complements	All policies and procedures in Decision Making – Injuries

Policy	Fatalities, Presumption (POL 04/2014)
Effective Date	June 1, 2014
Application	Applies to all decisions made on claims on and after the effective date, where a worker is found dead.
Purpose	To establish guidelines for applying presumptive clauses in fatalities.

DEFINITION

Found dead refers to the situation where there are no witnesses to the occurrence or circumstances of a death. Finding a person a few minutes after being seen alive would normally not constitute being “found.”

BACKGROUND

1. Section 29 of *The Workers' Compensation Act, 2013* (the “Act”) states “unless the contrary is proven, if a worker is found dead at a place where the worker had a right to be in the course of their employment, it is presumed that the worker’s death was the result of injury arising out of and in the course of their employment.”
2. The rebuttal clause in Section 29 means that if the cause of death proves not to be work-related, the WCB will not provide coverage.

POLICY

1. If a worker is found dead at the worksite, the WCB will determine:
 - a. If the worker was a worker as defined under the Act.
 - b. If the worker was in a place the worker had a right to be in the course of employment, and
 - c. The worker’s cause of death.
2. The WCB will presume that the death arose out of and in the course of employment unless the contrary is shown. Strong evidence is required to rebut this presumption. Grounds sufficient to rebut the presumption include:
 - a. Worker’s employment duties or circumstances could not have contributed to the medical cause of death, and
 - b. Investigation conclusively reveals the actions leading to the worker’s death had no connection to the worker’s employment.

In the absence of such strong evidence, allowing for rebuttal of the presumption, the WCB will accept the claim.

3. If a worker is found in a comatose state at the worksite and subsequently dies and no one saw what led to the worker’s collapse, where evidence permits, the WCB will presume that

the death arose out of and in the course of employment unless the investigation proves otherwise.

Effective Date	June 1, 2014
Approved Date	April 29, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(l), 2(1)(ii), 20, 27, 29, 94, 115
Document History	<ul style="list-style-type: none"> (1) POL and PRO 16/2010, Fatalities, Presumption (effective May 1, 2010 to May 31, 2014). (2) POL 10/2002, Fatalities – Presumption (effective January 1, 2003 to April 30, 2010). (3) Bill 72, <i>The Workers' Compensation Amendment Act, 2002</i>. (3) POL and PRO 09/1999, Fatalities – Presumption (effective May 17, 1999 to December 31, 2002). (4) POL 34/83, Fatalities Presumption Clauses (effective July 7, 1983 to May 16, 1999).
Complements	<ul style="list-style-type: none"> PRO 04/2014 Fatalities, Presumption POL 21/2013 Appeals – Claims PRO 21/2013 Appeals – Claims POL 03/2017 Arising Out of and In the Course of Employment

Procedure	Fatalities, Presumption (PRO 04/2014)
Effective Date	June 1, 2014
Application	Applies to all decisions made on claims on and after the effective date, where a worker is found dead.
Purpose	To establish guidelines for applying presumptive clauses in fatalities.

BACKGROUND

1. The WCB has approved POL 04/2014, Fatalities, Presumption. POL 04/2014 establishes guidelines for applying presumptive clauses in fatalities.
2. If a worker is found dead at work, the following procedure will show WCB staff how to investigate fatalities to determine if Section 29 of *The Workers' Compensation Act, 2013* (the "Act") applies.

PROCEDURE

1. Operations staff will follow the "Fatality Adjudication Checklist" when reviewing all fatality claims.
2. Employer Services will determine if the worker is:
 - a. A worker as defined by the Act, and
 - b. Working for an employer covered under the Act.
3. Operations staff will contact the worker's employer/co-workers. This contact will help Operations staff determine:
 - a. How and when the worker was found.
 - b. Who found the worker.
 - c. When the worker was last seen alive, and
 - d. If the worker was in a place at a time the worker had a right to be in the course of their employment (e.g., a worker re-enters a workplace after normal work hours at a time they were not requested or authorized to be there).
4. Operations staff will find out if an autopsy has been ordered (by the usual contact with the next of kin during the claim's development).
5. If an autopsy is ordered, Operations staff will not make claim decisions or provide benefits until they review the worker's autopsy report. Often it takes three to six months for the WCB to get autopsy reports from the Office of the Chief Coroner.
6. Operations staff will get the worker's government issued death certificate from eHealth Saskatchewan's Vital Statistics registry.

7. Operations staff should be able to determine if the death arose out of and in the course of employment once they:
 - a. Determine the sequence of events that led to the worker's death.
 - b. Gather and review all medical reports related to the death of the worker (i.e., autopsy report, government issued death certificate).
8. A Medical Officer will review the medical reports related to the death of the worker if Operations staff need help determining if the cause of death proves the death did not arise out of employment.
9. The Claims Entitlement Specialist III Supervisor or Team Leader will review all fatality claims prior to Operations staff informing the worker's dependant or next of kin of the claim decision.
10. Following notification of the worker's dependant or next of kin, Operations staff will ensure the "Fatality Adjudication Checklist" is complete. Operations staff will sign the checklist and send it to the Claims Entitlement Specialist III Supervisor or Team Leader for review and signature. Once signed, Operations staff will scan the checklist to the claim file.

Effective Date	June 1, 2014
Approved Date	April 29, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(i), 2(1)(ii), 20, 27, 29, 94, 115
Document History	<ol style="list-style-type: none"> (1) POL and PRO 16/2010, Fatalities, Presumption (effective May 1, 2010 to May 31, 2014). (2) POL 10/2002, Fatalities – Presumption (effective January 1, 2003 to April 30, 2010). (3) Bill 72, <i>The Workers' Compensation Amendment Act, 2002</i>. (3) POL and PRO 09/1999, Fatalities – Presumption (effective May 17, 1999 to December 31, 2002). (4) POL 34/83, Fatalities Presumption Clauses (effective July 7, 1983 to May 16, 1999).
Complements	POL 04/2014 Fatalities, Presumption POL 21/2013 Appeals – Claims PRO 21/2013 Appeals – Claims POL 03/2017 Arising Out of and In the Course of Employment

Policy	Serious and Wilful Misconduct (POL 08/2017)
Effective Date	September 1, 2017
Application	Applies to all work injury claims on and after the effective date.
Purpose	To establish adjudication guidelines for injury claims involving serious and wilful misconduct.

DEFINITION

Serious functional impairment exists when an injury results in:

- A Permanent Functional Impairment (PFI) rating of 10 per cent or more, or
- Time loss of three months or more.

BACKGROUND

1. To be considered compensable under *The Workers' Compensation Act, 2013* (the "Act"), an injury must arise out of and in the course of employment (Section 27).
2. An "injury" means all or any of the following arising out of and in the course of employment (Section 2(1)(r)):
 - i. The results of a wilful and intentional act, not being the act of the worker;
 - ii. The results of a chance event occasioned by a physical or natural cause;
 - iii. A disabling or potentially disabling condition caused by an occupational disease; or
 - iv. Any disablement.
3. The Act provides the Workers' Compensation Board (WCB) exclusive jurisdiction to determine whether any condition or death was caused by an injury and whether any injury arose out of or in the course of employment (Section 20(2)).
4. If an injury is attributable solely to the serious and wilful misconduct of the worker, no compensation is payable unless that injury results in death or serious functional impairment (Section 30).

POLICY

1. In all cases, the WCB will first establish if an injury is work-related by determining if it arose out of and in the course of employment (POL 03/2017, Arising Out of and In the Course of Employment).
 - a. An injury arises out of employment if it is the result of an activity that has a link to, originates from, or is the result of a worker's employment and would not have happened if not for a worker's employment.

- b. An injury occurs in the course of employment when it happens in a time and place linked to employment and if the worker is performing a task which is part of their obligations and purpose of employment.

Serious and Wilful Misconduct – Of the Worker

2. If it is determined that an injury arose out of and in the course of employment, the WCB will consider if the injury was the sole result of the serious and wilful misconduct of the worker.
3. As per Section 30 of the Act, a worker is not eligible for benefits (e.g., medical or wage loss entitlement) if the injury is the sole result of their serious and wilful misconduct, unless the injury results in death or serious functional impairment.
4. The WCB considers a worker's injury to be the result of serious and wilful misconduct if it was the result of an action or omission by a worker, in the course of employment, which intentionally and/or unlawfully causes an injury.

Examples of serious and wilful misconduct include, but are not limited to:

- a. Intentional disregard for safety, which the worker should have reasonably recognized as having the potential of resulting in an injury.
- b. Breach of law (e.g., the worker is in a motor vehicle incident while impaired by alcohol or drugs during the course of employment).
- c. Fighting over personal matters during work.

This does not include intentionally self-inflicted injuries by a worker for the sole purpose of causing a work injury.

5. To be consistent with the principle of no fault, injuries that are the result of an act of carelessness on the part of a worker, another worker or employer are not typically considered serious and wilful misconduct. These types of injuries are not considered the result of an intentional act and would be covered if the WCB determines they arose out of and in the course of employment.

An example includes a worker who is injured because they were not wearing proper safety equipment.

Serious and Wilful Misconduct – Not of the Worker

6. A worker may be covered for an injury resulting from the serious and wilful misconduct of another person, if it is determined that they were a non-participant (i.e., an innocent bystander) in the misconduct and were in the course of employment at the time of injury. These injuries meet the definition of injury under the Act and Section 30 does not apply.

Intentional Self-Inflicted Injuries

7. Injuries that are intentionally self-inflicted by a worker for the sole purpose of causing a work injury to receive benefits are not considered serious and wilful misconduct.
8. These injuries do not meet the definition of injury under the Act because they are not considered to have arisen out of and in the course of employment. In these cases, the injury

claim will be denied and the worker will not be entitled to any benefits, regardless of the extent of the injury.

Cost Relief

9. The WCB may provide cost relief to an employer in the following situations (POL 11/2017, Second Injury and Re-Employment Reserve):
 - a. If the WCB issues benefits on a claim because the serious and wilful misconduct of a worker resulted in their death or serious functional impairment.
 - b. If a worker's injury was the result of the serious and wilful misconduct of another worker and they were a non-participant (i.e., innocent bystander).

Effective Date	September 1, 2017
Approved Date	June 20, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20, 26, 27, 29, 30, 66
Document History	(1) POL and PRO 13/2011, Serious and Wilful Misconduct (effective December 1, 2011 to August 31, 2017).
Complements	PRO 08/2017 Serious and Wilful Misconduct POL 03/2017 Arising Out of and In the Course of Employment POL 11/2017 Second Injury and Re-Employment Reserve PRO 11/2017 Second Injury and Re-Employment Reserve

Procedure	Serious and Wilful Misconduct (PRO 08/2017)
Effective Date	September 1, 2017
Application	Applies to all work injury claims on and after the effective date.
Purpose	To establish adjudication guidelines for injury claims involving serious and wilful misconduct.

BACKGROUND

POL 08/2017, Serious and Wilful Misconduct establishes guidelines for determining benefit eligibility for injuries involving serious and wilful misconduct.

PROCEDURE

Claim File Development

1. If an injury arises out of and in the course of employment, the Claims Entitlement Specialist (CES) will review information provided by the employer and worker to determine if the injury was the sole result of serious and wilful misconduct.
2. The CES may need to gather additional information to clarify:
 - a. The nature and extent of the misconduct.
 - b. If the injury is the sole result of the misconduct.

Adjudication

3. If a worker's injury is the result of the serious and wilful misconduct of another worker and it is determined the worker was a non-participant in the misconduct, the CES will determine claim acceptance as per POL and PRO 03/2017, Arising Out of and In the Course of Employment.
4. If the injury is the sole result of the serious and wilful misconduct of the worker, the CES will:
 - a. Deny the claim if the worker has an estimated:
 - i. Permanent Functional Impairment (PFI) rating of less than 10 per cent, or
 - ii. Time loss of less than three months.
 - b. Accept the claim if the worker has an estimated:
 - i. PFI rating of 10 per cent or more, or
 - ii. Time loss of three months or more.
5. The CES will estimate if a claim will have time loss of three months or more based on:
 - a. A review of the medical information received, or

- b. They may request that a WCB Medical Officer (MO) review the claim and provide an estimate.
6. An estimate of whether the worker has a PFI rating of 10 per cent or more must be completed by an MO.
7. The CES will review claims that are initially denied to determine claim acceptance, if the WCB receives notification from the worker:
 - a. That they have medically confirmed time loss of three months or more, or
 - b. There is medical confirmation that the injury has worsened. CES staff will request an MO to provide an updated estimate of a worker's PFI rating if the injury has worsened.
8. If a claim is accepted because of an estimation that the injury would result in serious functional impairment, but subsequent information demonstrates that the injury did not result in serious functional impairment, the decision to provide benefits will not be reversed but additional benefits will not be issued going forward. The employer will be eligible for cost relief.
9. If the WCB accepts a claim involving serious and wilful misconduct because the injury resulted in death or serious functional impairment, Operations staff will identify what amount of claim costs will be charged to the Second Injury and Re-Employment Reserve.

Effective Date	September 1, 2017
Approved Date	June 20, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20, 26, 27, 29, 30, 66
Document History	(1) POL and PRO 13/2011, Serious and Wilful Misconduct (effective December 1, 2011 to August 31, 2017).
Complements	POL 08/2017 Serious and Wilful Misconduct POL 03/2017 Arising Out of and In the Course of Employment POL 11/2017 Second Injury and Re-Employment Reserve PRO 11/2017 Second Injury and Re-Employment Reserve

Policy	Pre-Existing Conditions – Aggravation or Acceleration (POL 12/2017)
Effective Date	October 1, 2017
Application	Applies to all injuries on and after the effective date where there is a pre-existing condition.
Purpose	To establish adjudication guidelines for claims where pre-existing conditions exist.

DEFINITION

Pre-existing condition means a non-work related medical, physical or psychological condition that existed prior to the work-related injury. The existence of the condition must be medically confirmed, either pre-injury or post-injury, and may have been evident prior to the occurrence of the work injury or it may become evident afterwards.

Aggravation means, as the result of a work-related injury, a pre-existing condition is temporarily worsened.

Acceleration means, as the result of a work-related injury, a pre-existing condition is permanently worsened.

BACKGROUND

- Section 2(1)(r) of *The Workers' Compensation Act, 2013* (the "Act") specifies that an "injury" means all or any of the following arising out of and in the course of employment:
 - The results of a willful and intentional act, not being the act of the worker;
 - The results of a chance event occasioned by a physical or natural cause;
 - A disabling or potentially disabling condition caused by an occupational disease;
 - Any disablement.
- The Workers' Compensation Board (WCB) has exclusive jurisdiction to determine all matters arising pursuant to the Act, specifically (Section 20):
 - Whether any condition or death was caused by an injury,
 - Whether an injury has arisen out of and in the course of employment, and
 - The existence, degree and permanence of any functional impairment resulting from an injury.
- The WCB will not reject the claim of a worker or a dependant for compensation or reduce the amount of compensation payable by reason of a pre-existing condition of the worker, if the injury materially aggravates or accelerates the pre-existing condition to produce a loss of earnings or death (Section 49).

POLICY

1. The decision to accept a claim is based on if the injury arose out of and in the course of employment (POL 03/2017, Arising Out of and In the Course of Employment). A worker's pre-existing condition is not considered in the initial determination to accept a claim.
2. While the WCB does not assume any responsibility for a worker's pre-existing condition, the WCB will determine if a work-related injury resulted in either an aggravation or acceleration of a worker's pre-existing condition.
3. The WCB will review all available information about a worker's pre-existing condition to determine the extent of benefits (e.g., wage loss, medical, etc.) a worker is eligible to receive.

Aggravation

4. If the work-related injury results in an aggravation of the pre-existing condition, the WCB is responsible for benefits until the worker has recovered from the effects of the work-related injury.

Acceleration

5. If the work-related injury results in an acceleration of the pre-existing condition, the WCB is responsible for any benefits related to the combined effects of the injury and any ongoing impacts the work-related injury has on the pre-existing condition.
6. To confirm that an acceleration of a pre-existing condition has occurred, medical confirmation is required through diagnostic testing (e.g., x-ray, computerized tomography (CT) scan, magnetic resonance imaging (MRI) scan, mental health assessment).

Cost Relief

7. An employer may be eligible for cost relief for claims involving a pre-existing condition under POL 11/2017, Second Injury and Re-employment Reserve.

Effective Date	October 1, 2017
Approved Date	August 22, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20, 26, 31, 49, 103
Document History	<ol style="list-style-type: none"> (1) POL and PRO 01/2000, Pre-Existing Condition – Section 49 (effective May 1, 2000 to September 30, 2017). (2) POL 17/94, Pre-Existing Conditions (effective August 16, 1994 to April 30, 2000).
Complements	PRO 12/2017 Pre-Existing Condition – Aggravation or Acceleration POL 03/2017 Arising Out of and In the Course of Employment POL 06/2009 Benefits – Clients in Transition from WCB to SGI Benefits

<u>POL 02/2019</u>	Decision Making
<u>PRO 02/2019</u>	Decision Making
<u>POL 05/2013</u>	Injuries – Heart Attack
<u>PRO 02/2016</u>	Injuries – Hernia
<u>POL 04/2017</u>	Injuries – Occupational Disease
<u>PRO 07/2017</u>	Records Management
<u>POL 11/2017</u>	Second Injury and Re-Employment Reserve
<u>PRO 09/2017</u>	Suspension of Benefits

Procedure	Pre-Existing Conditions – Aggravation or Acceleration (PRO 12/2017)
Effective Date	October 1, 2017
Application	Applies to all injuries on and after the effective date where there is a pre-existing condition.
Purpose	To establish adjudication guidelines for claims where pre-existing conditions exist.

BACKGROUND

POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration establishes guidelines for injury claims where pre-existing conditions exist.

PROCEDURE

1. Once Operations staff determine the worker has a pre-existing condition that may affect their recovery from the work-related injury, they must determine:
 - a. The extent of the work-related injury.
 - b. The extent of the aggravation or acceleration of the pre-existing condition by the work-related injury.
 - c. If the worker has recovered from the work-related injury.
2. Operations staff will gather information about the pre-existing condition from:
 - a. The worker.
 - b. Health care providers by obtaining medical confirmation of the pre-existing condition.
 - c. Past and present employers and coworkers, and other insurers, if necessary.
3. Operations staff will review:
 - a. Any history of prior problems in the same or nearby areas of the body as the work-related injury.
 - b. The effect(s) of any pre-existing condition on the worker leading up to the work injury (i.e., pre-injury status).
 - c. Relevant medical reports regarding the worker's pre-existing condition.
4. Operations staff may request a WCB Medical Consultant's opinion to help clarify the extent of a work-related injury in relation to a pre-existing condition.
5. Operations staff will notify workers when compensation benefits will be terminated once they have recovered from the injury and are able to return to pre-injury employment (POL 17/2010, Termination of Compensation Benefits – Notice).

Attachments	Aggravation of the Pre-Existing Condition – Example Acceleration of the Pre-Existing Condition – Example
Effective Date	October 1, 2017
Approved Date	August 22, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20, 26, 31, 49, 103
Document History	(1) POL and PRO 01/2000, Pre-Existing Condition – Section 49 (effective May 1, 2000 to September 30, 2017). (2) POL 17/94, Pre-Existing Conditions (effective August 16, 1994 to April 30, 2000).
Complements	POL 12/2017 Pre-Existing Condition – Aggravation or Acceleration POL 03/2017 Arising Out of and In the Course of Employment POL 06/2009 Benefits – Clients in Transition from WCB to SGI Benefits POL 02/2019 Decision Making PRO 02/2019 Decision Making POL 05/2013 Injuries – Heart Attack PRO 02/2016 Injuries – Hernia POL 04/2017 Injuries – Occupational Disease PRO 07/2017 Records Management POL 11/2017 Second Injury and Re-Employment Reserve PRO 09/2017 Suspension of Benefits

Aggravation of the Pre-Existing Condition – Example

When a worker's condition is temporarily worsened because of a work-related injury, this is considered an aggravation of a pre-existing condition.

- For example, a worker has a previous non-work-related arthritic condition affecting both knees. They sustain a work-related left knee sprain resulting in a temporary aggravation of their arthritic condition.

Coverage is provided while the worker recovers from the sprain. The WCB will not provide coverage for any further treatment or restrictions imposed by the arthritic condition.

- For example, a worker has a previous non-work-related degenerative back condition. They sustain a work-related soft-tissue strain to their back which temporarily aggravates the pre-existing back condition.

Surgery was not immediately required to treat the pre-existing back condition, but following the aggravation surgery is now recommended.

Coverage is provided for the effects of the soft-tissue strain for as long as the worker is disabled as a result of the strain, but up to the date of surgery at a maximum. The WCB will not provide coverage while the worker recovers from the non-compensable back surgery.

Acceleration of the Pre-Existing Condition – Example

When a worker's condition is permanently worsened because of a work-related injury, this is considered an acceleration of the pre-existing condition.

- For example, a worker has a history of moderate degenerative disc disease affecting their lower back and they sustain a work-related compression fracture of a vertebra in their lower back. The degenerative disc disease in the area next to the compression fracture advances at an accelerated rate because of the work-related injury.

Coverage is provided for the effects of the compression fracture and the degenerative disc disease in the adjacent area.

Decision Making – Injuries

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Communicable Diseases	POL 02/2010	PRO 02/2010	01 April 2010
Firefighters	POL 03/2020	PRO 03/2020	15 November 2019
Hearing Loss	POL 11/2012	PRO 11/2012	01 February 2013
Heart Attack	POL 05/2013	PRO 05/2013	01 December 2013
Hernia		PRO 02/2016	01 April 2016
Occupational Disease	POL 04/2017	PRO 04/2017	01 October 2017
Psychological	POL 02/2017	PRO 02/2017	20 December 2016
Recreational Activities in Remote Camps	POL 29/1982	PRO 29/1982	23 April 1982
Responding to Work-Related Emergencies	POL 01/2016		01 March 2016
Travelling for or Attending Medical Aid or Return-to-Work Programming	POL 04/2011		01 April 2011
Workers Acting as Good Samaritans	POL 07/2009		01 November 2009

Policy	Injuries – Communicable Disease (POL 02/2010)
Effective Date	April 1, 2010
Application	Applies to all communicable disease injury claims on and after the effective date.
Purpose	To establish guidelines for communicable disease injury claims.

DEFINITION

Communicable disease means a disease that can be transmitted, or transferred by contact from one person to another.

Compulsory immunization means that a worker is required, either directly or indirectly, by the employer to be immunized. An example of an indirect requirement is where an unimmunized worker is directed by the employer that they are not allowed to work (with no pay) in the event of a communicable disease of pandemic proportions.

Voluntary immunization means an immunization that is provided by the employer as part of a broad program, and is received on a voluntary basis by the worker. Voluntary immunization is not a condition of employment.

BACKGROUND

1. Section 2(1)(r) of *The Workers' Compensation Act, 2013* (the "Act") specifies that an injury means all or any of the following arising out of and in the course of employment:
 - i. The results of a wilful and intentional act, not being the act of the worker;
 - ii. The results of a chance event occasioned by a physical or natural cause;
 - iii. A disabling or potentially disabling condition caused by an occupational disease;
 - iv. Any disablement.
2. Section 20(1)(b) of the Act directs that the Workers' Compensation Board (WCB) has exclusive jurisdiction to examine, hear and determine all matters and questions arising pursuant to this Act and any other matter with respect to which a power, authority or discretion is conferred on the WCB. Section 20(2)(b) of the Act adds that without limiting the generality of Section 20(1), the WCB has exclusive jurisdiction to determine whether any injury has arisen out of and in the course of an employment.

POLICY

Each communicable disease injury claim will be judged on its own merits with consideration to relevant medical information, the nature of the occupation and the extent of exposure.

General Adjudication Guidelines

1. As a requirement of the definitions of injury (Section 2(1)(r) of the Act) and communicable disease, the development of a claim must include gathering the necessary information to determine whether the communicable disease has arisen out of and in the course of employment (POL 03/2017, Arising Out Of and In The Course Of Employment).
2. The WCB may consider a communicable disease to have arisen out of and in the course of employment where all of the following conditions are met:
 - a. There is confirmed exposure to the disease in the workplace.
 - b. The time period when the worker contracts the disease is in close proximity to the confirmed workplace exposure, and
 - c. The nature of employment increases the exposure risk of contracting the disease as compared to the general population.
3. Where a communicable disease is considered by the WCB to have arisen out of and in the course of employment, in general the determination of compensability will be made on the basis of a known medical diagnosis provided in a medical report.

Preventative Measures Against Communicable Disease

4. The WCB will not accept claims from workers who elect to stay away from the workplace to avoid exposure to the communicable disease, or are symptom free when quarantined or sent home as a precautionary measure by the employer. In such a case, no injury has occurred and time loss is not compensable.
5. Where immunization is required by the employer for the prevention of a communicable disease, and as a result of an adverse reaction (e.g., allergic) to this compulsory immunization the worker is medically required to be absent from employment, the WCB will consider the reaction and its consequences to be compensable.
6. Where the employer provides voluntary immunizations as part of a broad program, but does not require workers to be immunized as a condition of employment, the WCB will consider any adverse reaction to voluntary immunizations as non-work-related. Therefore, any injury resulting from voluntary immunization is not compensable.

Reporting Communicable Disease Injury Claims

7. Where there is confirmed exposure to a communicable disease in a workplace, the employer must submit an Employer's Report of Injury (E1) form for each staff member that has fallen ill due to the disease. Each E1 form should include a description of the diagnosed illness and a statement outlining the nature and extent of exposure occurring in the workplace.
8. The date of injury for communicable disease claims is deemed to be the date the worker initially:
 - a. sought medical care for the injury
 - b. informed the employer of the injury, or

- c. reported the injury to the WCB
whichever occurs first (POL 04/2013, Date of Injury).

Effective Date	April 1, 2010
Approved Date	February 17, 2010
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20, 23, 49
Document History	(1) May 1, 2017. Policy and procedure reviewed. No changes required. (2) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> . (3) 2010; new policy and procedure.
Complements	PRO 02/2010 Injuries – Communicable Disease POL 03/2017 Arising Out of and In the Course of Employment POL 04/2013 Date of Injury POL 02/2019 Decision Making PRO 02/2019 Decision Making POL 04/2017 Injuries – Occupational Disease

Procedure	Injuries – Communicable Disease (PRO 02/2010)
Effective Date	April 1, 2010
Application	Applies to all communicable disease injury claims on and after the effective date.
Purpose	To establish guidelines for communicable disease injury claims.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 02/2010, Injuries – Communicable Disease, which provides staff and customers direction around the process required to adjudicate communicable disease injury claims.
2. The following procedure provides guidance for the implementation of the policy.

PROCEDURE

General Adjudication Guidelines

1. To determine entitlement for communicable disease injury claims, Claims Entitlement staff will review each claim on its own merits, assessing whether an injury occurred and if it arose out of and in the course of employment. Claims Entitlement staff will first determine if the communicable disease arose out of employment (if exposure to the communicable disease occurred), and then whether the worker was in the course of employment when exposure occurred (reviewing the circumstances of exposure).
2. When determining if the communicable disease arose out of and in the course of employment, Claims Entitlement staff may use the following as a general guideline when gathering evidence to confirm exposure:
 - a. Confirm with the employer the existence of a communicable disease in the workplace.
 - b. Confirm that the worker had the opportunity to be exposed to the communicable disease in the workplace.
 - c. Confirm that the incubation period of the communicable disease is clinically compatible with the worker's symptoms and the timing of the workplace exposure.
 - d. Determine if any other workers in the same workplace have contracted the disease.
 - e. Establish whether or not the exposure could have occurred outside of the workplace (i.e. was there a documented community outbreak of the disease, of pandemic proportions, and did the outbreak affect the workers immediate family), and
 - f. Determine if the nature of employment increases the exposure risk of contracting the disease as compared to the general population. The WCB considers occupations that have increased exposure risk to include, but are not limited to:
 - i. Health care workers, and
 - ii. Long-term care facility workers.

3. Where it is determined that a communicable disease arose out of and in the course of employment, in general the determination of compensability will be made on the basis of a known medical diagnosis provided in a medical report.

Preventative Measures Against Communicable Disease

4. Where the worker suffers an adverse reaction (e.g., allergic) to a compulsory immunization that medically requires the worker to be absent from employment, Claims Entitlement will consider the reaction and its consequences to be compensable.
5. Where the worker suffers an injury that results from an adverse reaction to voluntary immunization, Claims Entitlement will consider the reaction and its consequences as non-compensable because voluntary immunization is not a condition of employment.

Effective Date	April 1, 2010
Approved Date	February 17, 2010
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20, 23, 49
Document History	<ol style="list-style-type: none"> (1) May 1, 2017. Policy and procedure reviewed. No changes required. (2) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (3) 2010; new policy and procedure.
Complements	POL 02/2010 Injuries – Communicable Disease POL 03/2017 Arising Out of and In the Course of Employment POL 04/2013 Date of Injury POL 02/2019 Decision Making PRO 02/2019 Decision Making POL 04/2017 Injuries – Occupational Disease

Policy	Injuries – Firefighters (POL 03/2020)
Effective Date	November 15, 2019
Application	Applies to all firefighter cancer and cardiac claims, regardless of injury date.
Purpose	To provide guidelines for the adjudication of cancer and cardiac claims for firefighters.

DEFINITION

Emergency response means those circumstances where firefighters attend a crisis situation including but not limited to a fire, motor vehicle incident, or other incident as part of their active firefighter duties.

Fire department means a fire department operated by a municipality or any prescribed local authority, cooperative or association.

Firefighter means a full-time, part-time, or volunteer member of a fire department.

Primary site cancer means the originating site of the cancer in the body.

Regular exposure means that the firefighter has been exposed to the risks and hazards associated with a fire scene(s), other than a forest fire, during the prescribed period.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") directs that unless proven otherwise, if a firefighter is or has been regularly exposed to the risks and hazards associated with a fire scene, other than a forest fire, and suffers from a listed disease, that disease is presumed to be an occupational disease, the dominant cause of which is the employment as a firefighter (Section 28).
2. Throughout the years, the Act has been amended to include additional conditions presumed to arise out of and in the course of a firefighter's service or employment. In 2019, the Act was amended to expand the list of presumptive cancers for firefighters and provide presumptive coverage to volunteer firefighters. The presumptions are also intended to apply to part-time firefighters of an urban municipality.
3. For the cancer presumptions to apply, a firefighter must meet the minimum periods of employment prescribed in *The Workers' Compensation General Regulations, 1985* (Section 22.3).
4. For primary site lung cancer to be presumed an occupational disease, the firefighter must be a non-smoker for a minimum period before the diagnosis (General Regulations, Section 22.4).

5. If a firefighter suffers a cardiac injury within 24 hours after attending an emergency response, it is presumed to be an occupational disease, unless the contrary is shown (Section 28, Act, and Section 22.3, General Regulations).

POLICY

1. If a full-time, part-time or volunteer firefighter:
 - a. Suffers from a disease listed below.
 - b. Is currently serving or employed, or has served or been employed, with a fire department for a specified minimum period, and
 - c. Is, or has been, exposed to the hazards of a fire scene, other than a forest fire, during their service or employment as a firefighter

the disease will be presumed to be an occupational disease predominantly caused by the firefighter's service or employment.
2. The following occupational diseases are presumed to be compensable if the firefighter meets the prescribed minimum period of service for a volunteer firefighter or employment for a full-time or part-time firefighter:

Occupational Disease	Period of Service or Employment (Cumulative)
Brain cancer	10 years
Bladder cancer	15 years
Kidney cancer	20 years
Primary non-Hodgkin's lymphoma	20 years
Leukemia	5 years
Ureter cancer	15 years
Colorectal cancer	15 years
Lung cancer (non-smoking firefighters)	15 years
Testicular cancer	10 years
Esophageal cancer	25 years
Prostate cancer	15 years
Skin cancer	15 years
Multiple myeloma	15 years
Breast cancer	10 years
Cervical cancer	10 years
Ovarian cancer	10 years

Lung Cancer

3. For primary site lung cancer to be presumed an occupational disease, the firefighter must be a non-smoker for a minimum period before the diagnosis. If the minimum non-smoking periods are not met, the presumptions will not apply and the disease will be considered under POL 04/2017, Injuries – Occupational Disease.
4. There will be no minimum period of non-smoking if a firefighter has smoked in their lifetime:
 - a. Less than 365 cigarettes, cigars, and/or pipes, or
 - b. On average less than seven cigars or pipes per week.
5. The minimum period of non-smoking for a firefighter prior to the diagnosis is:

Average consumption	Period of non-smoking
Less than 7 cigarettes per week	6 years
1 to 9 cigarettes per day	6 years
10 to 19 cigarettes per day	13 years
20 cigarettes per day	18 years
21 to 39 cigarettes per day	23 years
40 or more cigarettes per day	28 years
1 or more cigars and/or pipes per day	8 years

6. If a firefighter smoked cigarettes in combination with cigars and/or pipes, the minimum period will be determined in accordance with the above table. One cigar or pipe will be considered as one cigarette.
7. Where smoking is a factor in an accepted work-related lung cancer claim, cost relief may be provided to the employer under POL 11/2017, Second Injury and Re-Employment Reserve.

Cardiac Injury

8. If a firefighter suffers a cardiac injury that manifests within 24 hours after attendance at an emergency response:
 - a. It is presumed to be an occupational disease, unless the contrary is shown, and
 - b. No minimum period of employment will be required.

Other Considerations

9. During the adjudication process, full file development will be required for all claims, including cases where the firefighters' presumptions may apply.
10. A Medical Officer will be consulted before an injury claim for one of the listed presumptive occupational diseases is denied.

11. If the criteria for the presumptions has not met, claims will be considered in accordance with POL 04/2017, Injuries – Occupational Disease. Decisions will be made on the real merits and justice of each case. This will include considering factors such as, but not limited to:
- Complete history from worker, including employment history, medical history, non-work related activities.
 - Confirmation of employment and employment related exposure (e.g., fire scenes attended, excluding forest fires).
 - Complete medical evidence/documentation.
 - Medical Officer's opinion on the nature of the disease, causative factors, and causal relationship between the listed presumptive occupational disease and the workplace, and
 - Any other facts and circumstances relevant to the matter under consideration.

Appeals

12. If a listed occupational disease for a firefighter was previously denied under former legislation, the firefighter (or dependants) can request WCB to reconsider the original decision. The request to reconsider previous claims will be considered by the WCB team responsible for the most recent decision (e.g., Claims Entitlement staff, Case Manager, Appeals Officer, Board Appeal Tribunal), before progressing to the next level of appeal (e.g., the Appeals Department, Board Appeal Tribunal).

Effective Date November 15, 2019

Approved Date January 29, 2020

Legislative Authority [The Workers' Compensation Act, 2013](#)
Sections 2(1)(ii), 2(1)(r)(iii), 2(1)(aa), 20(5), 23, 27, 28, 187
[The Workers' Compensation General Regulations, 1985](#)
Sections 22.3 and 22.4
[The Fire Safety Act](#)
Section 2

Document History

- (1) [Bill 165](#), an amendment to *The Workers' Compensation Act, 2013*, added primary site prostate, skin, breast, cervical and ovarian cancer, and multiple myeloma into the list of presumptive occupational diseases for firefighters. It included an amendment to *The Workers' Compensation General Regulations* to include minimum periods of employment for the additional presumptive diseases (effective November 15, 2019).
- (2) January 1, 2014. References updated in accordance with *The Workers' Compensation Act, 2013*.
- (3) POL 06/2012, Injuries – Firefighters (effective May 18, 2011 to November 14, 2019).

- (4) [Bill 174](#), an amendment to *The Workers' Compensation Act, 1979*, added primary site esophageal cancer into the list of presumptive occupational diseases for firefighters (effective May 18, 2011).
- (5) POL 11/2007, Injuries – Firefighters (effective March 1, 2006 to May 17, 2011).
- (6) [Bill 25](#), an amendment to *The Workers' Compensation General Regulations, 1985*, added primary site ureter, colorectal, lung and testicular cancer, and cardiac injury into the list of presumptive occupational diseases for firefighters; an amendment to the Act to include a minimum period of non-smoking in cases of a lung cancer (effective February 28, 2006).
- (7) POL 09/2003, Injuries – Fire Fighters and Cancer Related to Combustion Gases (effective May 27, 2003 to February 28, 2006).
- (8) [Bill 18](#), an amendment to the Act, identified firefighting as a high risk occupation and listed primary site brain, bladder and kidney cancer, primary non-Hodgkins lymphoma, and primary leukemia as presumptive occupational diseases for firefighters (effective May 27, 2003).
- (8) POL 25/78, Smoking and Respiratory Disease (effective May 10, 1978 to February 28, 2006).

Complements

PRO 03/2020	Injuries – Firefighters
POL 04/2017	Injuries – Occupational Disease
POL 04/2006	Coverage – Volunteer Firefighters
PRO 04/2006	Coverage – Volunteer Firefighters
POL 02/2019	Decision Making
PRO 02/2019	Decision Making
POL 05/2013	Injuries – Heart Attack
PRO 04/2017	Injuries – Occupational Disease
POL 05/2014	Occupational Disease Reserve
PRO 05/2014	Occupational Disease Reserve

Procedure	Injuries - Firefighters (PRO 03/2020)
Effective Date	November 15, 2019
Application	Applies to all firefighter cancer and cardiac claims on or after the effective date.
Purpose	To provide guidelines for the adjudication of cancer and cardiac claims for firefighters.

BACKGROUND

POL 03/2020, Injuries – Firefighters, outlines the firefighter injury presumptions under *The Workers' Compensation Act*, 2013 and *The Workers' Compensation General Regulations*, 1985.

PROCEDURE

1. As with all reported injuries and diseases, staff will obtain all relevant information to determine if the injury or disease arose out of and in the course of employment. Staff will determine entitlement based on the weight of that information.

Period of Service or Employment

2. The list of occupational diseases presumed to be compensable and the required minimum periods of service for volunteer or employment for full-time and part-time firefighters are outlined in POL 03/2020, Injuries – Firefighters.
3. The WCB will consider the firefighter's cumulative period of service or employment to take into account all of the individual's history as a firefighter, whether their period of service or employment is consecutive or not.
4. For cardiac injury that manifests within 24 hours after attendance at an emergency response, no minimum period of service or employment will be required.

Exposure

5. If a firefighter is or has been regularly exposed to the risks and hazards associated with a fire scene and meets the minimum period of service or employment, the WCB will presume the cancer is an occupational disease.
6. Risks and hazards associated with a fire scene could include, but is not limited to:
 - a. Wearing contaminated fire gear.
 - b. Attending a fire scene.
 - c. Attending the scene after the fire has been extinguished.

7. The firefighter presumptions will also apply to positions that need to attend the fire scene after the fire has been put out (e.g., to determine cause of fire, to clean-up, etc.), who are also exposed to fire risks and hazards.

Claim Management

8. The claim will be managed as any other injury claim in determining extent of disability, monitoring of medical treatment, determining fitness for employment (pre-injury or suitable) and determining post-injury earning capacity.
9. In the case of a terminal illness, the claim will be referred to Extended Services to provide support services to the worker.

Appeals

10. If a listed occupational disease for a firefighter was previously denied under former legislation, the firefighter (or dependants) can request WCB to reconsider the original decision.
11. The WCB team responsible for the most recent decision (e.g., Claims Entitlement staff, Case Manager, Appeals Officer, Board Appeal Tribunal) will review the claim for reconsideration before progressing to the next level of appeal (e.g., the Appeals Department, Board Appeal Tribunal).

Effective Date	November 15, 2019
Approved Date	September 30, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(ii), 2(1)(r)(iii), 2(1)(aa), 20(5), 23, 27, 28, 187 <i>The Workers' Compensation General Regulations, 1985</i> Sections 22.3 and 22.4 <i>The Fire Safety Act</i> Section 2
Document History	(1) This procedure was created in light of Bill 165 , an amendment to <i>The Workers' Compensation Act, 2013</i> (effective November 15, 2019). Please refer to POL 03/2020, Injuries – Firefighters for the complete document history.
Complements	POL 03/2020 Injuries – Firefighters POL 02/2019 Decision Making PRO 02/2019 Decision Making POL 05/2013 Injuries – Heart Attack POL 04/2017 Injuries – Occupational Disease PRO 04/2017 Injuries – Occupational Disease POL 05/2014 Occupational Disease Reserve PRO 05/2014 Occupational Disease Reserve

<u>POL 04/2006</u>	Coverage – Volunteer Firefighters
<u>PRO 04/2006</u>	Coverage – Volunteer Firefighters
<u>POL 03/2017</u>	Arising Out of and In the Course of Employment
<u>PRO 03/2017</u>	Arising Out of and In the Course of Employment

Policy	Injuries – Hearing Loss (POL 11/2012)
Effective Date	February 1, 2013
Application	Applies to all new hearing loss claims on and after February 1, 2013
Purpose	To provide guidelines for the adjudication of traumatic and occupational noise induced hearing loss claims, as well as Permanent Functional Impairment (PFI) awards.

DEFINITION

Decibel means a unit of measurement expressing the relative intensity (loudness) of sound.

Hertz means a unit of frequency equal to one cycle per second and is related to the pitch of the sound.

Decibel sum of the hearing threshold levels (DSHL) means the sum of the minimum volumes detected during hearing tests, measured in decibels using a pure tone audiometer. For the purpose of assessing PFI awards, hearing tests are done at four frequency levels (500, 1,000, 2,000 and 3,000 Hertz).

Exchange rate means the maximum amount sound levels may increase above the specified criterion level if exposure time is cut in half.

Presbycusis means sensorineural hearing loss as a result of aging.

Sensorineural means hearing impairment due to damage to the cochlea (hair cells) or the cochlear (auditory) nerve.

Conductive means hearing loss due to a physical dysfunction of the sound collecting apparatus, either the bones or eardrum, but the auditory nerve is not affected.

Tinnitus means a subjective whistling, ringing, roaring or buzzing sound in the ear for which there is no objective measurement.

BACKGROUND

1. The purpose of this policy is to provide guidelines for the adjudication of traumatic and occupational noise induced hearing loss claims and PFI awards. The most current version of the *American Medical Association: Guides to the Evaluation of Permanent Impairment (AMA Guide)* is the Workers' Compensation Board's (WCB) rating schedule. These guides are used to establish the degree of hearing loss and the amount to be awarded.
2. The WCB regards occupational hearing loss as an injury and not an occupational disease.

POLICY

1. Occupational hearing loss may be traumatic (acoustic trauma), noise induced, or both. The date of injury for noise induced hearing loss is the earlier of the dates the worker initially sought medical attention for the condition, or reported to the WCB. For acoustic trauma, the actual date of the injury is to be used.
2. Traumatic hearing loss is usually sudden or acute and traceable to a specific work-related incident (e.g., exposure to a loud burst of sound, excessive pressure levels or injury such as basal skull fracture). The hearing impairment may be sensorineural, conductive or both.
3. Noise induced hearing loss is gradual and due to prolonged occupational exposure of excessive noise levels over a period of years (causing sensorineural impairment). To be eligible for a claim, there must be evidence of continuous occupational noise exposure for two or more years at the decibel levels and durations outlined in the chart below (taking into consideration normal time away for rest breaks), and the occupational noise exposure must be the predominate cause. In accordance with the Canadian Center for Occupational Health and Safety equivalent noise exposure standards, for every increase in noise of three decibels (Saskatchewan three decibel exchange rate) above 85 decibels, the required daily exposure time (over two or more years) required to result in lasting impairment will be reduced by half.

Allowable Level Decibels (Three Decibel Exchange Rate)	Max Permitted Daily Duration (Hours)
85	8
88	4
91	2
94	1
97	0.5
100	0.25

4. Actual noise readings at the worksite are not essential, provided confirmation of exposure from the employer, industry or other valid source is available to the WCB.
5. Hearing impairment is evaluated and based on DSHL. A DSHL totalling 125 or greater in one ear qualifies for a PFI award. A DSHL totalling 105 or greater in each of both ears qualifies for a PFI award. A DSHL totalling 367 in one ear is considered to be a total loss of hearing in that ear.
6. To qualify, a noise induced hearing loss claim must be a result of hearing loss predominantly from work exposure in a high noise industry.
 - a. The WCB will determine the extent of noise induced hearing loss from work-related exposure by reviewing the worker's audiogram completed while employed or within five years of leaving employment in a high noise industry. Noise induced hearing loss does not progress when noise exposure from work ceases. Therefore, an audiogram completed while employed or within five years of leaving employment would provide an accurate work exposure reading.

- b. If no audiogram is available from while the worker is employed or in the immediate five years from leaving employment, the WCB will review the worker's current audiogram. The WCB will consider audiogram patterns and standard occupational hearing loss calculators when determining the amount of noise induced hearing loss resulting from work-related exposure. However, the claim will not qualify if it is determined by the WCB that the hearing loss recorded on the current audiogram is predominately age related (presbycusis).
7. Hearing loss claims that are accepted as being predominately noise induced will not have a presbycusis factor deducted in determining the level of the PFI award.
8. A possible side effect of noise induced hearing loss is tinnitus. This condition will qualify a worker for a PFI award provided there is documented medical evidence that tinnitus has been long-standing, distressing, and continuous for at least two years. Where tinnitus has been caused by a work-related injury or occupational hearing loss, a rating of up to five per cent may be added to the worker's binaural hearing impairment (hearing impairment of both ears) rating.
9. All hearing loss claims are to be prorated to provide coverage for only the portion of hearing loss caused by exposure in a Saskatchewan industry, except where an interprovincial agreement for occupational noise induced hearing loss exists.
10. PFI awards for hearing loss will not be considered when establishing entitlement to independence allowance.

Effective Date	February 1, 2013
Approved Date	November 13, 2012
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20
Document History	<ol style="list-style-type: none"> (1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (2) POL and PRO 01/2010, Injuries – Hearing Loss (effective April 1, 2010 to January 31, 2013). (3) POL and PRO 01/2004, PFI – Hearing Loss (effective April 1, 2004 to March 31, 2010). (4) POL 35/91, Establishing Date of Injury in Occupational Noise Induced Hearing Loss Claims (effective December 9, 1991 to March 31, 2004). (5) Board Order 40/78, Noise Induced Hearing Loss (effective November 27, 1978). (6) Board Order 30/73, Noise Induced Hearing Loss (effective September 11, 1973).
Complements	PRO 11/2012 Injuries – Hearing Loss POL 31/2016 Allowance – Independence POL 04/2013 Date of Injury

<u>PRO 57/2017</u>	Hearing Services
<u>POL 04/2017</u>	Injuries – Occupational Disease
<u>PRO 04/2017</u>	Injuries – Occupational Disease
<u>POL 05/2014</u>	Occupational Disease Reserve
<u>POL 23/2010</u>	Permanent Functional Impairment (PFI) – General
<u>PRO 23/2010</u>	Permanent Functional Impairment (PFI) – General

Procedure	Injuries – Hearing Loss (PRO 11/2012)
Effective Date	February 1, 2013
Application	Applies to all new hearing loss claims on and after February 1, 2013
Purpose	To provide guidelines for the adjudication of traumatic and occupational noise induced hearing loss claims, as well as Permanent Functional Impairment (PFI) awards.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 11/2012, Injuries – Hearing Loss. This policy provides guidelines for the adjudication of traumatic and occupational noise induced hearing loss claims, as well as PFI awards.
2. Terms referenced in this procedure are defined in POL 11/2012.

PROCEDURE

1. The Case Manager or Claims Entitlement Specialist will gather and review all relevant medical (e.g., all audiograms, past and present) and employment reports to verify occupational noise induced or traumatic hearing loss, including whether there are any non-work-related contributors (e.g., history of ear infections, prior traumatic injury, illness, etc.) affecting the acceptability of a claim.
2. In the case of noise induced hearing loss, staff should examine the medical documentation for typical characteristics of this type of impairment, including the following:
 - a. The damage is always sensorineural, affecting the hair cells of the inner ear.
 - b. The hearing loss is typically bilateral (affecting both ears).
 - c. It almost never produces a loss greater than 75 decibels in high frequencies, and 40 decibels in lower frequencies.
 - d. Previous noise exposure does not make the ears more sensitive to future noise exposure and hearing loss does not progress (in excess of what would be expected from age-related threshold shifts) once the exposure is discontinued.
 - e. In contrast to age-related hearing impairment, the first sign of noise induced loss occurs at higher frequencies (3000, 4000 or 6000 Hertz) producing a 'notch, or good hook' on the audiogram, with better hearing at lower frequencies (500, 1000, and 2000 Hertz).
3. For noise induced hearing loss to be acceptable for a PFI award, the exposure criteria under Point 3 from POL 11/2012, Injuries – Hearing Loss, must be met. Staff may request actual worksite readings from Occupational Health and Safety if sufficient information is not available from the employer, industry or other valid sources to confirm the noise levels. Those claims not meeting the standards outlined in POL 11/2012 will be considered on their own merits.

4. Hearing loss produced by acoustic trauma caused by a single work-related event is generally easier to identify. Normal development of the claim will include gathering information about the circumstances of the incident, including but not limited to:
 - a. Whether the worker was wearing appropriate hearing protection (e.g., sudden burst of loud noise causing rupture of the ear drum, excessive pressure or head injury);
 - b. Intensity of the noise (sound pressure level);
 - c. Type of noise (frequency spectrum);
 - d. Character of surroundings in which the noise is produced;
 - e. Worker's distance from the source of the noise;
 - f. Position of the ear with respect to sound waves; and
 - g. Any relevant medical information including non-work-related causes and treatment following injury.

Staff should note that acoustic trauma can be sensorineural or conductive and usually affects one ear more than the other.

5. Where evidence shows that the worker's hearing loss arose out of the course of employment, the Case Manager or Claims Entitlement Specialist will ensure that an audiogram is performed by a WCB accredited hearing service provider. Hearing service providers will attach a copy of the audiogram to the Primary Level Authorization to Treat – Hearing Services form, which will be submitted to the WCB. The Case Manager or Claims Entitlement Specialist will provide approval of the submitted authorization form prior to treatment of the worker (e.g., hearing aids, batteries).
6. Where the worker has already had an audiogram performed, the Case Manager or Claims Entitlement Specialist will adjudicate the claim based on the results of that audiogram where the quality of the audiogram is suitable for doing so. Where the results are inconclusive, the Case Manager or Claims Entitlement Specialist will arrange for a repeat audiogram by an accredited hearing service provider.
7. Where the Medical Officer or hearing service provider advises that the current audiogram is unsuitable for determining the acceptability of an injury claim, the Case Manager or Claims Entitlement Specialist will arrange a repeat audiogram.
8. Although the audiogram may reveal hearing impairment at higher frequencies (4000, 5000 and 6000 Hertz), hearing loss, either traumatic or noise induced, will only warrant a PFI award when there is a decibel sum of the hearing threshold levels (DSHL) totalling 125 or greater in one ear, or 105 or greater in each of both ears. A DSHL totalling 367 in one ear is considered to be a total loss of hearing in that ear.
9. While a worker will not qualify for a PFI award, claim acceptance may be indicated if measurements reveal a DSHL less than 125 in one ear or 105 in each of both ears. Acceptance is dependent on demonstrating some degree of hearing loss attributable to occupational noise exposure or a traumatic work-related injury.
10. If occupational noise exposure or a traumatic work-related injury has resulted in the need for hearing instruments, coverage for the instruments and batteries should be provided in

accordance with PRO 57/2017, Hearing Services. Those benefiting from the use of hearing instruments may have a DSHL less than 125 in one ear or 105 in each of both ears, the minimum amount of hearing loss required to qualify for a PFI award. Typically, individuals with a DSHL less than 100 in one ear will not require hearing aids.

11. The Medical Officer and hearing service provider will be contacted if the typical audiometric pattern is not apparent to staff, or other medical information is required to make a decision as to the acceptability of an injury claim.
12. The Medical Officer assigns the PFI rating for tinnitus if there is documented medical evidence from the attending physician, hearing service provider, and or Otolaryngologist that the ringing in the worker's ears has been long-standing, distressing and continuous for at least two years. Where tinnitus has been caused by a work-related injury or occupational hearing loss, a rating of up to five per cent may be added to the worker's binaural hearing impairment (hearing impairment of both ears) rating.
13. The WCB will determine the extent of noise induced hearing loss from work-related exposure by reviewing the worker's audiogram completed while employed or within five years of leaving employment in a high noise industry. Noise induced hearing loss does not progress when noise exposure from work ceases. Therefore, an audiogram completed while employed or within five years of leaving employment would provide an accurate work exposure reading.
14. If no audiogram is available from while the worker is employed or in the immediate five years from leaving employment, the Medical Officer will review the worker's current audiogram. The Medical Officer will consider audiogram patterns and standard occupational hearing loss calculators when determining the amount of noise induced hearing loss resulting from work-related exposure. However, the claim will not qualify if it is determined that the hearing loss recorded on the current audiogram is predominately age related (presbycusis).
15. Hearing loss claims that are accepted as being predominately noise induced will not have a presbycusis factor deducted in determining the level of the PFI award.
16. Where an interprovincial agreement for occupational noise induced hearing loss exists, the province that initially receives the report of injury is responsible for all costs associated with exposure for parties in the agreement.
17. Except where an interprovincial agreement exists with another jurisdiction, the exposure will be prorated as follows:

$$\frac{\text{Number of months Saskatchewan exposure}}{\text{Total number of months exposure}} \times 100 = \% \text{ PFI}$$

Example (where the total PFI assigned is equal to 5%):

$$\frac{300 \text{ months Saskatchewan exposure}}{400 \text{ total months exposure}} \times 100 = \% \text{ PFI}$$

$$5\% (\text{Total PFI}) \times 75\% (\text{proration}) = 3.75\% (\text{Saskatchewan PFI portion})$$

18. Injured workers are to be routinely advised of their right to pursue entitlement with other jurisdictions.

19. Charging of costs:

- a. Where there is only one employer, charge to that employer.
- b. Where there is more than one employer within the same industry, charge to that industry by way of a group account established in Employer Services.
- c. Where there is more than one employer and multiple industry groups are involved, charge to the Occupational Disease Reserve.

Effective Date	February 1, 2013
Approved Date	November 13, 2012
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20
Document History	<p>(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>.</p> <p>(2) POL and PRO 01/2010, Injuries – Hearing Loss (effective April 1, 2010 to January 31, 2013).</p> <p>(3) POL and PRO 01/2004, PFI – Hearing Loss (effective April 1, 2004 to March 31, 2010).</p> <p>(4) POL 35/91, Establishing Date of Injury in Occupational Noise Induced Hearing Loss Claims (effective December 9, 1991 to March 31, 2004).</p>
Complements	<p>POL 11/2012 Injuries – Hearing Loss</p> <p>POL 31/2016 Allowance – Independence</p> <p>POL 04/2013 Date of Injury</p> <p>PRO 57/2017 Hearing Services</p> <p>POL 04/2017 Injuries – Occupational Disease</p> <p>PRO 04/2017 Injuries – Occupational Disease</p> <p>POL 05/2014 Occupational Disease Reserve</p> <p>POL 23/2010 Permanent Functional Impairment (PFI) – General</p> <p>PRO 23/2010 Permanent Functional Impairment (PFI) – General</p>

Policy	Injuries – Heart Attack (POL 05/2013)
Effective Date	December 1, 2013
Application	Applies to all heart attack claims on or after the effective date.
Purpose	To establish adjudication guidelines for heart attack claims.

DEFINITION

Unusual physical exertion or strain means the exertion or strain is unusual when compared to:

- a. An individual's normal work duties, and
- b. Their active lifestyle outside of work.

Acute means a specific, dramatic and sudden incident.

Emergency response means those circumstances where firefighters attend a crisis situation as part of their duties. Examples include a fire or car crash.

Pre-existing condition means a non-work-related medical condition that existed prior to the work-related injury.

BACKGROUND

Under Section 20 of *The Workers' Compensation Act, 2013* (the "Act"), the Workers' Compensation Board (WCB) will determine:

- a. Whether a condition or death was a result of an injury, and
- b. Whether an injury has arisen out of or in the course of employment.

POLICY

1. Heart attack claims are work injuries when one of the following has occurred:
 - a. The worker performed unusual physical exertions or strains within a few hours of the onset of heart attack symptoms. For example, an office worker who spends most of their time at a desk is required to move heavy office furniture.
 - b. The worker experienced an acute emotional shock within a few hours of the onset of heart attack symptoms (POL 02/2017, Injuries – Psychological).
 - c. The worker received an injury as a result of occupational hazards that placed unusual stress on the heart. For example:
 - i. An electric shock.
 - ii. Chest injury, or
 - iii. The inhalation of harmful gases such as carbon monoxide, hydrogen sulfide or methane.

- d. The worker had heart problems during medical treatment for a work injury. For example, reaction to anesthetic.
2. Heart attack claims will typically require detailed file development. This will involve obtaining:
 - a. All relevant medical information. This includes records of prior heart problems, and
 - b. Details of the circumstances leading up to the initial onset of symptoms and the diagnosis of a heart attack.
3. In certain instances a worker may not recognize the initial symptoms as an indicator of heart problems. This can cause a delay in the diagnosis. Coverage may be provided if:
 - a. The diagnosis occurred within 24 hours of an unusual physical exertion or acute emotional shock, and
 - b. The worker experienced symptoms within a few hours of the work event.

Firefighters

4. When a firefighter has a heart attack within 24 hours of attending an emergency response, the WCB will determine the claim under POL 03/2020, Injuries – Firefighters.

Pre-Existing Conditions

5. Factors such as pre-existing conditions and lifestyle may contribute to heart disease. As a result, each heart attack claim will be considered on its own merits. Review by a WCB Medical Consultant may be required (POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration).

Fatalities

6. When a worker is found dead at a worksite, the WCB will determine the claim under POL 04/2014, Fatalities, Presumption.

Effective Date	December 1, 2013
Approved Date	October 29, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20, 23, 28, 29 <i>The Workers' Compensation General Regulations, 1985</i> Sections 22.3
Document History	<ol style="list-style-type: none"> (1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (2) POL and PRO 12/2007, Injuries – Cardiac (effective March 1, 2006 to November 30, 2013) (3) POL and PRO 04/2004, Injuries – Cardiac (effective August 1, 2004 to February 28, 2006). (4) POL 31/72, Injuries – Cardiac (effective April 19, 1972 to July 31, 2004).

Complements	<u>PRO 05/2013</u>	Injuries – Heart Attack
	<u>POL 04/2014</u>	Fatalities, Presumption
	<u>POL 03/2020</u>	Injuries – Firefighters
	<u>PRO 03/2020</u>	Injuries – Firefighters
	<u>POL 04/2017</u>	Injuries – Occupational Disease
	<u>PRO 04/2017</u>	Injuries – Occupational Disease
	<u>POL 02/2017</u>	Injuries – Psychological
	<u>POL 12/2017</u>	Pre-Existing Conditions – Aggravation or Acceleration

Procedure	Injuries – Heart Attack (PRO 05/2013)
Effective Date	December 1, 2013
Application	Applies to all heart attack claims on or after the effective date.
Purpose	To establish adjudication guidelines for heart attack claims.

BACKGROUND

1. POL 05/2013, Injuries – Heart Attack, has been approved by the Workers' Compensation Board (WCB).
2. The following procedure provides staff with guidelines for determining heart attack claims.

PROCEDURE

1. Operations staff will develop all heart attack claims upon notice of an injury. Development will include details of the circumstances leading up to the initial onset of symptoms and the diagnosis of a heart attack. It may also include details of any prior related condition (POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration).
2. Sources of information may include:
 - a. The worker (active lifestyle outside of work, job history and description of duties).
 - b. Any witnesses.
 - c. The employer (confirmation of description of duties and employment history), and
 - d. Relevant medical sources.
3. Operations staff will evaluate the 24 hour period prior to the diagnosis of a heart attack to determine:
 - a. If symptom onset occurred within a few hours of the work event, and
 - b. Whether the duties performed were excessive and unusual. The work duties prior to the heart attack are to be compared with the typical job demands and the worker's active lifestyle outside of work.
4. A determination made under Point 3 is not a medical decision.
5. A Medical Consultant may review cases where:
 - a. The diagnosis is questioned, or
 - b. The claim involves complex medical issues.

Effective Date December 1, 2013

Approved Date	October 29, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20, 23, 28, 29 <i>The Workers' Compensation General Regulations, 1985</i> Sections 22.3
Document History	<ol style="list-style-type: none">(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>.(2) POL and PRO 12/2007, Injuries – Cardiac (effective March 1, 2006 to November 30, 2013)(3) POL and PRO 04/2004, Injuries – Cardiac (effective August 1, 2004 to February 28, 2006).(4) POL 31/72, Injuries – Cardiac (effective April 19, 1972 to July 31, 2004).
Complements	POL 05/2013 Injuries – Heart Attack POL 04/2014 Fatalities, Presumption POL 03/2020 Injuries – Firefighters PRO 03/2020 Injuries – Firefighters POL 04/2017 Injuries – Occupational Disease PRO 04/2017 Injuries – Occupational Disease POL 02/2017 Injuries – Psychological POL 12/2017 Pre-Existing Conditions – Aggravation or Acceleration

Procedure	Injuries - Hernia (PRO 02/2016)
Effective Date	April 1, 2016
Application	Applies to all hernia claims on and after the effective date.
Purpose	To establish adjudication guidelines for hernia claims.

DEFINITION

Hernia means a bulge of an organ through the structure that usually contains the organ. Excessive strain or direct trauma may cause hernias.

Incarceration means instances where the protrusion of tissue through the hernia becomes trapped and cannot be pushed back in easily.

Strangulation means instances where the protrusion of tissue becomes twisted and cuts off its own blood supply.

Pre-existing condition means a non-work-related medical condition or physical condition that existed prior to the work-related injury.

BACKGROUND

1. Under *The Workers' Compensation Act, 2013* (the "Act"), the WCB will determine if a worker's (Section 20):
 - a. Condition or death is a result of an injury, and
 - b. Injury arose out of or in the course of employment.
2. The inguinal canal is an area in the groin where hernias occur due to a developmental tissue weakness which occurs prior to birth in many individuals. The WCB does not consider a developmental weakness a pre-existing condition. Therefore, the WCB will not consider new hernia protrusions that arise from work incidents as aggravations or accelerations of pre-existing conditions because the hernia did not exist before the incident.

PROCEDURE

New Hernia

1. Claims Entitlement Specialists (CES) will review hernia claims. Claim acceptance will be according to the following guidelines:
 - a. Indirect/direct inguinal hernia develops in the groin region. For such claims to be acceptable, the CES will confirm that the herniation:
 - i. Arose out of straining activity that could significantly increase the pressure inside the abdomen, and

- ii. Resulted in pain or swelling in the groin region during or immediately after the straining activity.
 - b. Femoral hernia develops in the inner upper thigh or groin region. For such claims to be acceptable, the CES will confirm that the herniation:
 - i. Arose out of straining activity that could significantly increase the pressure inside the abdomen, and
 - ii. Resulted in pain or swelling in the inner upper thigh or groin region during or immediately after the straining activity.
 - c. Umbilical and paraumbilical hernia develops in the belly button region. For such claims to be acceptable, the CES will confirm that the herniation:
 - i. Arose out of straining activity that could significantly increase the pressure inside the abdomen, and
 - ii. Resulted in pain in the belly button region during or immediately after the straining activity.
 - d. Incisional hernia develops at the site of a surgical scar. For such claims to be acceptable, the CES will confirm that the herniation:
 - i. Arose out of straining activity that could significantly increase the pressure inside the abdomen.
 - ii. Resulted in pain at the incision site during or immediately after the straining activity, and
 - iii. Is not a recurrence of a previous herniation at the site of the surgical scar.
 - e. Hydrocele is a collection of fluid in a saclike cavity. For such claims to be acceptable, the CES will confirm that:
 - i. The hydrocele is a direct result of an accepted inguinal hernia claim, or
 - ii. There is direct trauma to the area of the hydrocele.
2. Other hernia claims may not have a direct link to employment. The CES may refer such claims to a Medical Officer for review. Types of hernias that may not have a direct link to employment include, but may not be limited to, the following:
 - a. Hiatus.
 - b. Diaphragmatic.
 - c. Cystocele.
 - d. Rectocele.
 - e. Uterine prolapse.
 - f. Enterocele.

Pre-Existing Hernia

3. A pre-existing hernia may incarcerate or strangulate due to straining work. The WCB will provide coverage for surgery and recovery when:

- a. There is an incarceration or strangulation immediately after a specific straining activity, and
 - b. Emergency surgery is required.
4. If the incarceration or strangulation is manually reduced by the attending physician and the worker does not need emergency surgery, the WCB will:
 - a. Provide coverage for medical aid and time away from work while putting the herniated tissue back into place.
 - b. Not provide coverage for subsequent surgery and time away from work.
5. The CES or Case Manager will determine if a claim that involves a pre-existing hernia is eligible for cost relief (POL 11/2017, Second Injury and Re-Employment Reserve).

Recurrent Hernia

6. If the worker previously had a hernia claim that arose out of employment and the recurrence happens:
 - a. Within one year of the hernia repair, the CES will provide coverage under the original hernia claim.
 - b. After one year of the hernia repair, the CES will adjudicate the recurrence as a new injury claim.
7. If a non-work-related herniation recurs because of a work-related incident, the CES will adjudicate the recurrence as a new work injury.

Effective Date	April 1, 2016
Approved Date	March 8, 2016
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20, 49
Document History	(1) PRO 03/2013, Injuries – Hernia (effective April 1, 2013 to March 31, 2016). (2) PRO 37/86, Injuries, Hernia (effective October 1, 1986 to March 31, 2013).
Complements	POL 12/2017 Pre-Existing Conditions – Aggravation or Acceleration POL 11/2017 Second Injury and Re-Employment Reserve PRO 11/2017 Second Injury and Re-Employment Reserve

Policy	Injuries – Occupational Disease (POL 04/2017)
Effective Date	October 1, 2017
Application	Applies to all occupational diseases injuries on or after the effective.
Purpose	To establish guidelines for occupational disease injuries.

BACKGROUND

1. The definition of occupational disease requires two conditions to be met before it is considered an injury, as defined by *The Workers' Compensation Act, 2013* (the "Act") (Section 2(1)(aa)):
 - a. The disease or disorder must have arisen out of and in the course of employment, and
 - b. Result from causes or conditions that are:
 - i. Peculiar to or characteristic of a particular trade, occupation or industry; or
 - ii. Peculiar to a particular employment.
2. The Act provides a definition for "injury", which includes a "disabling or potentially disabling disorder caused by an occupational disease" (2(1)(r)(iii)).
3. The Workers' Compensation Board (WCB) has exclusive jurisdiction to examine, hear and determine all matters arising pursuant to the Act (Section 20). This includes:
 - a. Whether any condition or death with respect to which compensation is claimed was caused by an injury (Section 20(2)(a)), and
 - b. Whether any injury has arisen out of or in the course of employment (Section 20(2)(b)).
4. The Act and *The Workers' Compensation General Regulations, 1985* (the "General Regulations") provide conditions for the presumption of an occupational disease for firefighters. POL 03/2020, Injuries – Firefighters provides guidelines for cancer and cardiac claims for firefighters.
5. The WCB has established guidelines to determine a worker's date of injury for both acute and delayed onset injuries (POL 04/2013, Date of Injury).

POLICY

1. In all cases, the WCB establishes if an injury is work-related by determining if it arose out of and in the course of employment (POL 03/2017, Arising Out of and In the Course of Employment).
 - a. An injury arises out of employment if it is the result of an activity that has a link to, originates from, or is the result of a worker's employment and would not have happened if not for a worker's employment.

- b. An injury occurs in the course of employment when it happens in a time and place linked to employment and if the worker is performing a task which is part of their obligations and purpose of employment.
2. The WCB will obtain all available information when determining if a disease or disorder arose out of and in the course of employment.
3. The WCB makes decisions on the real merits and justice of each case and decisions are not bound to follow any legal precedent. If evidence in support of both sides of an issue is approximately equal, the WCB will resolve the issue in favour of the worker (POL 02/2019, Decision Making).
4. In addition to the following general guidelines, the WCB has established specific guidelines to determine if a disease or disorder is an occupational disease (As per the appendices attached to PRO 04/2017, Injuries – Occupational Disease).

General Guidelines

5. The WCB considers if a worker's disease or disorder was the result of exposure to a harmful substance (e.g., asbestos or silica) during employment or because of performing activities for the purpose of their employment.
6. Exposure to a harmful substance (e.g., asbestos fibres) in the workplace should be reported to the WCB, even if the worker does not initially experience symptoms, seek medical attention or experience earnings loss past the day of exposure.
7. Exposure or employment activities may result in a worker developing a latent occupational disease. The cause and effect link between the exposure and disease is either known at the time of exposure, or unknown at the time of exposure but a link has since been established through scientific evidence.
8. A disease or disorder is typically the result of numerous exposures, but may also be the result of a single, usually traumatic exposure, where the cause is easily identified.
9. A disease or disorder may be the result of both work and non-work causes (e.g., medical conditions, hobbies and exposure in employment not covered by the Act). The WCB will determine claim acceptance based on the degree of exposure or the effect on the disease or disorder by both.
10. Pre-existing conditions accelerated or aggravated due to a work-related exposure or disease or disorder will be considered under POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration.
11. Even if there is a presumption for an occupational disease provided by the Act and the General Regulations, all claims require full file development to determine if it arose out of and in the course of employment.

Permanent Functional Impairment

12. If an accepted occupational disease claim results in a measurable permanent functional impairment, the worker may be eligible for a Permanent Functional Impairment award as outlined in the PFI – General policy (POL 23/2010).

Cost Relief

13. Employers may be eligible for cost relief as per POL 11/2017, Second Injury and Re-employment Reserve or POL 05/2014, Occupational Disease Reserve.

Effective Date	October 1, 2017
Approved Date	June 20, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 2(1)(aa), 20, 23, 49
Document History	<ul style="list-style-type: none"> (1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (2) August 8, 2004, updated through ADM 03/2004 to reflect that guides concerning certain occupational diseases are to be attached to the procedure in compliance with 2001 Committee of Review recommendation 7.04. (3) POL and PRO 11/2003, Injuries – Occupational Disease (effective December 1, 2003 to September 30, 2017). (4) POL and PRO 07/1999, Injuries – Occupational Disease (effective February 1, 1999 to November 30, 2003). (5) Board Order 40/78, Noise Induced Hearing Loss (effective November 27, 1978).
Complements	<ul style="list-style-type: none"> PRO 04/2017 Injuries – Occupational Disease POL 03/2017 Arising Out of and In the Course of Employment POL 04/2013 Date of Injury POL 02/2019 Decision Making PRO 02/2019 Decision Making POL 03/2020 Injuries – Firefighters PRO 03/2020 Injuries – Firefighters POL 11/2012 Injuries – Hearing Loss POL 05/2013 Injuries – Heart Attack POL 02/2017 Injuries – Psychological POL 05/2014 Occupational Disease Reserve POL 23/2010 Permanent Functional Impairment (PFI) – General POL 11/2017 Second Injury and Re-Employment Reserve PRO 11/2017 Second Injury and Re-Employment Reserve

Procedure	Injuries – Occupational Disease (PRO 04/2017)
Effective Date	October 1, 2017
Application	Applies to all occupational diseases injuries on or after the effective.
Purpose	To establish guidelines for occupational disease injuries.

BACKGROUND

POL 04/2017, Injuries – Occupational Disease provides guidelines for when the WCB considers a disease or disorder to be an occupational disease. The following procedure, along with the attached appendices, outlines how Claims Entitlement Services (CES) staff determine if a disease or disorder is an occupational disease.

PROCEDURE

1. To ensure the most up-to-date occupational disease information is being applied, the Chief Medical Officer (CMO) will periodically review the appendices for occupational diseases.
2. The CMO will consult with Saskatchewan's Chief Occupational Medical Officer regarding the most current available research and review literature around emerging occupational issues. The policies and the appendices for occupational diseases will be updated, as required.
3. WCB Medical Officers review current literature when providing opinions on occupational disease claims.

Claim Decisions

4. CES staff will review claims on a case-by-case basis when considering if a disease or disorder arose out of and in the course of employment.
5. CES staff will fully develop each claim to determine if a disease or disorder arose out of and in the course of employment and will consider the following:
 - a. The worker's employment history and when exposure at work may have occurred. This includes, but is not limited to, confirming:
 - i. The worker's current and previous employers and industries of employment.
 - ii. The type of work or job duties required for employment and that may have resulted in exposure to a harmful substance.
 - iii. When and where the worker performed duties for employment.
 - b. Non-work related factors that may have affected the disease or disorder. This includes considering the degree of both work and non-work related exposure.
 - c. All relevant medical information and confirmation of the worker's diagnosis. This includes considering the latency, progression, nature of the disease and if any non-work related factors may have contributed to the disease or disorder.

- d. Any additional guidelines provided through the attached appendices.
6. CES staff will make a decision that a disease or disorder was the result of exposure to a harmful substance during employment after weighing all of the available information. If evidence in support of an issue is approximately equal, the WCB will resolve the issue in favour of the worker (POL 02/2019, Decision Making).
7. If there is any doubt as to the cause of the disease, CES staff will consult with a WCB Medical Officer before denial of a claim.
8. If CES staff determine that a pre-existing condition has been accelerated or aggravated due to exposure or because of a disease or disorder, POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration will apply.
9. All decisions are subject to review when additional medical, scientific or other information is received.
10. If an accepted occupational disease results in a measurable permanent functional impairment, Medical and Health Care Services will determine if the worker is eligible for a Permanent Functional Impairment (PFI) award (POL 23/2010, Permanent Functional Impairment (PFI) – General).

Attachments

[Appendix A – Allergies](#)
[Appendix B – Respiratory Diseases](#)
[Appendix C – Dermatitis](#)
[Appendix D – Cardiac Conditions](#)
[Appendix E – Asbestos Related Cancer](#)
[Appendix F – Mercury Poisoning](#)
[Appendix G – Repetitive Strain](#)
[Appendix H – Raynaud's Phenomenon](#)

Effective Date

October 1, 2017

Approved Date

June 20, 2017

Legislative Authority

The Workers' Compensation Act, 2013
 Sections 2(1)(r), 2(1)(aa), 20, 23, 49

Document History

- (1) January 1, 2021. Point 6 in Appendix G, Repetitive Strain Injuries, updated for grammatical purposes.
- (2) January 1, 2014. References updated in accordance with *The Workers' Compensation Act, 2013*.
- (3) August 8, 2004, updated through ADM 03/2004 to reflect that guides concerning certain occupational diseases are to be attached to the procedure in compliance with 2001 Committee of Review recommendation 7.04.
- (4) POL and PRO 11/2003, Injuries – Occupational Disease (effective December 1, 2003 to September 30, 2017).

- (5) POL and PRO 07/1999, Injuries – Occupational Disease (effective February 1, 1999 to November 30, 2003).
- (6) Board Order 40/78, Noise Induced Hearing Loss (effective November 27, 1978).

Complements

POL 04/2017	Injuries – Occupational Disease
POL 03/2017	Arising Out of and In the Course of Employment
POL 04/2013	Date of Injury
POL 02/2019	Decision Making
PRO 02/2019	Decision Making
POL 03/2020	Injuries – Firefighters
POL 11/2012	Injuries – Hearing Loss
POL 05/2013	Injuries – Heart Attack
POL 02/2017	Injuries – Psychological
POL 05/2014	Occupational Disease Reserve
POL 23/2010	Permanent Functional Impairment (PFI) – General
POL 11/2017	Second Injury and Re-Employment Reserve
PRO 11/2017	Second Injury and Re-Employment Reserve

Appendix A

Allergies

Background

1. The immune system normally protects the body from viruses and bacteria by producing antibodies to fight them. Allergies are an overreaction of the immune system.
2. In an allergic reaction, the immune system starts fighting essentially harmless substances like dust mites, airborne pollutants, or a medication as if the substance was trying to attack the body. This overreaction causes problems that affect the skin, nose, lungs, digestive organs and the blood vessels.
3. Typically, workers will not experience an allergic reaction until they have become sensitized to the allergens in their workplace.
 - a. Some workers will become symptomatic to allergy-causing materials (allergens) when exposed only a few times.
 - b. While other workers will develop a reaction only after a prolonged period of time.
4. The following are guidelines for the adjudication of allergy claims.

Guidelines

1. Claims will be considered for acceptance if a worker is exposed to an allergen during the course of employment which causes an underlying mild allergic sensitivity to become symptomatic.
2. In the workplace, allergic reactions may be caused by a number of substances, including but not limited to, the following:
 - a. Biological agents (viruses, bacteria, fungi, pollen) that can accumulate in washrooms, humidifiers, de-humidifiers, ventilation pipes and ducts.
 - b. Volatile organic compounds that are released by felt-tip markers, correction fluid, cleaning agents, paint and toner from photocopiers, printers and fax machines.
 - c. Formaldehyde, which is found in glue, carpeting, some fabrics and furniture made from particleboard or plywood.
 - d. Latex gloves used by health care workers to prevent the transmission of infectious diseases.
3. Occupational health specialists recognize that numerous health problems may result from exposure to these substances including: inflammation of sinuses, ear problems, upper respiratory infections (wheezing, chest tightness and coughing), growths in the nose, nose bleeds from allergy symptoms or allergy medication, and, skin infections from scratching itchy skin.
4. Industries or occupations with a greater risk of workers developing allergies include, but are not limited to, the following:

- a. Farmers or veterinarians who become allergic to animals.
- b. Food industry workers exposed to a number of allergens including shellfish, peanuts, eggs and coffee beans.
- c. Hairdressers who become allergic to shampoos, conditioners or colourants they use daily.
- d. Physicians, nurse's aides, pharmacists, laboratory technicians, food service workers and housekeeping personnel who wear latex gloves.

Appendix B

Respiratory Diseases

Background

1. Occupational health specialists recognize a connection between some industrial work environments and respiratory disease when a worker is exposed to substances such as: bacteria, viruses, tobacco smoke, car exhaust and other air pollutants.
2. Common symptoms or signs of respiratory disease include trouble breathing and shortness of breath. Workers will often complain of a long-term cough that will not go away, may cough up blood, or experience pain while inhaling or exhaling.
3. Some substances can cause a worker to have upper respiratory irritation or irritation of their nose and/or throat. Workers will often have cold-like symptoms, such as a runny nose and scratchy throat.
4. The following are guidelines for the adjudication of respiratory disease claims.

Guidelines

1. Claims will be considered if exposure during the course of employment results in respiratory diseases including: asthma, chronic obstructive pulmonary disease (COPD), lung cancer, chronic bronchitis, emphysema, and heart related conditions.
2. In the workplace, respiratory diseases may be caused by the inhalation of substances, including but not limited to, the following:
 - a. Dusts from wood, cotton, coal, asbestos, silica, talc, cereal grains, coffee, pesticides, drug or enzyme powders, metals and fibreglass.
 - b. Fumes from metals that are heated and cooled quickly.
 - c. Smoke from burning organic materials, which can contain a variety of dusts, gases and vapours.
 - d. Gases such as formaldehyde, ammonia, chlorine, sulphur dioxide, ozone and nitrogen oxides.
 - e. Vapours given off from liquids and solvents. They usually irritate the nose and throat before they affect the lungs.
 - f. Mists from paints, hairspray, pesticides, cleaning products, acids, oils and solvents.
3. Some respiratory diseases have specific causes, such as:
 - a. Asbestos: Asbestos fibres within the lungs may result in asbestosis, or forms of lung cancer. Smoking tobacco in combination with asbestos exposure can accelerate the cancer by approximately five times.
 - b. Radon: Radon particles are absorbed by the lung and the resulting radiation dose increases the risk of lung cancer. Scientists estimate the risk of developing lung cancer because of radon exposure is 10 to 20 times higher for smokers than for people who have never smoked.

- c. Carbon Monoxide: Carbon monoxide exposure reduces the blood's ability to carry oxygen and can cause carbon monoxide poisoning. Symptoms of carbon monoxide exposure include: headaches, dizziness, sleepiness, weakness, nausea, vomiting, confusion, and disorientation. At very high levels it causes loss of consciousness and death.
 - d. Nitrogen Dioxide: Some studies have shown that when people with asthma inhale low levels of nitrogen dioxide while doing physical activity, their lung airways can narrow and become more reactive to harmful inhaled materials.
 - e. Sulphur Dioxide: At high exposure levels, it causes the lung airways to narrow causing wheezing, chest tightness, and/or breathing problems. People with asthma are particularly susceptible to the effects of sulphur dioxide.
4. Industries or occupations with a greater risk of a worker developing respiratory diseases include, but are not limited to, the following:
- a. Jobs that involve exposure to fumes from metals and other substances that are heated and cooled quickly. This includes welding, smelting, furnace work, pottery making, plastics manufacture, and rubber operations.
 - b. Firefighters are at special risk from inhaling noxious smoke and combustion gases. This risk can also be found in jobs where chemical reactions occur with high heat operations, such as: welding, brazing, smelting, oven drying and furnace work. POL 03/2020, *Injuries – Fire Fighters*, provides additional direction for cancer claims involving firefighters.
 - c. Painters and auto-body repair technicians who breathe in vapours given off from solvents.
 - d. Hairstylists, artists and exterminators could be effected by mists or sprays from hairsprays, cleaning products and oils.

Appendix C

Dermatitis

Background

1. Occupational skin diseases are a widespread problem. Skin diseases caused by substances and processes used in the workplace are commonly known as dermatitis.
2. Dermatitis is a general term that is used to describe an inflammation of the skin and is divided into two classifications; Allergic Contact Dermatitis and Irritant Contact Dermatitis.
3. The following are guidelines for adjudicating claims for diseases of the skin.

Guidelines

1. Claims will be considered where contact with substances or chemicals found in the workplace causes Allergic Contact Dermatitis or Irritant Contact Dermatitis.
2. Allergic Contact Dermatitis affects the body's immune system. The immune system protects the body from sickness and the cells in the body react when a foreign substance enters it. A foreign substance could be a chemical absorbed into the skin.
3. Symptoms of Allergic Contact Dermatitis include: inflammation, itching, pain, redness, swelling, and the formation of small blisters or itchy, red circles with a white centre.
4. Irritant Contact Dermatitis is an inflammation caused by substances or chemicals in the workplace that come in direct contact with the skin.
5. Symptoms of Irritant Contact Dermatitis include: redness, blisters, scales or crusts on the skin. In the workplace, Irritant Contact Dermatitis can develop after either:
 - a. A short and intense exposure to a substance or chemical.
 - b. A repeated or prolonged and low level exposure to a substance or chemical.
6. In the workplace, dermatitis may be caused by contact with a number of substances including, but not limited to, the following:
 - a. Strong irritants, such as: acids, some metals or organic compounds.
 - b. Mild irritants, such as: soap, detergents, mild acids or alkalis, greases and solvents.
 - c. The following list includes some of the more common occupations where Allergic and Irritant Contact Dermatitis can occur. It also includes some of the allergens and irritants that could cause dermatitis.

Occupation	Allergens	Irritants
Carpenters	Stains, glues, woods, turpentine, and varnishes	Detergents, thinners, solvents and wood preservatives.
Cleaners	Rubber gloves.	Detergents and solvents.

Occupation	Allergens	Irritants
Construction Workers	Chromates, cobalt, rubber and leather gloves, resins and woods.	Cement.
Florists & Gardeners	Plants, pesticides and rubber gloves.	Manure, artificial fertilizers and pesticides.
Mechanics	Rubber gloves, chromates, epoxy resin and antifreeze.	Oils, greases, gasoline, diesel fuel, cleaners and solvents.
Office Workers	Rubber, nickel and glue.	Solvents from photocopiers and adhesives.
Painters	Turpentine, thinners, cobalt, chromates, polyester resins, formaldehyde, epoxy resin, adhesives and paints.	Solvents, thinners, wallpaper adhesives and hand cleaners.

7. To produce damage, the irritant must penetrate the outer layer of the skin. Following penetration, the irritant comes into contact with cells and tissues and can react with certain chemicals that are naturally present in cells and tissues. These reactions produce skin damage.
8. Workers can have many types of reactions and the severity of the reaction depends on:
 - a. The intensity and duration of exposure or how often there is contact with the allergen/irritant.
 - b. The presence of any existing skin problems, rashes, cuts, scratches or scrapes.
 - c. If the temperature and humidity in the workplace causes sweating. Perspiration can dissolve chemical powder and enable the allergen to enter the body more quickly.
 - d. The part of the body exposed to the irritant. Injury is greater where the skin is thinner such as the face and upper back.

Appendix D

Cardiac Conditions

Emergency Response means circumstances when firefighters attend a crisis situation, including, but not limited to: a fire, car crash or other incident as part of their active firefighting duties.

Background

1. Cardiac conditions may be the result of exposure to noxious inhalants and other chemicals, including: carbon monoxide, carbon disulfide, halogenated hydrocarbons and nitroglycerin/nitrates.
2. Carbon monoxide decreases the oxygen-capacity of the blood and reduces the oxygen supply available to the heart.
 - a. Carbon disulfide, a widely used solvent has been shown to increase the risk of cardiovascular disorders, including coronary artery disease and hypertension.
 - b. Halogenated hydrocarbons in acute exposures have precipitated sudden death due to abnormal heart rhythms.
 - c. Exposure to nitroglycerines and nitrates has been shown to lead to increased risk of cardiac chest pain, heart attacks and sudden death.
3. *The Workers' Compensation Act, 2013* (the "Act") (Section 28) and *The Workers' Compensation General Regulations, 1985* (the "General Regulations") (Section 22.3) outlines the presumption of occupational disease for firefighters, which includes a cardiac injury.

Guidelines

1. Claims will be considered if a cardiac condition is the result of the inhalation of noxious gases, such as: carbon monoxide, carbon disulfide, nitroglycerine and nitrates.
2. As per the Act, if a firefighter suffers a cardiac injury that manifests within 24 hours of an emergency response, it is presumed to be an occupational disease. No minimum period of employment applies (POL 03/2020, Injuries – Firefighters).
3. However, regardless of whether the presumption is met, full file development will occur, which involves obtaining all relevant medical information and a complete history of the worker's professional firefighting duties (POL 04/2017, Injuries – Occupational Disease).
4. POL 05/2013, Injuries – Heart Attack provides additional direction for cardiac injuries that are the result of a work-related incident, such as: electric shock, penetrating or non-penetrating chest injuries, unusual physical exertions or strains and traumatic events.

Appendix E

Asbestos Related Cancer

Background

Health Canada has concluded that a valid relationship exists between exposure to asbestos and certain types of cancers, including gastrointestinal, laryngeal, lung and mesothelioma.

Guidelines

1. Gastrointestinal cancer (i.e., esophagus, stomach, small bowel, colon, and rectum), lung cancer, mesothelioma and laryngeal cancers are compensable in the following circumstances:
 - a. There is a clear and adequate history of occupational or environmental exposure to asbestos dust. Occupations representing a higher risk for developing asbestos related cancers include:
 - i. Asbestos mining.
 - ii. Textile manufacturing.
 - iii. Insulation and filter material production.
 - iv. Construction.
 - v. Welding, plumbing and electrical work.
 - vi. Shipyard work.
 - b. While the risk of asbestos related cancer is highest among workers with the greatest cumulative exposure, increased risk may be seen even after short but intense exposure.
 - c. Depending on the length and intensity of exposure, the interval between onset and the diagnosis is as follows:
 - i. 10 to 20 years for laryngeal or gastrointestinal cancers.
 - ii. 10 years for lung cancer.
 - iii. 15 to 30 years for mesothelioma.
2. If a claim does not meet the conditions in Point 1, the WCB will make a decision on the real merits and justice of each case. Where evidence in support of both sides of an issue is approximately equal, the WCB will resolve the issue in favour of the worker (POL 02/2019, Decision Making). The WCB will give consideration to:
 - a. The nature of the occupation.
 - b. The extent and intensity of the exposure.
 - c. Other factors peculiar to the individual case.
3. Operations staff will consult a WCB Medical Officer before a claim for asbestos related cancer is denied, if there is a medical question.

Appendix F

Mercury Poisoning

Background

Workplaces contaminated with metals such as mercury can cause health problems, which may become permanent. The nervous system, blood, intestines, kidneys and the reproductive system can be damaged.

Guidelines

1. Compensation benefits will not be granted to workers who:
 - a. Have no symptoms of mercury poisoning, and
 - b. A 24-hour urinary mercury excretion of 100 micrograms or less.
2. However, the worker may be eligible for any time loss directly related to the investigation of the claim for mercury poisoning.
3. Compensation benefits are payable if:
 - a. A worker has symptoms of mercury poisoning, including physical signs, and
 - b. A 24-hour urinary mercury excretion in excess of 100 micrograms.

The worker will be eligible for wage loss benefits because of time loss related to the exposure. This includes any time loss related to the investigation of the claim and for treatment. The worker may also require relocation to a work environment which does not involve mercury exposure until the signs and symptoms have disappeared and the mercury excretion levels have fallen to normal.

4. Workers who have no symptoms of mercury poisoning, but who on a routine screening have urinary mercury excretion in excess of 300 micrograms per 24 hours, will have their claim accepted and will be provided relocation assistance. Workers will be relocated to employment not involving mercury exposure until their mercury excretion has dropped to normal levels.

Appendix G

Repetitive Strain Injuries

Background

1. There are highly divergent opinions on the cause and effect relationships within the medical and business communities concerning Repetitive Strain Injuries (RSI). However, there is evidence that indicates work activities involving varying degrees of force and/or repetition and/or poor ergonomics can cause RSI.
2. The following are guidelines to determine work relationships for RSI claims.

Guidelines

1. Repetitive Strain Injuries means musculoskeletal injuries caused by particular muscle groups being overloaded from repeated use, force or by the maintenance of constrained postures. RSI injuries result in pain, fatigue and a decline in work performance.
2. RSI includes, but is not limited to, the following common activity related musculoskeletal or soft tissue injuries: carpal tunnel syndrome (CTS), epicondylitis (tennis or golfer's elbow), cubital tunnel syndrome, tendonitis, rotator cuff, shoulder impingement syndrome, radial tunnel syndrome, thoracic outlet syndrome, trigger finger and disablements from vibrations.
3. The three major risk factors for RSI in the workplace include:
 - a. Repetition: The number of times the specific activity(s) is repeated and the percentage of the workday during which it occurs.
 - b. Force: The weight or impact of the object being handled and/or the force of body action required to carry out the activity.
 - c. Ergonomics: The body positioning, both static and dynamic, required to do the activity and the set-up of the work area involved.
4. Repetition and force are the primary factors with poor ergonomics increasing the effect of the two primary factors.

The following matrix is used as the basis for determining the cause and effect relationship to employment:

HIGH FORCE/LOW REPETITION	HIGH FORCE/HIGH REPETITION
<ul style="list-style-type: none"> • Medium to high probability of employment relationship. • Probability increased with poor ergonomics. • Job examples: <ul style="list-style-type: none"> ○ Grinder operator. ○ Electricians. 	<ul style="list-style-type: none"> • High probability of employment relationship. • Probability increased with poor ergonomics. • Job examples: <ul style="list-style-type: none"> ○ Meat cutters. ○ Carpenters. ○ Jack hammer operator.

<p>LOW FORCE/LOW REPETITION</p> <ul style="list-style-type: none"> • Low probability of employment relationship. 	<p>LOW FORCE/HIGH REPETITION</p> <ul style="list-style-type: none"> • Medium to high probability of employment relationship. • Probability increased with poor ergonomics. • Job examples: <ul style="list-style-type: none"> ○ Typists. ○ Cashiers. ○ Painters.
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5. The following factors will be considered which may support an RSI claim:
 - a. A precise symptom onset during work activity.
 - b. New to the activities in the job.
 - c. Recent increase in activities at work.
 - d. Age of worker and years of activity.
 - e. Improved symptoms away from work.
6. The following factors, which do not support an RSI claim, will also be reviewed:
 - a. Symptom onset away from employment.
 - b. Activities performed for many years.
 - c. Recent increase in activities outside work.
 - d. Other medical considerations (medications or therapies).
 - e. Bilateral symptoms without bilateral activity.
 - f. Continue or increasing symptoms away from work.
7. However, the factors in points 5 and 6 are not to be used as the sole basis for acceptance or denial of a claim.

Appendix H

Raynaud's Phenomenon

Background

1. Raynaud's Phenomenon is a disorder of the small blood vessels that feed the skin. During an attack, these arteries contract briefly, limiting blood flow. The attacks may last from minutes to hours. The hands and feet are most commonly affected, but Raynaud's can attack other areas such as the nose and ears.
2. Symptoms include changes in skin color to darker hues including blue to red and the skin temperature of the affected area feels cooler. In extreme cases, there may be swelling, painful throbbing, and ulcerations may develop that can become infected and lead to gangrene.

Guidelines

Claims will be considered for occupations such as tree fellers and rock drillers when there is exposure to cold temperatures or there is prolonged use of vibratory tools.

Policy	Injuries – Psychological (POL 02/2017)
Effective Date	20 December 2016
Application	All psychological injury claims, regardless of injury date.
Purpose	To establish adjudication guidelines for psychological injury claims.

DEFINITION

DSM, means the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association. The fifth version to be used as prescribed by *The Workers' Compensation Miscellaneous Regulations*. The DSM does not include guidelines for treatment of any disorder.

DSM diagnosis, for the purposes of this policy, means a diagnosis that meets all diagnostic criteria for a disorder in accordance with the DSM, completed by a psychologist or psychiatrist licensed to practice and make diagnoses.

Mental Health Assessment (MHA) is a psychological evaluation completed by a Workers' Compensation Board (WCB) accredited psychologist or psychiatrist and includes:

- An assessment and diagnosis of a disorder, or confirmation of a diagnosis, in accordance with the DSM.
- Recommended treatment plans and
- Recommended return to work plans.

Psychological injury, for the purposes of this policy, means any psychological disorder or condition that meets DSM diagnostic criteria and has arisen, or is presumed to have arisen, out of and in the course of employment (Section 28.1(1)(a)).

Traumatic event means a single or series of events or incidents that arose out of and in the course of employment that may result in a psychological injury. This includes, but is not limited to:

- Direct exposure to actual or threatened death or serious injury to worker and/or others.
- An event or series of events that are specific or sudden and generally accepted from a public perspective as being unusually shocking or horrific.
- Workload or work-related interpersonal incidents that are excessive and unusual in comparison to pressures and tensions experienced in normal employment. These must be beyond the normal scope of maintaining employment from a public perspective.

BACKGROUND

1. In 2016, *The Workers' Compensation Act, 2013* (the "Act") was amended to direct that, "unless the contrary is proven, if a worker or former worker is diagnosed with a psychological injury by a psychiatrist or psychologist, that injury is presumed to be an injury that arose out of and in the course of the worker's employment." (Section 28.1(2)).

2. This presumption applies to a worker who is, or former worker who was, exposed to a traumatic event (Section 28.1(1)(b)) and suffers a psychological disorder that is diagnosed in accordance with the DSM (Section 28.1(1)(a)).
3. An injured worker must report an injury to their employer and the WCB (Sections 44(1) and 47). However, failure to give notice does not prevent the worker from receiving benefits (Section 46).
4. Employers have an obligation to report work injuries to the WCB when they become aware of an injury that prevents a worker from earning full wages or that requires medical attention (Section 52).
5. Health care providers examining or treating injured workers are expected to provide any reports the WCB may require (Sections 55, 56, and 57).
6. The WCB is authorized to gather information needed to determine all matters or questions arising under the Act (Sections 20 and 25).
7. The WCB may use funds “for any other purposes that the board considers necessary to carry out the intent of this Act” (Section 115(j)).

POLICY

1. A psychological injury is presumed to be an injury that arose out of and in the course of the worker’s employment when all of the following criteria is met:
 - a. The worker is, or the former worker was, exposed to a traumatic event.
 - b. The traumatic event arose out of and in the course of employment.
 - c. The traumatic event has caused the worker or former worker to suffer a psychological disorder that is diagnosed in accordance with the DSM, and
 - d. The psychological disorder is diagnosed by a psychologist or psychiatrist licensed to practice and make diagnoses.
2. The WCB will obtain relevant information to determine if the psychological injury claim meets the statutory presumptions and arose out of and in the course of the worker’s employment.
 - a. If there is evidence demonstrating that the worker’s employment is not the predominant cause of the psychological injury, the presumption will be rebutted.
 - b. If the evidence regarding employment and non-employment related causes are evenly balanced, the presumption is not rebutted.
 - c. Entitlement for a work-related psychological injury will not be denied due to the existence of a pre-existing psychological condition (points 19 to 21).
3. WCB will obtain information from the worker, employer and care providers to gain an understanding of the traumatic event(s) or incident(s). In sensitive situations where it may be difficult for the worker to discuss the event, WCB will gather information from the worker’s care provider and employer.

Diagnoses and Mental Health Assessments (MHA)

4. All DSM diagnoses submitted by the worker, or their care provider, will be reviewed to determine if:
 - a. The diagnosis meets the diagnostic criteria in accordance with the DSM, and
 - b. The initial diagnosis meets the required full assessment diagnosis level:
 - i. The full assessment diagnosis level means the psychologist or psychiatrist has included both the clinical information (e.g., history, presentation, functioning levels) and psychological testing information.
 - ii. A working diagnosis means the worker receives treatment for the presumed diagnosis. These are interview-based and do not include any required formal testing.
 - iii. A reason for visit diagnosis means the worker has attended an appointment after an event or incident or at the onset of symptoms. The care provider has recorded the reason for the appointment and the treatment provided. These are interview-based and do not include formal testing.
5. The WCB may require a MHA completed by a WCB-accredited psychologist or psychiatrist to confirm assessment and DSM diagnosis when:
 - a. The diagnostic criteria in accordance with the DSM was not provided by the care provider and/or
 - b. The initial diagnosis does not meet the full assessment diagnosis level.
6. If a DSM diagnosis is not submitted by the worker or their care provider, the WCB will determine if the worker was exposed to a traumatic event and if a MHA is required to complete an assessment and diagnosis.
7. If the onset of psychological symptoms are delayed (do not begin immediately or close in time to the traumatic event) and a DSM diagnosis has not been provided, a MHA will be required to confirm a DSM diagnosis consistent with exposure to a traumatic event.
8. A MHA may be required during the ongoing management of the claim to recommend treatment and return to work plans.

Traumatic Events – Acute and Cumulative

9. If the presumption criteria is met, the WCB will presume that the psychological injury arose out of and in the course of employment unless the contrary is shown. Evidence that can be considered in determining whether the presumption has been rebutted can include information such as, but not limited to:
 - a. The worker did not witness and/or was not directly involved in a traumatic event or a series of traumatic events.
 - b. The traumatic event did not arise out of and in the course of employment.
 - c. The traumatic event is not the predominant cause of the worker's psychological injury (i.e., there is evidence that the disorder was caused by something not related to employment).

10. Symptoms from a single traumatic event often occur immediately or shortly after the event. Where the causal relationship between the worker's employment and the injury is evident and undeniable, a DSM diagnosis may not be required for the claim to be accepted (e.g., experiencing a robbery while working, witnessing the death of a co-worker, etc.).
11. Due to the nature of particular occupations, some workers, over a period of time may be exposed to a series of traumatic events. If the worker has a reaction to the most recent traumatic event, the presumptions will be considered even if the worker was able to tolerate the past traumatic events.

Incidents – Workload and Interpersonal

12. The daily pressures or stressors of work are normal expectations for maintaining employment.
 - a. Any reasonable action taken by an employer relating to management is considered a normal part of employment and is not considered a traumatic event. Normal employment expectations include, but are not limited to, the following:
 - i. Hiring and firing employees.
 - ii. Performance evaluations and/or performance corrective actions.
 - iii. Staff assignments, transfers or restructuring.
 - iv. Promotions, demotions and lay-offs.
 - v. Periodic workload fluctuations and/or assignment changes.
 - vi. Timeline pressures.
 - vii. Work environment.
 - b. Interpersonal incidents between a worker and co-workers, management or customers are not generally considered traumatic events unless the incidents result in behaviour that is considered aggressive, threatening or discriminatory.
13. If the worker is involved in a series of workload or work-related interpersonal incidents that are beyond the normal expectations of maintaining employment, the incidents may be considered a traumatic event.
14. WCB will obtain all relevant information to determine if the psychological injury meets the statutory presumptions and arose out of in the course of the worker's employment. Evidence that can be considered in determining whether the presumption has been rebutted can include information such as, but not limited to:
 - a. The incident(s) did not cause the worker to suffer a psychological disorder diagnosed in accordance with the DSM.
 - b. The incident(s) did not arise from work requirements and/or are not work-related (i.e., employment is not the predominant cause of the worker's psychological injury).
 - c. The workload issues or work-related interpersonal incidents are not considered traumatic in comparison to normal pressures and tensions experienced within employment.

- d. The incident(s) did not escalate to the point of aggressive, threatening or discriminatory behaviour.
- e. The worker's workload does/did not differ significantly from their or their co-worker's usual workload and is not considered beyond the normal scope of maintaining employment (e.g., amount or type of tasks, etc.).
- f. Information gathered from others (e.g., employer, coworkers) with knowledge of the incidents contradicts the workers perception of the incident.
- g. Information that the unusual workload has not been in effect for a significant time.
- h. Information that the incident(s) are a result of voluntary personal relationships and/or their breakdown within the workplace.

Entitlement

- 15. WCB may provide coverage for counselling services and required medication while the claim is being adjudicated. If the claim is not accepted, these costs will not be charged to the employer.
- 16. If the claim is accepted, the WCB will provide benefits based on earnings loss, allowances or awards caused by the effects of the work injury.
- 17. WCB will not base entitlement on items such as punitive damages, loss of seniority and awards for pain and suffering that may make up parts of arbitration awards (e.g., human rights action, grievance awards).
- 18. WCB benefits may coincide with the worker's disability insurance entitlement. It is the worker's responsibility to notify their disability insurance provider if they receive WCB benefits.

Pre-Existing Conditions

- 19. Entitlement for a work-related psychological injury will not be denied due to the existence of a pre-existing condition. However, the WCB does not assume any responsibility for a worker's pre-existing condition.
- 20. The WCB will determine if a work-related injury resulted in either an aggravation or acceleration of a worker's pre-existing condition (POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration).
- 21. An employer may be eligible for cost relief for claims involving a pre-existing condition under POL 11/2017, Second Injury and Re-employment Reserve.

Permanent Functional Impairment (PFI)

- 22. WCB will review accepted psychological injuries that are unlikely to improve for PFI awards (POL 23/2010, Permanent Functional Impairment (PFI) – General).

Appeals

23. If a psychological injury claim is previously denied under former legislation, a worker can request WCB to reconsider the original decision. The request to reconsider previous claims will be considered by the WCB team responsible for the most recent decision (e.g., Claims Entitlement staff, Case Manager, Appeals Officer, Board Appeal Tribunal), before progressing to the next level of appeal (e.g., the Appeals Department, Board Appeal Tribunal).
24. Any new decisions made under this policy may be appealed (POL 21/2013, Appeals – Claims).

Critical Incident Response Information Sessions

25. To address and respond to the emotional and psychological consequences resulting from exposure to and/or witnessing a traumatic workplace incident, post-incident response information sessions are available.

Effective Date	20 December 2016
Approved Date	19 April 2017
Legislative Authority	<p>The Workers' Compensation Act, 2013 Sections 2(1)(r), 2(1)(ff.1), 2(1)(ff.2), 2(1)(ii), 19, 20, 25, 26, 28.1, 44, 46, 49, 187(1)(e.1)</p> <p>The Workers' Compensation Miscellaneous Regulations Sections 5.1</p>
Document History	<p>(1) 20 December 2016, Bill 39, an amendment to <i>The Workers' Compensation Act, 2013</i>, came into effect, which established a rebuttable presumption for all forms of psychological injuries. The amendment applies to all current and former workers eligible for coverage, regardless of injury date.</p> <p>(2) POL and PRO 01/2009, Injuries – Psychological (effective 01 May 2009 to 19 December 2016).</p> <p>(1) 01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> (Bill 58).</p> <p>(2) 21 October 2013. Policy and procedure reviewed.</p> <p>(3) POL 02/92, Stress Claims (effective 28 January 1992 to 30 April 2009).</p>
Complements	<p>PRO 02/2017 Injuries – Psychological</p> <p>POL 22/2013 Appeals – Board Appeal Tribunal</p> <p>POL 21/2013 Appeals – Claims</p> <p>POL 03/2017 Arising Out of and In the Course of Employment</p> <p>POL 04/2013 Date of Injury</p> <p>PRO 50/2017 Medical Fees – Psychologists</p> <p>POL 23/2010 Permanent Functional Impairment (PFI) – General</p> <p>POL 12/2017 Pre-Existing Conditions – Aggravation or Acceleration</p>

[POL 11/2017](#) Second Injury and Re-Employment Reserve

[PRO 11/2017](#) Second Injury and Re-Employment Reserve

Procedure	Injuries – Psychological (PRO 02/2017)
Effective Date	20 December 2016
Application	All psychological injury claims, regardless of injury date.
Purpose	To establish adjudication guidelines for psychological injury claims.

BACKGROUND

1. *The Workers' Compensation Act, 2013*, creates a rebuttable legislative presumption that may apply when a worker or former worker receives a diagnosis in accordance with the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* due to an exposure to a traumatic event or series of events or incidents that arose out of or in the course of employment.
2. POL 02/2017, *Injuries – Psychological* establishes adjudication guidelines for all psychological injury claims.

PROCEDURE

General

1. When the WCB receives a psychological injury claim, Claims Entitlement Specialist III (CES III) staff will determine if:
 - a. The worker was exposed to a traumatic event or a series of traumatic events that arose out of and in the course of employment.
 - b. The worker has received a DSM diagnosis by a psychologist or psychiatrist licensed to practice and make diagnoses.
 - c. A Mental Health Assessment (MHA) is required.

DSM Diagnosis

2. CES III staff will determine if a DSM diagnosis has been completed by the worker's psychologist or psychiatrist.
 - a. If the worker has received a DSM diagnosis for the injury, CES staff will confirm that the DSM diagnosis was completed by a psychiatrist or psychologist licensed to practice and make diagnoses.
 - b. CES staff will obtain the relevant healthcare information from the care provider (e.g., name and location of care provider, DSM diagnosis, treatment dates, treatment plan, etc.). CES staff may request the worker to fill out a Worker Medical Release of Information Request form (WMROI) to authorize the care provider to release the information to WCB (e.g., if the DSM diagnosis was provided by an out of province psychologist).
 - c. Once the DSM diagnosis is received from the worker's care provider, CES staff will request WCB's Psychological Consultant to confirm if the diagnosis meets all of the diagnostic criteria in accordance with the DSM.

- i. If there is insufficient evidence in the diagnosis to make this determination, staff will request WCB's Health Care Services (HCS) to arrange a MHA.
 - ii. If the DSM diagnosis provided is from a previous version of the DSM, WCB's Psychological Consultant may recommend a MHA to determine what issues the worker is currently experiencing and how it relates to the original work injury.
 - iii. If WCB's Psychological Consultant confirms that all diagnostic criteria is met, staff will gather addition information to determine if all the requirements for the presumption are met. This may include arranging a MHA where causal relationship between the worker's employment and the injury is not evident.
3. If a DSM diagnosis is not provided by the worker's psychologist or psychiatrist, the WCB will obtain all relevant information to determine if the worker was exposed to a traumatic event that arose out of and in the course of employment and suffered a psychological injury.
 - a. Where the CES III does not have enough information to determine entitlement, the CES III will request WCB's HCS to arrange a MHA, including diagnosis, while CES III staff proceed with file development.
 - b. Where the causal relationship between the worker's employment and the injury is evident and irrefutable, a DSM diagnosis may not be required for the claim to be accepted. CES III staff will proceed with file development and adjudication.

Mental Health Assessments (MHA)

4. Doctorial psychologists, accredited by WCB, will perform MHAs in accordance with the:
 - a. DSM published by the American Psychiatric Association, and
 - b. Mental Health Assessment Template (MATR) provided by WCB's HCS.
5. MHAs will help determine:
 - a. Current DSM diagnosis.
 - b. The predominant cause of psychological problems.
 - c. The ongoing effects of the injury.
 - d. The level and expected duration of appropriate care.
 - e. An appropriate return-to-work plan.

File Development

6. Where at the time of initial review a decision cannot be made, the CES will contact the worker to explain:
 - a. The policy and procedure and what information is required to adjudicate a psychological injury claim.
 - b. How long it will take for the WCB to adjudicate and determine entitlement.
 - c. Options for financial resources until the WCB determines entitlement.

7. The CES III will gather information from the worker, employer, coworkers, care provider and/or any other person with knowledge of the event or events. This could involve, but may not be limited to, the following:
 - a. Taking statements.
 - b. Interviewing witnesses.
 - c. Reviewing:
 - i. Employment records.
 - ii. Relevant/available medical documentation, including any history of psychological health issues, and
 - iii. Any other evidence related to the injury.
8. If the CES III cannot gather the required information to determine entitlement, the CES III may refer the file to the investigator. The investigator will gather evidence and further information from the customer, employer, co-workers, witnesses and others. They may view the worksite where the event occurred. Any findings will be provided to the CES III.
9. In sensitive situations where it may be difficult for the worker to discuss the traumatic event, staff will gather information from the worker's care provider and employer.
10. The CES III can request the assistance of WCB's Psychological Consultant at any time during the review or development of claims.
11. The CES III may provide coverage for medication and or counselling services while the claim is adjudicated (PRO 50/2017, Health Care Services – Psychologists will apply).
 - a. The CES III will request consent from the worker to view their counselling reports. These reports may help the CES III in determining if a claim is acceptable.
 - b. If the CES III denies the claim, the medication and counselling services will be covered up to the date of notification. Medication and counselling services will not be charged to the employer.
12. If the CES III accepts the claim, the CES III will:
 - a. Notify the worker and employer by telephone and in writing of the decision.
 - b. Arrange for initial earnings loss benefits and expense payments.
 - c. Refer the claim to a Case Manager (CM) to develop a return-to-work plan.
13. The CM may request HCS to arrange additional MHAs during the ongoing management of the claim. Where the worker has not recovered and/or returned to work within four weeks of diagnosis, the CM will request HCS to arrange a MHA.

Permanent Functional Impairment (PFI)

14. If the CM determines that a worker's psychological injury is unlikely to improve, the CM will request the Psychological Consultant to confirm that the worker has reached their Maximum Medical Improvement (MMI).

15. If the Psychological Consultant determines that the worker has reached their MMI, HCS will arrange a Permanent Functional Impairment (PFI) Mental Health Assessment with a doctoral psychologist who has experience providing DSM diagnoses and determining scores associated with the following scales:
 - a. Global Assessment of Functioning (GAF) Scale.
 - b. Brief Psychiatric Rating Scale (BPRS).
 - c. Psychiatric Impairment Rating Scale (PIRS).
16. The doctoral psychologist will:
 - a. Perform the PFI Mental Health Assessment in accordance with POL 23/2010, Permanent Functional Impairment (PFI) – General, and
 - b. Determine GAF, BPRS and PIRS scores.
17. The Psychological Consultant will review the file, including the PFI Mental Health Assessment, and provide a PFI rating.

Critical Incident Response Information Sessions

18. To address and respond to the emotional and psychological consequences resulting from exposure to or witnessing a traumatic workplace incident, the WCB offers post-incident response information sessions.
19. After a traumatic workplace event, WCB staff will inform employers that an information session with a psychologist can be arranged. The employer will notify WCB if there are workers requiring a session.
20. WCB's HCS staff will determine what an appropriate response is in consultation with a WCB Medical Officer and/or Psychological Consultant and will complete any needed referrals with a WCB approved psychologist.
21. The purpose of any post-incident response information session is to focus on the well-being of the worker(s). Non-incident related emotional issues or labour relations concerns are not discussed during a session.

Effective Date 20 December 2016

Approved Date 19 April 2017

Legislative Authority [*The Workers' Compensation Act, 2013*](#)
Sections 2(1)(r), 2(1)(ff.1), 2(1)(ff.2), 2(1)(ii), 19, 20, 25, 26, 28.1, 44, 46, 49, 187(1)(e.1)
[*The Workers' Compensation Miscellaneous Regulations*](#)
Sections 5.1

- Document History**
- (1) 20 December 2016. [Bill 39](#), an amendment to *The Workers' Compensation Act, 2013*, came into effect, which established a rebuttable presumption for all forms of psychological injuries. The amendment applies to all current and former workers eligible for coverage, regardless of injury date.
 - (2) POL and PRO 01/2009, Injuries – Psychological (effective 01 May 2009 to 19 December 2016).
 - (1) 01 January 2014. References updated in accordance with *The Workers' Compensation Act, 2013* (Bill 58).
 - (2) 21 October 2013. Policy and procedure reviewed.
 - (3) POL 02/92, Stress Claims (effective 28 January 1992 to 30 April 2009).
- Complements**
- [POL 02/2017](#) Injuries – Psychological
 - [POL 22/2013](#) Appeals – Board Appeal Tribunal
 - [POL 21/2013](#) Appeals – Claims
 - [POL 03/2017](#) Arising Out of and In the Course of Employment
 - [POL 04/2013](#) Date of Injury
 - [PRO 50/2017](#) Medical Fees – Psychologists
 - [POL 23/2010](#) Permanent Functional Impairment (PFI) – General
 - [POL 12/2017](#) Pre-Existing Conditions – Aggravation or Acceleration
 - [POL 11/2017](#) Second Injury and Re-Employment Reserve
 - [PRO 11/2017](#) Second Injury and Re-Employment Reserve

Policy	Injuries – Recreational Activities in Remote Camps (POL 29/1982)
Effective Date	April 23, 1982
Application	All related claims.
Purpose	To establish guidelines for determining entitlement for injuries sustained while participating in recreational activities in remote camps.

BACKGROUND

1. By legislation, compensation is payable for injuries arising out of and in the course of employment.
2. The legislation covers “employment” injuries rather than just “work” injuries, and therefore can encompass other activities related to employment.
3. Not infrequently, recreational injuries occur while employees are off work on their spare time.
4. The employer, in an isolated camp situation, has control over what sort of activities the work force engages in during their off hours.

POLICY

1. Each case will be considered on its own merits having regard for such factors as serious and wilful misconduct, or knowingly undertaking a task which is excessively perilous.
2. Recreational injuries, whether employer-sponsored or employee-sponsored, will be considered as injuries arising out of and in the course of employment.
 - a. This includes an injury occurring on the employer’s isolated property when the worker is engaging in reasonable activity associated with employment or with normal life activities.
3. Injuries not covered as those involving an imported hazard (see POL 03/2017), and those involving purely personal acts on the part of a worker which do not involve a hazard of the premises and which occur at a time when the worker is not engaged in employment.

Effective Date	April 22, 1982
Approved Date	June 14, 1982
Legislative Authority	<i>The Workers’ Compensation Act, 2013</i> Sections 27
Document History	(1) January 1, 2014. References updated in accordance with <i>The Workers’ Compensation Act, 2013</i> .

- (2) 1995, Board Order 29/82 divided into policy and procedure. Approved through POL 29/1995.
- (3) Board Order 15/82, Coverage – Injuries – Resident-Captive Workers (effective April 23, 1982).

Complements

- [PRO 29/82](#) Injuries – Recreational Activities in Remote Camps
- [POL 03/2017](#) Arising Out of and In the Course of Employment
- [POL 08/2017](#) Serious and Wilful Misconduct

Procedure	Injuries – Recreational Activities in Remote Camps (PRO 29/1982)
Effective Date	April 23, 1982
Application	All related claims.
Purpose	To establish guidelines for determining entitlement for injuries sustained while participating in recreational activities in remote camps.

BACKGROUND

1. By legislation, compensation is payable for injuries "arising out of and in the course of employment."
2. The legislation covers "employment injuries" rather than just "work" injuries, and therefore can encompass other activities related to employment.
3. Not infrequently, recreational injuries occur while employees are off work on their spare time.
4. The employer, in an isolated camp situation, has control over what sort of activities the work force engages in during their off hours.

PROCEDURE

1. In certain situations, the employer's employees are resident employees or captive employees. They have little, if any freedom of choice as to the premises they use or the things which they can do to pass the time when not working.
2. Most Workers' Compensation jurisdictions provide coverage when the source of injury was a risk distinctly associated with the conditions under which the claimant lived because of the requirement of remaining on the premises. Thus, injuries occurring while using bunkhouses, eating facilities, rest facilities, employer provided recreation facilities, etc., would fall within this doctrine.
3. This does not mean that everything is covered. A worker may import into the isolated setting a dangerous risk which is unreasonable to the work setting. For example, someone who has a dangerous hobby such as working with explosives, may well have a claim disallowed if injured while engaged in this hobby on the employer's premises. The link to employment is too tenuous in this example to grant coverage.
4. The second category of recreational injury is employee-sponsored recreation such as fishing, swimming, water skiing, etc. The British Columbia WCB writes, in reported Decision 39, as follows:

"...in a situation such as the work location involved here (isolated camp), the worker does not, like the city worker, move from an employment relationship into a private life which he enjoys in a general society independent of his work environment. Only to a

limited extent is the worker at this kind of location free to develop a lifestyle and private life independent of the employer's organization."

The decision further states:

"Cases like the present might be seen as examples of the 'inducement to hire doctrine. The essence of this doctrine is that if an employer establishes a facility, or locates close to a facility, that is one of the attractions inducing workers to come to his place of employment, injuries occurring through the use of that facility are compensable. For example, in one case a residential worker drowned on his day off while swimming in a lake at the employer's camp. Compensation was awarded on the ground that it could be inferred that the fact that the recreational facilities exists was an inducement of hire.'

We do not, however, rest our decision in this case on the inducement of hire doctrine so much as on the broader principle that where a worker is injured in the course of receiving the consideration for which he is working, or in the course of using some facility supplied or provision made by the employer, the acceptance of such consideration and the use of such facility or provision are part of the employment relationship; and injuries resulting therefrom are injuries arising out of and in the course of employment."

Effective Date	April 22, 1982
Approved Date	June 14, 1982
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 27
Document History	<ul style="list-style-type: none"> (1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (2) 1995, Board Order 29/82 divided into policy and procedure. Approved through POL 29/1995. (3) Board Order 15/82, Coverage – Injuries – Resident-Captive Workers (effective April 23, 1982).
Complements	<ul style="list-style-type: none"> POL 29/82 Injuries – Recreational Activities in Remote Camps POL 03/2017 Arising Out of and In the Course of Employment POL 08/2017 Serious and Wilful Misconduct

Policy	Injuries – Responding to Work-Related Emergencies (POL 01/2016)
Effective Date	March 1, 2016
Application	Applies to workers responding to work-related emergencies on and after the effective date.
Purpose	To establish guidelines for adjudicating claims where workers are injured while responding to work-related emergencies at the worksite that occur outside the normal course of employment.

DEFINITION

Work-related emergency, for the purpose of this policy, means emergency situations that arise out of employment, but occur outside the normal course of the worker's employment.

BACKGROUND

- Section 2(1)(r) of *The Workers' Compensation Act, 2013* (the "Act") directs that "'injury' means all or any of the following arising out of and in the course of employment:
 - the results of a wilful and intentional act, not being the act of the worker;
 - the results of a chance event occasioned by a physical or natural cause;
 - a disabling or potentially disabling condition caused by an occupational disease;
 - any disablement."
- Section 20(1)(b) of the Act states that the board shall have exclusive jurisdiction to examine, hear and determine "whether any injury has arisen out of or in the course of an employment."

POLICY

- Workers who are injured while responding to work-related emergencies at the worksite that occur outside the normal course of the worker's employment, will be considered to be in the course of employment if they are reasonably expected to respond to the emergency. If the WCB considers the worker to be in the course of employment, coverage will be provided for any injuries sustained.
- The WCB considers a worker to be reasonably expected to respond to a work-related emergency where the worker is seen to have the:
 - experience;
 - expertise; and
 - opportunity;
 required to respond to work-related emergencies.

3. Coverage is not dependent upon whether the worker receives remuneration from the employer for responding to the work-related emergency at the worksite.
4. Coverage begins from the time of notification of the work-related emergency, including travel to and from the emergency site, and is not restricted to normal hours of work.

Attachments	Work-Related Emergency Examples
Effective Date	March 1, 2016
Approved Date	February 8, 2016
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20(1)(b)
Document History	<p>(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>.</p> <p>(2) POL 28/77, Injuries, Responding to Emergency (effective July 12, 1977 to February 29, 2016).</p>
Complements	<p>POL 03/2017 Arising Out of and In the Course of Employment</p> <p>POL 07/2009 Injuries – Workers Acting as Good Samaritans</p>

Work-Related Emergency Examples

Acceptable Claim

There is a cave in at a mine. Members of the mine rescue team are informed by the employer or media, while outside their normal hours of work and while away from the worksite, of the cave in. The information they receive indicates there are miners trapped in the mine. Members of the mine rescue team are expected to drop what they are doing and respond to the work-related emergency. One of the members of the mine rescue team is injured while travelling to the site of the emergency. In this situation, the injury would be compensable.

Non-Acceptable Claim

A storm damages a worksite. There is no indication employees or members of the public are at risk. The worker hears of the damage while away from the worksite. Outside the worker's normal hours of work, the worker proceeds to the worksite to view the damage. The worker has no immediate role in the assessment or repair of the damage. The worker is injured while travelling to the worksite. In this situation, the injury would not be compensable.

Policy	Injuries – Travelling for or Attending Medical Aid or Return-to-Work Programming (POL 04/2011)
Effective Date	April 1, 2011
Application	Applies to all claims on and after the effective date.
Purpose	To establish guidelines for claims where injuries are sustained while travelling for or attending medical aid or return-to-work programming as required by a work injury.

DEFINITION

Return-to-Work Programming, in this context, means Workers' Compensation Board (WCB) sponsored programs aimed at assisting an injured worker in a return to suitable employment. These may include, but are not limited to, academic or technical training, work assessment, training on the job, job search programs, or employment skills development workshops.

Resident Community means the limits of the city, town, or village in which the worker's permanent place of residence is located.

BACKGROUND

1. Section 20(2)(b) of *The Workers' Compensation Act, 2013* (the "Act") directs that the WCB shall have exclusive jurisdiction to examine, hear and determine all matters and questions arising under this Act and any other matter in respect of which a power, authority or discretion is conferred upon the board and, without limiting the generality of the foregoing, the WCB shall have exclusive jurisdiction to determine whether an injury has arisen out of or in the course of employment.
2. Section 103 of the Act states:
 - (1) Every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:
 - (a) any medical aid that may be necessary as a result of the injury;
 - (b) any other treatment by a health care professional;
 - (c) any prosthetics or apparatus that may be necessary as a result of the injury, and to have any prosthetic limbs and eyes and any surgical appliances such as belts, braces, supports and orthopaedic shoes repaired, maintained and renewed when necessary by reason of accident or ordinary wear and tear; and
 - (d) any transportation or sustenance occasioned by the medical aid.
 - (2) The board shall furnish or arrange medical aid in any manner that it may approve.
3. Section 111 of the Act states that the WCB "may take any measures that it considers necessary or expedient:
 - (a) to assist an injured worker in returning to work;

- (b) to assist in lessening or removing any barriers resulting from the worker's injury; or
- (c) to encourage a dependent spouse of a deceased worker to become self-sufficient."

4. Due to a work injury, a worker may be required to:
 - a. Travel for medical aid and attend a treatment centre (i.e., a hospital, a secondary or tertiary assessment/treatment centre, a counselling centre, a rehabilitation centre, a work hardening centre, etc.); or
 - b. Travel for and attend return-to-work (RTW) programming at a work site or academic/technical training institution.

This travel and attendance can place the worker at additional risk, which can be considered part of the effects of a work injury.

5. In determining entitlement, the WCB considers there to be a parallel between:
 - a. Travel for the purposes of employment and travel for medical aid or RTW programming as required by a work-related injury; and
 - b. Injuries that occur on the work site and those that happen on the premises where medical aid or RTW programming is being received for a work-related injury.

POLICY

1. The WCB will provide coverage for injuries arising in the course of travel for medical aid where the worker is:
 - a. Injured while being immediately transported from the work site to a hospital or other place of treatment after a work injury;
 - b. Travelling for medical aid in an ambulance or air ambulance; or
 - c. Travelling for medical aid outside of the resident community, and the travel exceeds the worker's normal pre-injury travel requirement for getting to and from work.
2. The WCB will provide coverage for injuries arising in the course of travel for RTW programming where the worker is:
 - a. Pre-authorized a WCB travel allowance to travel outside the resident community; and
 - b. The travel exceeds the worker's normal pre-injury travel requirement for getting to and from work.
3. The WCB will not provide coverage for injuries arising in the course of travel for medical aid or RTW programming where:
 - a. Medical aid or RTW programming is sought in the worker's resident community;
 - b. Travel does not exceed the worker's normal pre-injury travel requirement for getting to and from work; or
 - c. The worker deviates from the most practical route for personal reasons.
4. The WCB may provide coverage for injuries a worker sustains on the premises where the worker is attending medical aid or RTW programming for a work injury. In respect of RTW

programming, this will include academic/technical training institutions or an employer's premises.

5. Transition from WCB to Saskatchewan Government Insurance (SGI) benefits will be considered if a worker, while in receipt of WCB benefits, sustains an injury as a result of a motor vehicle incident. Where it is determined coverage is not valid, POL 06/2009, Benefits – Customers in Transition from WCB to SGI Benefits – will apply.
6. Cost relief will be considered if injuries that arise in the course of travel for medical aid or RTW programming result in additional claim costs. POL 11/2017, Second Injury and Re-Employment Reserve, will apply.

Effective Date	April 1, 2011
Approved Date	March 1, 2011
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20(2)(b), 103, 111
Document History	<ol style="list-style-type: none"> (1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (2) POL 15/87, Injury Occurring while Travelling for Medical Aid and at the Place of Treatment (effective April 8, 1987 to March 31, 2011). (3) POL 12/90, Injury Occurring While Travelling in Connection with and/or Participating in Board-Sponsored Vocational Rehabilitation Programs (effective March 29, 1990 to March 31, 2011).
Complements	<p>POL 39/2010 Expenses – Travel and Sustenance – General</p> <p>POL 06/2009 Benefits – Customers in Transition from WCB to SGI Benefits</p> <p>POL 11/2017 Second Injury and Re-Employment Reserve</p> <p>PRO 11/2017 Second Injury and Re-Employment Reserve</p>

Policy	Injuries – Workers Acting as Good Samaritans (POL 07/2009)
Effective Date	November 1, 2009
Application	Applies to workers responding to emergency situations on and after the effective date.
Purpose	To establish guidelines for injury claims where workers act as Good Samaritans when assisting at emergency situations.

DEFINITION

Emergency situation for the purpose of this policy means a single occurrence resulting in (potential) serious harm to others that workers encounter in the course of employment and offer their assistance.

BACKGROUND

1. Section 20(2)(b) of *The Workers' Compensation Act, 2013* (the "Act") provides the Workers' Compensation Board (WCB) with the exclusive jurisdiction to determine "whether any injury has arisen out of or in the course of employment."
2. The WCB recognizes that workers may encounter emergency situations (e.g., car collisions) in the course of their employment and that their natural response is to act as "Good Samaritans" and assist those who may be exposed to (potential) serious harm.
3. The reason the worker happens to be in that particular time and place arises out of and in the course of employment (POL 03/2017). As a result, there is a tenable link between the risk and the worker's employment duties.

POLICY

1. Workers who are injured while assisting at an emergency situation encountered in the course of employment will be entitled to compensation benefits under the Act. An example of an emergency situation is provided below:

Example:

A truck driver is driving along his trucking route and encounters a high speed car collision. He stops and assists to extricate the occupants from the vehicle(s) but in the process suffers an injury. In this situation, the truck driver's injuries would be compensable.

2. Workers who encounter non-emergency situations in the course of employment and choose to remove themselves from the course of employment to offer assistance will not be covered. An example of a non-emergency situation is provided below:

Example:

A taxi driver is travelling to pick up her next fare when she notices a man trying to lift packages out of the trunk of his car. Instead of remaining on the direct route to pick up her next fare, the taxi driver drives toward the man struggling with the packages. The taxi driver stops, exits her cab and walks toward the man to provide assistance. In the process of lifting packages out of the man's car, the taxi driver suffers an injury. As this is not a situation where the person requiring assistance is at risk of (potential) serious harm and the taxi driver deviated from the course of employment to provide assistance, the injury is not compensable.

3. Coverage is not restricted to normal hours of work so long as the worker encounters the emergency situation in the course of employment.

Effective Date	November 1, 2009
Approved Date	September 15, 2009
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(r), 20(2)(b)
Document History	(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> . (2) 2009, new policy approved.
Complements	POL 03/2017 Arising Out of and In the Course of Employment POL 01/2016 Injuries – Responding to Work-Related Emergencies

Benefits – General

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Maximum Wage Rates	POL 07/2020	PRO 07/2020	01 January 2021
Compensation Rate – Minimum and Average Weekly Earnings	POL 28/2010		01 November 2010
Minimum Average Weekly Earnings (Section 70(5))		PRO 09/2020	01 January 2021
Minimum Compensation (Section 75)		PRO 10/2020	01 January 2021
Consumer Price Index (CPI) – Annual Indexing	POL 07/2013	PRO 15/2020	01 January 2014 01 January 2021
Provincial Minimum Wage – Effect of Increase	POL 26/1990		15 August 1990
Adjusting Original Wage – Injuries Before 1980	POL 03/2015	PRO 03/2015	01 May 2015
Offset of Canada or Quebec Pension Plan Disability Benefits	POL 22/2016	PRO 22/2016	01 December 2016
Interjurisdictional Agreement on Workers' Compensation (IJA)	POL 10/2017	PRO 10/2017	01 October 2017
Temporary Foreign Workers	POL 03/2016	PRO 03/2016	01 June 2016
Voluntary Relocation Outside Canada	POL 07/2007	PRO 07/2007	01 June 2007
Benefits – Customers in Transition from WCB to SGI Benefits	POL 06/2009	PRO 06/2009	01 September 2009
Benefits on Concurrent Claims	POL 22/2010	PRO 22/2010	03 February 2012
Overpayment Recovery – Compensation	POL 17/2016	PRO 17/2016	01 November 2016

Policy	Maximum Wage Rates – 2021 (POL 07/2020)
Effective Date	January 1, 2021
Application	Applies to all injury claims.
Purpose	To establish the annual maximum wage rates pursuant to <i>The Workers' Compensation Act, 2013</i> .

DEFINITION

Average weekly wage means the average weekly wage of the industrial composite for Saskatchewan as determined by the Board for a year from information published by Statistics Canada (Section 2).

BACKGROUND

- Effective January 1, 2014, *The Workers' Compensation Act, 2013* (the "Act"), provides for an increase to the maximum wage rate for all current claims and for all new injuries (Section 37).
 - The maximum wage rate for a worker who sustains an injury prior to January 1, 2014 will be adjusted annually in accordance with the percentage change in Saskatchewan's average weekly wage (Sections 37(1) and 182).
 - The maximum wage rate for a worker who sustains an injury on or after January 1, 2014 will be adjusted annually to equal to 165% of the product of Saskatchewan's average weekly wage and 52 (Sections 37(2)(a) and 37(3)).
- On March 18, 2020, the Government of Saskatchewan declared a provincial State of Emergency to address the coronavirus pandemic (i.e., COVID-19). Public health orders were implemented to protect Saskatchewan residents and reduce the risk of potential transmission in the province. The closure of non-essential businesses impacted industry sectors with relatively lower average weekly earnings. Therefore, for the calculation of the maximum wage rates, it is the Board Members' view that it would be fair and equitable for Saskatchewan workers and employers to use Saskatchewan's March average weekly wage prior to the economic shutdown.
- The provincial average weekly wage as of March 2020 was \$1,061.77. The average annual wage was \$55,212.04.

POLICY

- Effective January 1, 2021, the Board directs the maximum wage rates to be as follows:
 - For injuries sustained prior to January 1, 2014:

Effective Date	Maximum Wage Rate
January 1, 2013	\$55,000
January 1, 2014	\$57,037

Effective Date	Maximum Wage Rate
January 1, 2015	\$58,941
January 1, 2016	\$58,941
January 1, 2017	\$59,127
January 1, 2018	\$60,441
January 1, 2019	\$62,038
January 1, 2020	\$62,454
January 1, 2021	\$63,995

b. For injuries sustained on or after January 1, 2014:

Effective Date	Maximum Wage Rate
January 1, 2014	\$59,000
January 1, 2015	\$65,130
January 1, 2016	\$69,242
January 1, 2017	\$76,086
January 1, 2018	\$82,627
January 1, 2019	\$88,314
January 1, 2020	\$88,906
January 1, 2021	\$91,100

2. A decrease in Saskatchewan's average weekly wage would result in a reduced maximum wage rate, which the Board considers to be unfair to the worker. Therefore, it is the Board's intent that if the average weekly wage for the current year is less than the average weekly wage for the previous year, there will be no adjustment in the maximum wage rates.
3. In any given year, the Consumer Price Index (CPI) adjustment may be higher than the percentage change in the maximum wage. For workers subject to the maximum wage rate, a higher CPI adjustment to their earnings capacity would result in reduced benefits. Therefore, for workers subject to the maximum wage rate, it is the Board's intent that adjustments to earning capacity will not exceed adjustments to the maximum wage rate.
4. In accordance with Section 69, any adjustments in a worker's average weekly earnings because of an increase in the maximum wage rates will occur on the anniversary date of the original commencement of loss and will be subject to the maximums noted above. POL 07/2013, Consumer Price Index (CPI) – Annual Indexing, will apply.

Effective Date January 1, 2021
Approved Date November 3, 2020
Legislative Authority [The Workers' Compensation Act, 2013](#)
Sections 2(1)(b), 2(1)(u), 37, 69, 72, 182

Document History

- (1) POL and PRO 09/2019, Maximum Wage Rates – 2020 (effective January 1, 2020 to December 31, 2020).
- (2) POL and PRO 04/2018, Maximum Wage Rates – 2019 (effective January 1, 2019 to December 31, 2019).
- (3) POL and PRO 15/2017, Maximum Wage Rates – 2018 (effective January 1, 2018 to December 31, 2018).
- (4) POL and PRO 20/2016, Maximum Wage Rates – 2017 (effective January 1, 2017 to December 31, 2017).
- (5) POL and PRO 08/2015, Maximum Wage Rates – 2016 (effective January 1, 2016 to December 31, 2016).
- (6) POL and PRO 17/2014, Maximum Wage Rates – 2015 (effective January 1, 2015 to December 31, 2015).
- (7) POL and PRO 25/2013, Maximum Wage Rates – 2014 (effective January 1, 2014 to December 31, 2014).
- (8) POL 02/2003, Section 38.1 – Maximum Wage Rate (effective January 1, 2003 to December 31, 2014).
- (9) POL 14/2012, Compensation Rate – Maximum – Section 38 (effective January 1, 2013 to December 31, 2013).

Complements

- [PRO 07/2020](#) Maximum Wage Rates – 2021
- [POL 07/2013](#) Consumer Price Index (CPI) – Annual Indexing
- [POL 06/2016](#) Establishing Initial Wage Base
- [POL 01/2018](#) Benefits – Long Term Earnings Loss
- [POL 08/2020](#) Maximum Assessable Wage Rate – 2021
- [POL 27/2016](#) Experience Rating Program

Procedure	Maximum Wage Rates – 2021 (PRO 07/2020)
Effective Date	January 1, 2021
Application	Applies to all injury claims.
Purpose	To provide guidelines for adjusting the maximum wage rates.

BACKGROUND

Policy POL 07/2020, Maximum Wage Rates – 2021, has been approved which implements the maximum wage rates and annual adjustments.

PROCEDURE

Maximum Wage Rate Annual Adjustments

- Increases to the maximum wage rates are calculated using Saskatchewan's average weekly wage (AWW) published by Statistics Canada.
- For injuries sustained prior to January 1, 2014, the maximum wage rate is increased annually in accordance with the percentage increase in the AWW.
 - WCB will calculate the percentage increase using the following formula:

$$\text{Adjusted Amount} = \text{Amount to Be Adjusted} \times \frac{\text{Average Weekly Wage (current year)}}{\text{Average Weekly Wage (previous year)}}$$
 - If the average weekly wage for the current year is less than the average weekly wage for the previous year, there will be no adjustment.
- For injuries sustained on or after January 1, 2014, the maximum wage rate will be increased annually to equal 165% of the AWW.
- The adjusted maximum wage rates will be rounded to the nearest dollar.

Benefits and Annual Review Adjustments

- An injured worker's wage loss benefits at the commencement of loss will be based on the worker's gross earnings prior to the commencement of loss of earnings (POL 06/2016, Establishing Initial Wage Base) and will not exceed the maximum wage rate in effect when the injury occurred.
- Workers with an injury date prior to January 1, 2014, will not qualify for the 2021 maximum of \$63,995 until their anniversary date of commencement of loss.
- Workers with an injury date on or after January 1, 2014 will not qualify for the 2021 maximum of \$91,100 until their anniversary date of commencement of loss.

8. When calculating average weekly earnings for recurrent injuries that were initially sustained prior to January 1, 2014, the earnings will be subject to the maximum in effect during the year of the recurrence (see Table B or C below, subject to original injury date).

Attachments	Table A – Maximum Wage Rate Adjustment Table Table B – Maximum Wage Rate Table – Injuries On or After January 1, 2014 Table C – Maximum Wage Rate Table – Injuries September 1, 1985 to December 31, 2013 Table D – Maximum Wage Rate Table – Injuries Prior to September 1, 1985	
Effective Date	January 1, 2021	
Approved Date	November 3, 2020	
Legislative Authority	The Workers' Compensation Act, 2013 Sections 2(1)(b), 2(1)(u), 37, 69, 72, 182	
Document History	(1) POL and PRO 09/2019, Maximum Wage Rates – 2020 (effective January 1, 2020 to December 31, 2020). (2) POL and PRO 04/2018, Maximum Wage Rates – 2019 (effective January 1, 2019 to December 31, 2019). (3) POL and PRO 15/2017, Maximum Wage Rates – 2018 (effective January 1, 2018 to December 31, 2018). (4) POL and PRO 20/2016, Maximum Wage Rates – 2017 (effective January 1, 2017 to December 31, 2017). (5) POL and PRO 08/2015, Maximum Wage Rates – 2016 (effective January 1, 2016 to December 31, 2016). (6) POL and PRO 17/2014, Maximum Wage Rates – 2015 (effective January 1, 2015 to December 31, 2015). (7) POL and PRO 25/2013, Maximum Wage Rates – 2014 (effective January 1, 2014 to December 31, 2014). (8) POL 02/2003, Section 38.1 – Maximum Wage Rate (effective January 1, 2003 to December 31, 2014). (9) POL 14/2012, Compensation Rate – Maximum – Section 38 (effective January 1, 2013 to December 31, 2013).	
Complements	POL 07/2020 POL 07/2013 POL 06/2016 POL 01/2018	Maximum Wage Rates – 2021 Consumer Price Index (CPI) – Annual Indexing Establishing Initial Wage Base Benefits – Long Term Earnings Loss

Table A
Maximum Wage Rate Adjustment Table

Year	Provincial Average Weekly Wage (AWW) ¹	Provincial Average Annual Wage	Section 182 AWW Percentage Change ²	Section 37(3) Index Factor for Maximum Wage Rate on or After January 1, 2014
2013	915.08	47,584.16	--	--
2014	948.97	49,346.44	3.704%	n/a
2015	980.65	50,993.80	3.338%	10.390%
2016	977.91	50,851.32	-0.279% ³	6.314%
2017	981.00	51,012.00	0.316%	9.884%
2018	1,002.80	52,145.60	2.222%	8.597%
2019	1,029.30	53,523.60	2.643%	6.883% ⁴
2020	1,036.20	53,882.40	0.670%	n/a
2021	1,061.77	55,212.04	2.468%	n/a

1. Statistics Canada (Table 14-10-0223-01).
2. In accordance with Section 182(2), the percentage adjustment for injuries prior to January 1, 2014 will be rounded to three digits. Third digit to be increased by one unit if fourth digit is greater than four.
3. It is the Board's intent that if the average weekly wage for the current year is less than the average weekly wage for the previous year, there will be no adjustment.
4. The maximum wage rate for a worker who sustains an injury on or after January 1, 2014 will be adjusted annually in steps that the Board considers appropriate so that the maximum wage rate per year for those workers is, in the fifth and subsequent years, equal to 165% of the product of Saskatchewan's average weekly wage and 52 (Sections 37(2)(a) and 37(3)). The maximum wage rate for these injuries, beginning in 2019, is equal to 165% of Saskatchewan annual average wage.

Table B
Maximum Wage Rate – Injuries On or After January 1, 2014¹

Effective Date	Maximum Wage Rate ²	Maximum Monthly Wage	Maximum Monthly Compensation	Maximum Weekly Wage	Maximum Weekly Compensation ¹
January 1, 2014	59,000	4,916.67	4,425.00	1,134.62	1,021.15
January 1, 2015	65,130	5,427.50	4,884.75	1,252.50	1,127.25
January 1, 2016	69,242	5,770.17	5,193.15	1,331.58	1,198.42
January 1, 2017	76,086	6,340.50	5,706.45	1,463.19	1,316.87
January 1, 2018	82,627	6,885.58	6,197.03	1,588.98	1,430.08
January 1, 2019	88,314	7,359.50	6,623.55	1,698.35	1,528.51
January 1, 2020	88,906	7,408.83	6,667.95	1,709.73	1,538.76
January 1, 2021	91,100	7,591.67	6,832.50	1,751.92	1,576.73

1. As per Sections 2(1)(k) and 68 of the Act, a worker's net earnings will be calculated based on gross earnings from employment, less the probable deductions for tax credits and/or tax exemptions. Probable deductions will be based upon the information that the worker has authorized the employer to deduct from his/her employment earnings for income tax purposes and which is available as of the commencement of the loss of earnings (POL 03/2007 and PRO 02/2020, Calculation of Probable Compensation).
2. Adjusted maximum wage rates will be rounded to the nearest dollar (Section 182(3)).

Table C
Maximum Wage Rate – Injuries September 1, 1985 to December 31, 2013¹

Effective Date	Maximum Wage Rate ²	Maximum Monthly Wage	Maximum Monthly Compensation	Maximum Weekly Wage	Maximum Weekly Compensation
September 1, 1985	48,000	4,000.00	3,600.00	923.08	830.77
January 1, 2003	51,900	4,325.00	3,892.50	998.08	898.27
January 1, 2004	53,000	4,416.67	3,975.00	1,019.23	917.31
January 1, 2005	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2006	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2007	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2008	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2009	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2010	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2011	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2012	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2013	55,000	4,583.33	3,437.50	1,057.70	951.93
January 1, 2014	57,037	4,753.08	4,277.78	1,096.87	987.18
January 1, 2015	58,941	4,911.75	4,420.58	1,133.48	1,020.13
January 1, 2016 ³	58,941	4,911.75	4,420.58	1,133.48	1,020.13
January 1, 2017	59,127	4,927.25	4,434.53	1,137.06	1,023.35
January 1, 2018	60,441	5,036.75	4,533.08	1,162.33	1,046.09
January 1, 2019	62,038	5,169.83	4,652.85	1,193.04	1,073.73
January 1, 2020	62,454	5,204.50	4,684.05	1,201.04	1,080.93
January 1, 2021	63,995	5,332.92	4,799.63	1,230.67	1,107.61

1. As per Sections 2(1)(k) and 68 of the Act, a worker's net earnings will be calculated based on gross earnings from employment, less the probable deductions for tax credits and/or tax exemptions. Probable deductions will be based upon the information that the worker has authorized the employer to deduct from his/her employment earnings for income tax purposes and which is available as of the commencement of the loss of earnings (POL 03/2007 and PRO 02/2020, Calculation of Probable Compensation).
2. Adjusted maximum wage rates will be rounded to the nearest dollar (Section 182(3)).
3. It is the Board's intent that if the average weekly wage for the current year is less than the average weekly wage for the previous year, there will be no adjustment. Therefore, the 2016 maximum wage rate for injuries sustained prior to January 1, 2014 remained at \$58,941.

Table D
Maximum Wage Rate – Injuries Prior to September 1, 1985

Effective Date	Maximum Wage Rate	Monthly Wage	Monthly Compensation	Weekly Wage	Weekly Compensation
April 1, 1948	3,000	250.00	187.50	57.69	43.27
January 1, 1953	4,000	33.33	250.00	76.92	57.69
July 1, 1956	5,000	416.67	312.50	96.15	72.11
July 1, 1960	6,000	500.00	375.00	115.38	86.54
July 1, 1968	6,600	550.00	412.50	126.92	95.19
July 1, 1972	8,400	700.00	525.00	161.54	121.16
July 1, 1974	10,000	833.33	625.00	192.31	144.23
January 1, 1976	14,000	1,166.67	875.00	269.23	201.92
January 1, 1977	16,000	1,333.33	1,000.00	307.69	230.77
January 1, 1978	18,000	1,500.00	1,125.00	346.15	259.61
January 1, 1979	20,000	1,666.67	1,250.00	384.62	288.47
January 1, 1980	22,000	1,833.33	1,375.00	423.08	317.31
January 1, 1981	24,000	2,000.00	1,500.00	461.54	346.16
January 1, 1982	26,000	2,166.67	1,625.00	500.00	375.00
January 1, 1983	29,000	2,416.68	1,812.50	557.69	418.27
January 1, 1984	33,000	2,750.00	2,062.50	634.62	475.97
January 1, 1985	33,000	2,750.00	2,062.50	634.62	475.97
January 1, 1986	34,000	2,833.33	2,125.00	653.85	490.39
January 1, 1987	34,000	2,833.33	2,125.00	653.85	490.39
January 1, 1988	35,000	2,916.67	2,187.49	673.08	504.81
January 1, 1989	37,000	3,083.33	2,312.50	711.54	533.66
January 1, 1990	37,000	3,083.33	2,312.50	711.54	533.66
January 1, 1991	37,000	3,083.33	2,312.50	711.54	533.66
January 1, 1992	40,000	3,333.33	2,500.00	769.24	576.93
January 1, 1993	41,000	3,416.66	2,562.49	788.46	591.34
January 1, 1994	41,000	3,416.66	2,562.49	788.46	591.34
January 1, 1995	41,000	3,416.66	2,562.49	788.46	591.34
January 1, 1996	42,000	3,500.00	2,625.00	807.70	605.77
January 1, 1997	43,000	3,583.33	2,687.50	826.93	620.20

Effective Date	Maximum Wage Rate	Monthly Wage	Monthly Compensation	Weekly Wage	Weekly Compensation
January 1, 1998	43,000	3,583.33	2,687.50	826.93	620.20
January 1, 1999	44,000	3,666.67	2,750.00	846.15	634.61
January 1, 2000	45,000	3,750.00	2,812.50	865.38	649.04
January 1, 2001	46,000	3,833.33	2,875.00	884.62	663.47
January 1, 2002	47,000	3,916.67	2,937.50	903.85	677.89
January 1, 2003	49,000	4,083.33	3,062.49	942.31	706.73
January 1, 2004	51,000	4,250.00	3,187.50	980.78	735.58
January 1, 2005	52,000	4,333.33	3,250.00	1,000.01	750.01
January 1, 2006	54,000	4,500.00	3,375.00	1,038.47	778.85
January 1, 2007 ¹	55,000	4,583.33	3,437.50	1,057.70	793.28
January 1, 2014	57,037	4,753.08	3,564.81	1,096.87	822.65
January 1, 2015	58,941	4,911.75	3,683.81	1,133.48	850.11
January 1, 2016 ²	58,941	4,911.75	3,683.81	1,133.48	850.11
January 1, 2017	59,127	4,927.25	3,695.44	1,137.06	852.79
January 1, 2018	60,441	5,036.75	3,777.56	1,162.33	871.75
January 1, 2019	62,038	5,169.83	3,877.38	1,193.04	894.78
January 1, 2020	62,454	5,204.50	3,903.38	1,201.04	900.78
January 1, 2021	63,995	5,332.92	3,999.69	1,230.67	923.00

1. Maximum was subject to Section 38.1 of The Workers' Compensation Act, 1979 that limited the maximum compensation rate to \$55,000 from 2007 to 2013.
2. It is the Board's intent that if the average weekly wage for the current year is less than the average weekly wage for the previous year, there will be no adjustment. Therefore, the 2016 maximum wage rate for injuries sustained prior to January 1, 2014 remained at \$58,941.

Policy	Compensation Rate – Minimum and Average Weekly Earnings (POL 28/2010)
Effective Date	November 1, 2010
Application	Applies to all claims commencing after January 1, 1983.
Purpose	To establish the guidelines for the application of Section 75 and Section 70(5) of <i>The Workers' Compensation Act, 2013</i> (the "Act").

DEFINITION

Average weekly earnings, as determined by Section 70(1) of the Act, means the greater of:

- a. One fifty-second of the worker's earnings for the 12 months preceding the commencement of the worker's loss of earnings resulting from the injury; and
- b. The rate of daily, weekly, monthly or other regular gross earnings that the worker was receiving at the commencement of the worker's loss of earnings resulting from the injury converted, in the case of a daily, monthly or other rate that is not a weekly rate, to a weekly amount.

Average weekly wage is determined by the Workers' Compensation Board (WCB) for a calendar year. The average weekly wage is Saskatchewan's industrial composite wage published by Statistics Canada as of June of the preceding year (Section 2).

Gross earnings means the worker's earnings from all sources of employment, before all deductions, within an industry under the scope of the Act or for which coverage has been elected.

Totally unable to work, referred to in Section 75 of the Act, means that due to the workplace injury, the customer is completely prevented from working and is unable to participate in a return-to-work plan, or part-time or supernumerary work. Absences for medical appointments are not considered being totally unable to work.

BACKGROUND

1. Section 68(1) of the Act directs that where injury to a worker results in a loss of earnings beyond the day of the injury, the WCB shall determine the loss of earnings resulting from the injury and shall ensure compensation to the worker:
 - a. In the case of a worker who sustained an injury prior to September 1, 1985, in an amount equal to 75 per cent of that loss of earnings; or
 - b. In the case of a worker who sustained an injury on or after September 1, 1985, in an amount equal to 90 per cent of that loss of earnings.
2. Section 68(2) of the Act states that compensation pursuant to subsection (1) is payable for as long as the loss of earnings continues, but the compensation is no longer payable when the worker reaches the age of 65.

3. Section 2(1)(k) of the Act directs that “earnings” means:
 - a. In the case of a worker who sustained an injury before to September 1, 1985, the worker’s gross earnings from employment; or
 - b. In the case of a worker who sustained an injury on or after September 1, 1985, the worker’s gross earnings from employment less the probable deductions for:
 - i. The probable income tax payable by the worker calculated by using only the worker’s earnings from employment as their income, and using only the worker’s basic personal exemption, exemption for dependants and employment-related tax credits, as at the date of the worker’s injury and each anniversary date, as the worker’s deductions;
 - ii. The probable *Canada Pension Plan* premiums payable by the worker; and
 - iii. The probable employment insurance premiums payable by the worker.
4. Section 75 of the Act directs that the amount of compensation payable to a worker who is injured on or after January 1, 1980 and who is totally unable to work because of the injury must be:
 - a. During the period commencing on January 1, 1980 and ending on December 31, 1982, not less than \$580 per month or, if the worker’s average earnings at the time of the injury are less than \$580 per month, the amount of those average earnings; and
 - b. On and after January 1, 1983, not less than one-half of the average weekly wage as of June in the year preceding the year in which the review occurs respecting the worker’s compensation or, if the worker’s average earnings at the time of the injury are less than that amount, the amount of those earnings.
5. Section 70(5)(b) of the Act states if a worker is injured on or after January 1, 1980 and is in receipt of compensation for a period of at least 24 consecutive months, the worker’s average weekly earnings on and from January 1, 1983, are deemed to be not less than two-thirds of the average weekly wage as of June in the year preceding the year in which the review respecting their compensation occurs.

POLICY

1. Where a worker has a loss of earnings due to a workplace injury, in an industry under the scope of the Act, which extends beyond the day of injury, the worker will qualify for wage loss benefits. POL 06/2016, Establishing Initial Wage Base, will apply.

Minimum Compensation – Section 75

2. Where a worker is totally unable to work, the worker will be eligible for minimum compensation under Section 75 of the Act.
3. Injured workers totally unable to work, whose average weekly earnings are less than one-half of the industrial composite, will receive compensation equal to the amount of their gross earnings at the time of injury, free of any probable deductions.

4. Where a worker's earnings are above the minimum outlined in Section 75 of the Act, and where the calculations called for in Section 68 of the Act would bring the benefit level below the minimum, those workers will receive one-half of the industrial composite.
5. Where the worker is able to return to some form of employment, the provision of Section 75 of the Act will not apply. If a worker is fit for any form of employment, compensation will be in accordance with Section 68 of the Act and POL 03/2007, Calculation of Probable Compensation.

Average Weekly Earnings – Section 70(5)

6. In accordance with Section 70(5) of the Act, where the injured worker has been in receipt of wage loss benefits on a single claim for 24 consecutive months, the workers average weekly earnings is to be not less than two-thirds of the industrial composite. A wage loss payment for a full or partial month will count towards the 24 consecutive months.
7. Where the average weekly earnings is less than two-thirds of the industrial composite, the worker's average weekly earnings will be adjusted the first day of earnings loss in the 25th month. The worker will receive wage loss benefits increased annually by the percentage increase in the Consumer Price Index (CPI) or two-thirds of the industrial composite, whichever is greater. There will be no retroactive effect.
8. After the application of Section 70(5) of the Act if the calculations called for by Section 68 of the Act will reduce the rate of compensation below one half of the industrial composite, Section 75 will continue to apply. That is, where a worker is totally unable to work, the worker will receive one half of the industrial composite.
9. Periods of benefit suspension, subject to POL 15/2016, Suspension of Benefits, will not count towards the 24 consecutive months referenced in Point 7. However, once a benefit suspension ends, the count will resume and the months accumulated prior to suspension will be applied to the total number of consecutive months.
10. Where wage loss benefits are interrupted for reasons other than suspension and are subsequently reinstated, the months accumulated prior to the interruption will not be applied to the 24 month qualifying period.
11. Sections 70(5) and 75 of the Act do not apply to the calculation of average weekly earnings for a dependent spouse's compensation under Section 83 of the Act.

Effective Date	November 1, 2010
Approved Date	September 7, 2010
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(k), 68, 69.1, 70(5), 75
Document History	(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> . (2) POL 18/2001, Minimum – Compensation Rate/Weekly Earnings (effective January 1, 2002 to October 31, 2010).

- (3) POL 06/98, Average Weekly Earnings at 24 Months (effective May 1, 1998 to December 31, 2001).
- (4) Board Order 49/85, Below Minimum Compensation Under the Net Income System (effective November 12, 1985 to December 31, 2001).
- (5) Board Order 17/83, Minimum Compensation (effective January 1, 1983 to December 31, 2001).
- (6) Board Order 20/82, Minimum Compensation (effective April 29, 1982 to December 31, 2001).

Complements

- [POL 07/2013](#) Consumer Price Index (CPI) – Annual Indexing
- [POL 35/2010](#) Compensation Rate – Casual and Seasonal Employment (Section 70(4))
- [POL 15/2016](#) Suspension of Benefits
- [PRO 09/2020](#) Minimum Average Weekly Earnings (Section 70(5))
- [PRO 10/2020](#) Minimum Compensation (Section 75)

Procedure	Minimum Average Weekly Earnings (Section 70(5)) (PRO 09/2020)
Effective Date	January 1, 2021
Application	All claims occurring on or after January 1, 1980 for workers receiving compensation for at least 24 consecutive months.
Purpose	To set the minimum average weekly earnings for workers who receive benefits for at least 24 consecutive months.

DEFINITION

Average weekly wage means the average weekly wage of the industrial composite for Saskatchewan as determined by the Board for a year from information published by Statistics Canada (Section 2).

BACKGROUND

1. Each year the WCB reviews the minimum average earnings of a worker injured on or after January 1, 1980 (Section 70(5)).
2. Starting January 1, 1983, minimum average weekly earnings are not to be less than two-thirds of the average weekly wage as of June the year before the benefit review for any worker who is:
 - a. Injured on or after January 1, 1980, and
 - b. Is in receipt of benefits for at least 24 consecutive months.
3. It is the Board's intent that if the average weekly wage for the current year is less than the average weekly wage for the previous year, there will be no adjustment.
4. The provincial average weekly wage as of June 2020 was \$1,108.90.

PROCEDURE

Effective January 1, 2021, the minimum average weekly earnings for any worker who is:

- a. Injured on or after January 1, 1980, and
 - b. Is in receipt of benefits for a period of at least 24 consecutive months,
- will not be less than \$739.27.

Attachments [Minimum Average Weekly Earnings Table for Injured Workers in Receipt of Compensation for at Least Twenty-Four Consecutive Months](#)

Effective Date January 1, 2021

Approved Date	October 26, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(b), 70(5)
Document History	<ul style="list-style-type: none"> (1) PRO 07/2019, Minimum Average Weekly Earnings (Section 70(5)) – 2020 (effective January 1, 2020 to December 31, 2020). (2) PRO 51/2018, Minimum Average Weekly Earnings (Section 70(5)) – 2019 (effective January 1, 2019 to December 31, 2019). (3) PRO 55/2017, Minimum Average Weekly Earnings (Section 70(5)) – 2018 (effective January 1, 2018 to December 31, 2018). (4) PRO 58/2016, Minimum Average Weekly Earnings (Section 70(5)) – 2017 (effective January 1, 2017 to December 31, 2017). (5) PRO 58/2016, Minimum Average Weekly Earnings (Section 70(5)) – 2017 (effective January 1, 2017 to December 31, 2017). (6) PRO 56/2014, Minimum Average Weekly Earnings (Section 70(5)) – 2015 (effective January 1, 2015 to December 31, 2015).
Complements	<p>POL 28/2010 Compensation Rate – Minimum and Average Weekly Earnings</p> <p>PRO 10/2020 Minimum Compensation (Section 75)</p>

**Minimum Average Weekly Earnings Table for Injured Workers in Receipt of
Compensation for at Least Twenty-Four Consecutive Months**

Effective Date	Annual Earnings	Monthly Earnings	Weekly Earnings
January 1, 1985	13,500.24	1,125.02	259.62
January 1, 1986	13,657.28	1,138.11	262.64
January 1, 1987	14,003.60	1,166.97	269.30
January 1, 1988	14,125.80	1,177.15	271.65
January 1, 1989	14,383.72	1,198.64	276.61
January 1, 1990	14,966.12	1,247.18	287.81
January 1, 1991	15,524.60	1,293.72	298.55
January 1, 1992	16,482.44	1,373.54	316.97
January 1, 1993	16,524.04	1,377.00	317.77
January 1, 1994	16,524.04	1,377.00	317.77
January 1, 1995	17,005.04	1,417.09	327.02
January 1, 1996	17,056.52	1,421.38	328.01
January 1, 1997	17,908.00	1,492.33	344.38
January 1, 1998	18,275.40	1,522.95	351.45
January 1, 1999	18,797.48	1,566.46	361.49
January 1, 2000	18,929.56	1,577.46	364.03
January 1, 2001	19,552.00	1,629.33	376.00
January 1, 2002	20,601.88	1,716.82	396.19
January 1, 2003	21,031.40	1,752.62	404.45
January 1, 2004	21,668.40	1,805.70	416.70
January 1, 2005	22,529.52	1,877.46	433.26
January 1, 2006	23,424.44	1,952.04	450.47
January 1, 2007	24,120.20	2,010.02	463.85
January 1, 2008	25,322.96	2,110.25	486.98
January 1, 2009	26,235.56	2,186.30	504.53
January 1, 2010	27,918.28	2,326.52	536.89
January 1, 2011	29,329.39	2,444.12	564.03
January 1, 2012	29,730.13	2,477.51	571.74
January 1, 2013	31,722.77	2,643.56	610.06
January 1, 2014	32,897.63	2,741.47	632.65
January 1, 2015	33,995.87	2,832.99	653.77
January 1, 2016 ¹	33,995.87	2,832.99	653.77
January 1, 2017	34,008.00	2,834.00	654.00
January 1, 2018	34,763.73	2,896.98	668.53

Effective Date	Annual Earnings	Monthly Earnings	Weekly Earnings
January 1, 2019	35,682.40	2,973.53	686.20
January 1, 2020	35,921.60	2,993.47	690.80
January 1, 2021	38,441.87	3,203.49	739.27

Note: Numbers may not sum to totals due to rounding.

¹ Saskatchewan's average weekly wage decreased; therefore the 2016 minimum average weekly earnings was maintained at the 2015 level.

Procedure	Minimum Compensation (Section 75) (PRO 10/2020)
Effective Date	January 1, 2021
Application	Applies to all claims occurring on or after January 1980 for workers totally unable to work.
Purpose	To provide minimum benefits for workers who are totally unable to work.

DEFINITION

Average weekly wage means the average weekly wage of the industrial composite for Saskatchewan as determined by the Board for a year form information published by Statistics Canada (Section 2).

Totally unable to work (Section 75) means that due to the injury, the worker cannot:

- a. Perform any work, or
 - b. Take part in a return-to-work (RTW) plan, or part-time or supernumerary work.
- Absences for medical appointments are not considered being totally unable to work.

BACKGROUND

1. Each year the WCB will review the minimum benefits for any worker who is:
 - a. Injured on or after January 1, 1980, and
 - b. Is totally unable to work.
2. Starting January 1, 1983, minimum benefits will be:
 - a. Not less than 50 percent of the average weekly wage as of June in the year before the benefit review, or
 - b. Where the worker's average earnings are less than that amount, the amount of those earnings.
3. It is the Board's intent that if the average weekly wage for the current year is less than the average weekly wage for the previous year, there will be no adjustment.
4. The provincial average weekly wage as of June 2020 was \$1,108.90.

PROCEDURE

Effective January 1, 2021, minimum benefits for any worker who is totally unable to work will be:

- a. Not less than \$554.45 per week, or
- b. The amount of the worker's average earnings.

Attachments	Minimum Compensation Table for Workers Totally Unable to Work
Effective Date	January 1, 2021
Approved Date	October 26, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(b), 75
Document History	<ol style="list-style-type: none">(1) PRO 08/2019, Minimum Compensation (Section 75) – 2020 (effective January 1, 2020 to December 31, 2020).(2) PRO 52/2018, Minimum Compensation (Section 75) – 2019 (effective January 1, 2019 to December 31, 2019).(3) PRO 56/2017, Minimum Compensation (Section 75) – 2018 (effective January 1, 2018 to December 31, 2018).(4) PRO 57/2016, Minimum Compensation (Section 75) – 2017 (effective January 1, 2017 to December 31, 2017).(5) PRO 57/2015, Minimum Compensation (Section 75) – 2016 (effective January 1, 2016 to December 31, 2016).(6) PRO 57/2014, Minimum Compensation (Section 75) – 2015 (effective January 1, 2015 to December 31, 2015).
Complements	POL 28/2010 Compensation Rate – Minimum and Average Weekly Earnings POL 35/2010 Compensation Rate – Casual and Seasonal Employment (Section 70(4)) PRO 09/2020 Minimum Average Weekly Earnings (Section 70(5))

Minimum Compensation Table for Workers Totally Unable to Work

Date	Annual Compensation	Monthly Compensation	Weekly Compensation
July 1, 1945	780.00	65.00	15.00
July 1, 1955	1,300.00	108.32	25.00
July 1, 1959	1,560.00	130.00	30.00
July 1, 1965	1,690.00	140.82	32.50
July 1, 1968	1,872.00	156.00	36.00
April 1, 1971	2,080.00	173.33	40.00
May 10, 1974	3,900.00	325.00	75.00
April 1, 1977	4,859.92	405.00	93.46
January 1, 1980	6,060.08	505.00	116.54
January 1, 1981	6,960.72	580.06	133.86
January 1, 1982	6,960.72	580.06	133.86
January 1, 1983	9,663.68	805.30	185.84
January 1, 1984	9,767.16	813.92	187.83
January 1, 1985	10,125.44	843.78	194.72
January 1, 1986	10,242.96	853.57	196.98
January 1, 1987	10,502.96	875.24	201.98
January 1, 1988	10,594.48	882.87	203.74
January 1, 1989	10,787.92	898.99	207.46
January 1, 1990	11,224.72	935.39	215.86
January 1, 1991	11,643.32	970.27	223.91
January 1, 1992	12,361.44	1,030.13	237.72
January 1, 1993	12,393.16	1,032.76	238.33
January 1, 1994	12,393.16	1,032.76	238.33
January 1, 1995	12,754.04	1,062.81	245.27
January 1, 1996	12,792.52	1,066.04	246.01
January 1, 1997	13,431.08	1,119.23	258.29
January 1, 1998	13,706.16	1,142.19	263.58
January 1, 1999	14,097.72	1,174.82	271.11
January 1, 2000	14,198.60	1,183.21	273.05
January 1, 2001	14,665.56	1,222.12	282.03
January 1, 2002	15,452.84	1,287.73	297.17
January 1, 2003	15,773.16	1,314.44	303.33
January 1, 2004	16,251.04	1,354.26	312.52
January 1, 2005	16,898.96	1,408.21	324.98
January 1, 2006	17,570.28	1,464.18	337.89

Date	Annual Compensation	Monthly Compensation	Weekly Compensation
January 1, 2007	18,092.36	1,507.66	347.93
January 1, 2008	18,994.56	1,582.85	365.28
January 1, 2009	19,676.80	1,639.72	378.40
January 1, 2010	20,938.84	1,744.89	402.67
January 1, 2011	21,997.04	1,833.09	423.02
January 1, 2012	22,297.60	1,858.13	428.80
January 1, 2013	23,792.08	1,982.67	457.54
January 1, 2014	24,673.22	2,056.10	474.49
January 1, 2015	25,496.90	2,124.74	490.33
January 1, 2016 ¹	25,496.90	2,124.74	490.33
January 1, 2017	25,506.00	2,125.50	490.50
January 1, 2018	26,072.80	2,172.72	501.40
January 1, 2019	26,761.80	2,230.15	514.65
January 1, 2020	26,941.20	2,245.10	518.10
January 1, 2021	28,831.40	2,402.62	554.45

Note: Numbers may not sum to totals due to rounding.

¹ Saskatchewan's average weekly wage decreased; therefore the 2016 minimum average weekly earnings amount was maintained at the 2015 level.

Policy	Consumer Price Index (CPI) – Annual Indexing (POL 07/2013)
Effective Date	January 1, 2014
Application	Applies to all annual reviews on and after the effective date.
Purpose	To provide the process for adjusting compensation in accordance with annual CPI percentage increases.

BACKGROUND

1. Section 69(1) of *The Workers' Compensation Act, 2013* (the "Act") states that the "calculation of the loss of earnings for the purposes of subsections 32(2) and 68(1) and Sections 71 and 72 must be based on the difference between:
 - (a) the worker's average weekly earnings at the commencement of the worker's loss of earnings resulting from the injury, adjusted annually by the percentage increase in the Consumer Price Index; and
 - (b) the weekly earnings that the worker is receiving from employment."
2. Section 69(2) of the Act states "for the purposes of subsection (1), the percentage increase in the Consumer Price Index must be the percentage increase for the 12 months ending on November 30 in each year, and that percentage increase must be applied to the average weekly earnings of the worker on the anniversary date of the commencement of the worker's loss of earnings resulting from the injury in the year following the year in which the calculation is made."
3. Section 69(3) of the Act states "notwithstanding subsections (1) and (2), if the result of an adjustment pursuant to clause (1)(a) is to make the worker's average weekly earnings for a year greater than one fifty-second of the maximum wage rate for that year, the worker's average weekly earnings must be set at one fifty-second of the maximum wage rate."
4. Section 72 of the Act states that "if an injured worker returns to full employment and afterwards suffers a recurrence of the injury, the compensation payable to the worker must be based on the positive difference, if any, between:
 - (a) the amount that is the greater of:
 - (v) the worker's weekly earnings at the time of the commencement of the worker's loss of earnings resulting from the injury when the injury was initially sustained; and
 - (vi) the worker's weekly earnings at the time of the worker's loss of earnings resulting from the recurrence of the injury; and
 - (b) any compensation the worker is already receiving with respect to that injury."

POLICY

1. The annual review date on claims made under legislation in effect prior to January 1, 1980 is always the anniversary of the date of injury. The annual review date on claims made under the Act is always the anniversary of the date of the original commencement of loss.
2. The applicable CPI percentage increase is as of November 30 in the year immediately preceding the annual review date.
3. Eligibility for a CPI percentage increase is not dependent on compensation being paid continuously with no interruptions throughout the 12 month period leading up to the first annual review date or subsequent review dates.
4. Suspension does not disqualify CPI adjustments if the annual review date occurs during the period of suspension. No compensation is paid during suspension, but the adjustment in compensation triggered by the annual CPI percentage increase is applied when compensation payments are recommenced.
5. Where an injured worker returns to full employment and thereafter is eligible for benefit reinstatement, compensation will be payable in accordance with Section 72 of the Act. Compensation payable to the worker will be the greater of the worker's:
 - a. Weekly earnings as of the date of injury (injury prior to January 1, 1980) adjusted for annual CPI percentage increases; or
 - b. Weekly earnings as of the date of the original commencement of loss (injury on or after January 1, 1980) adjusted for annual CPI percentage increases; or
 - c. Subject to POL 18/2017, Wage Base – Recurrence, the average weekly earnings at the time of the most recent recurrence of the injury.
6. When workers have not been in receipt of a recurrent wage base for a full year prior to the annual review date, the CPI adjustment will be prorated. The proration will be based on the number of months between the date of recurrence and the annual review date. The number of months will be based on a full month calculation (not reduced to days within a month). The count begins with the month in which the recurrence takes place, whether it is the first day or any other day of that month, and excludes the month of the annual review date.
7. Adjustments to compensation benefits and other allowances that are based on the CPI increase can be implemented on the written instruction of the Chief Executive Officer.
8. Compensation adjusted for annual CPI percentage increases is not to exceed the maximum wage rate at the time of calculation (POL 07/2020, Maximum Wage Rates). Apart from increases called for by POL 07/2020, the maximum wage base is not subject to indexing. The original wage base, adjusted to date, is to be compared with current maximums at the time of each review.

Attachments	CPI Adjustment Example
Effective Date	January 1, 2014
Approved Date	November 5, 2013

Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 32(2), 37, 68, 69, 71, 72, 182
Document History	<ul style="list-style-type: none"> (1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (2) POL 37/2010, Consumer Price Index (CPI) – Annual Indexing (effective January 1, 2011 to December 31, 2013). (3) POL 20/96, Repeal of Policies – Statutory Increases (effective January 1, 1997 to December 31, 2013). (4) POL 40/95, Automatic Escalation of Minimum Average Weekly Earnings (effective December 4, 1995 to December 31, 1996). (5) POL 41/95, Automatic Escalation of Minimum Compensation Payable (effective December 4, 1995 to December 31, 1996). (6) POL 45/95, Annual Increase of Compensation (effective December 14, 1995 to December 31, 1996). (7) Board Order 30/81, Annual Review of Compensation Being Paid for Loss of Earning Capacity (effective August 19, 1981 to December 31, 2010).
Complements	<p>PRO 15/2020 Consumer Price Index (CPI) – Annual Increase</p> <p>POL 07/2020 Maximum Wage Rates</p> <p>PRO 07/2020 Maximum Wage Rates</p> <p>POL 22/2016 Offset of Canada or Quebec Pension Plan Disability Benefits</p> <p>POL 18/2017 Wage Base – Recurrence</p>

CPI Adjustment Example

01 Jan 1980	Original commencement of loss
01 May 1980	Return to full employment compensation ends
01 Sept 1980	Recurrence with greater than original earnings
01 Jan 1981	CPI review date.

The prorating count is September through December equalling 4/12 of the 1980 CPI percentage increase, which is to be applied to the recurrent earnings in order to arrive at the amount of recurrent earnings indexed. This amount is to be compared to the original wage base adjusted to date. Compensation payable to the worker is the greater of the worker's:

- Weekly earnings as of the date of the original commencement of loss adjusted for annual CPI percentage increases; and
- Average weekly earnings at the time of the recurrence of the injury adjusted for annual CPI percentage increases.

Procedure	Consumer Price Index (CPI) – Annual Increase – 2021 (PRO 15/2020)
Effective Date	January 1, 2021
Application	Applies to all workers and dependants eligible for benefits and allowances identified below.
Purpose	To increase 2021 benefits based on the increase to the CPI.

BACKGROUND

1. Section 69 of *The Workers' Compensation Act, 2013* (the "Act") requires that compensation being paid for loss of earning capacity under Sections 68(1), 71 and 72 be adjusted annually by the percentage increase in the Consumer Price Index (CPI).
2. The basis for the annual CPI adjustment is the average of percentage increases in the Regina and Saskatoon All-Items CPI for the 12 months ending on November 30 in each year. In any given year, if there is no change in the CPI, or if it decreases, it will not be adjusted for that year.
3. CPI adjustments will also be made to the following expenses and allowances:
 - a. Lump sum to assist with the necessary expenses of the death of the worker, including burial, rounded to the nearest dollar (Section 80).
 - b. Dependent and sole dependent children (Sections 83 and 85(1)).
 - c. Spousal supplement, former Act claims (Section 89(2)).
 - d. Clothing Allowances (POL 19/2010, Allowance – Clothing).
 - e. Personal Care Allowance, rounded to the nearest dollar (POL 10/2014, Allowance – Personal Care).
 - f. Eyeglass frames, rounded to the nearest dollar (POL 11/2016, Expenses – Orthotics/Appliances – Provision, Replacement and Repair).
 - g. Accommodation allowances for vocational rehabilitation programs (POL 39/2010, Expenses – Travel and Sustenance – General).
 - h. Minimum annuity amount (POL 05/2020, Annuities).
4. Adjustments to compensation benefits and other allowances that are based on the CPI increase can be implemented on the written instruction of the Chief Executive Officer.

PROCEDURE

1. The percentage increase in the CPI, effective January 1, 2021 is 0.9%.

Attachments	Consumer Price Index Calculation
	Historical Summary
	Dependent and Sole Dependent Children's Expense
	Spousal Supplement Expense (Old Act Claims)
	Lump sum to assist with the necessary expenses of the death of the worker (including burial)
	Clothing Allowances
	Personal Care Allowances
	Eye Glasses Frames Expense
	Vocational Rehabilitation – Accommodation Allowance
	Minimum Annuity Amount
Effective Date	January 1, 2021
Approved Date	December 17, 2020
Legislative Authority	The Workers' Compensation Act, 2013 Sections 68(1), 69, 71, 72, 73, 80, 83(4), 83(5), 85(1), 89
Document History	(1) PRO 14/2019, Consumer Price Index (CPI) – Annual Increase – 2020. (2) PRO 54/2018, Consumer Price Index (CPI) – Annual Increase – 2019. (3) PRO 60/2017, Consumer Price Index (CPI) – Annual Increase – 2018. (4) PRO 60/2016, Consumer Price Index (CPI) – Annual Increase – 2017.
Complements	POL 07/2013 Consumer Price Index (CPI) – Annual Increase
	POL 05/2020 Annuities
	POL 19/2010 Allowance – Clothing
	POL 39/2010 Expenses – Travel and Sustenance – General
	POL 11/2016 Expenses – Orthotics/Appliances – Provision, Replacement, and Repair
	POL 10/2014 Allowance – Personal Care

Consumer Price Index Calculation

2002 = 100 Base	<u>Regina</u>	<u>Saskatoon</u>
November 2020	142.2	142.4
Less November 2019	141.2	141.0
Change in CPI	1.0	1.4
% change in CPI: $\frac{\text{Change in CPI} \times 100}{\text{November 2019}}$	$\frac{1.0 \times 100}{141.2} = 0.71$	$\frac{1.4 \times 100}{141.0} = 0.99$
Average % change: $\frac{\text{Regina} + \text{Saskatoon}}{2} =$	$\frac{0.71 + 0.99}{2} = 0.85$	0.9% CPI

Historical Summary – CPI Calculation

November 30 1977	10.3%
November 30 1978	6.7%
November 30 1979	10.0%
November 30 1980	11.6%
November 30 1981	11.0%
November 30 1982	7.2%
November 30 1983	6.0%
November 30 1984	3.3%
November 30 1985	3.6%
November 30 1986	3.2%
November 30 1987	5.8%
November 30 1988	3.2%
November 30 1989	4.8%
November 30 1990	4.2%
November 30 1991	3.5%
November 30 1992	2.4%
November 30 1993	2.9%
November 30 1994	1.4%
November 30 1995	1.9%
November 30 1996	2.3%
November 30 1997	0.4%
November 30 1998	2.1%

November 30 1999	1.7%
November 30 2000	1.5%
November 30 2001	2.0%
November 30 2002	4.2%
November 30 2003	1.3%
November 30 2004	3.0%
November 30 2005	1.2%
November 30 2006	1.4%
November 30 2007	4.3%
November 30 2008	3.3%
November 30 2009	0.9%
November 30 2010	1.9%
November 30 2011	2.8%
November 30 2012	1.0%
November 30 2013	1.3%
November 30 2014	2.1%
November 30 2015	2.1%
November 30 2016	0.1%
November 30 2017	3.9%
November 30 2018	0.8%
November 30 2019	1.8%
November 30 2020	0.9%

Dependent and Sole Dependent Children's Expense

Effective Year		Dependent Children	Sole Dependent Children
January 1 to December 31	1980	\$90.00	\$135.00
January 1 to December 31	1981	\$100.00	\$150.66
January 1 to December 31	1982	\$100.00	\$167.23
January 1 to December 31	1983	\$130.00	\$179.27
January 1 to December 31	1984	\$130.00	\$190.03
January 1 to December 31	1985	\$140.00	\$196.30
January 1 to December 31	1986	\$175.00	\$203.37
January 1 to December 31	1987	\$200.00	\$209.88
January 1 to December 31	1988	\$200.00	\$222.05
January 1 to December 31	1989	\$200.00	\$229.16
January 1 to December 31	1990	\$200.00	\$240.16
January 1 to December 31	1991	\$200.00	\$250.25
January 1 to December 31	1992	\$200.00	\$259.01
January 1 to December 31	1993	\$200.00	\$265.23
January 1 to January 31	1994	\$200.00	\$272.92
February 1 to February 28	1994	\$240.89	\$272.92
March 1 to December 31	1994	\$257.25	\$272.92
January 1 to December 31	1995	\$260.85	\$276.74
January 1 to December 31	1996	\$265.81	\$282.00
January 1 to December 31	1997	\$271.92	\$288.49
January 1 to December 31	1998	\$273.01	\$289.64
January 1 to December 31	1999	\$278.74	\$295.72
January 1 to December 31	2000	\$283.48	\$300.75
January 1 to December 31	2001	\$287.73	\$305.26
January 1 to December 31	2002	\$293.48	\$311.37
January 1 to December 31	2003	\$305.81	\$324.45
January 1 to December 31	2004	\$309.79	\$328.67
January 1 to December 31	2005	\$319.08	\$338.53
January 1 to December 31	2006	\$322.91	\$342.59
January 1 to December 31	2007	\$327.43	\$347.39
January 1 to December 31	2008	\$341.51	\$362.33
January 1 to December 31	2009	\$352.78	\$374.28
January 1 to December 31	2010	\$355.96	\$377.66
January 1 to December 31	2011	\$362.72	\$384.84
January 1 to December 31	2012	\$372.88	\$395.61
January 1 to December 31	2013	\$376.61	\$399.58
January 1 to December 31	2014	\$381.51	\$404.77
January 1 to December 31	2015	\$389.52	\$413.27

Effective Year		Dependent Children	Sole Dependent Children
January 1 to December 31	2016	\$397.70	\$421.95
January 1 to December 31	2017	\$398.10	\$422.37
January 1 to December 31	2018	\$413.63	\$438.84
January 1 to December 31	2019	\$416.94	\$442.35
January 1 to December 31	2020	\$424.44	\$450.31
January 1 to December 31	2021	\$428.26	\$454.36

Spousal Supplement Expense (Old Act Claims)

1986 ¹	\$181.30	2004	\$292.98
1987	\$187.10	2005	\$301.77
1988	\$197.95	2006	\$305.39
1989	\$204.28	2007	\$309.67
1990	\$214.09	2008	\$322.99
1991	\$224.15	2009	\$333.64
1991 ²	\$223.08	2010	\$336.65
1992	\$230.89	2011	\$343.05
1993	\$236.43	2012	\$352.66
1994	\$243.29	2013	\$356.19
1995	\$246.70	2014	\$360.82
1996	\$251.39	2015	\$368.40
1997	\$257.17	2016	\$376.14
1998	\$258.20	2017	\$376.52
1999	\$263.62	2018	\$391.20
2000	\$268.10	2019	\$394.33
2001	\$272.12	2020	\$401.43
2002	\$277.56	2021	\$405.04
2003	\$289.22		

¹ Supplement indexed January 1, 1986 onward.

² Corrected figures due to incorrect CPI - no adjustment required.

Lump sum to assist with the necessary expenses of the death of the worker (including burial)

1994	January 1, 1980 to February 8, 1994	\$3,500
1994	February 9 to December 31	\$5,145
1995	January 1 to December 31	\$5,217
1996	January 1 to December 31	\$5,316
1997	January 1 to December 31	\$5,438
1998	January 1 to December 31	\$5,460
1999	January 1 to December 31	\$5,575
2000	January 1 to December 31	\$5,670
2001	January 1 to December 31	\$5,755
2002	January 1 to December 31	\$5,870
2003 ¹	January 1 to December 31	\$10,000
2004	January 1 to December 31	\$10,130
2005	January 1 to December 31	\$10,434
2006	January 1 to December 31	\$10,559
2007	January 1 to December 31	\$10,707
2008	January 1 to December 31	\$11,167
2009	January 1 to December 31	\$11,536
2010	January 1 to December 31	\$11,639
2011	January 1 to December 31	\$11,860
2012	January 1 to December 31	\$12,192
2013	January 1 to December 31	\$12,314
2014	January 1 to December 31	\$12,474
2015	January 1 to December 31	\$12,736
2016	January 1 to December 31	\$13,003
2017	January 1 to December 31	\$13,016
2018	January 1 to December 31	\$13,524
2019	January 1 to December 31	\$13,632
2020	January 1 to December 31	\$13,877
2021	January 1 to December 31	\$14,002

¹ Burial expense increased due to legislation, not CPI.

Clothing Allowances

	<u>Upper</u>		<u>Lower</u>		<u>Both</u>	
	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>
1992	\$15.18	\$182.16	\$33.52	\$402.24	\$48.72	\$584.64
1993	\$15.58	\$186.96	\$34.33	\$411.96	\$49.92	\$599.04
1994	\$16.00	\$192.00	\$35.33	\$423.96	\$51.33	\$615.96
1995	\$16.22	\$194.64	\$35.82	\$429.84	\$52.05	\$624.60
1996	\$16.53	\$198.36	\$36.50	\$438.00	\$53.04	\$636.48
1997	\$16.91	\$202.92	\$37.34	\$448.08	\$54.26	\$651.12
1998	\$16.98	\$203.76	\$37.49	\$449.88	\$54.48	\$653.76
1999	\$17.34	\$208.08	\$38.28	\$459.36	\$55.62	\$667.44
2000	\$17.63	\$211.56	\$38.93	\$467.16	\$56.57	\$678.84
2001	\$17.89	\$214.68	\$39.51	\$474.12	\$57.42	\$689.04
2002	\$18.25	\$219.00	\$40.30	\$483.60	\$58.57	\$702.84
2003	\$19.02	\$228.24	\$41.99	\$503.88	\$61.03	\$732.36
2004	\$19.27	\$231.24	\$42.54	\$510.48	\$61.82	\$741.84
2005	\$19.85	\$238.20	\$43.82	\$525.84	\$63.67	\$764.04
2006	\$20.09	\$241.08	\$44.35	\$532.20	\$64.43	\$773.16
2007	\$20.37	\$244.44	\$44.97	\$539.64	\$65.33	\$783.96
2008	\$21.25	\$255.00	\$46.90	\$562.80	\$68.14	\$817.68
2009	\$21.95	\$263.40	\$48.45	\$581.40	\$70.39	\$844.68
2010	\$22.15	\$265.80	\$48.89	\$586.68	\$71.02	\$852.24
2011	\$22.57	\$270.84	\$49.82	\$597.84	\$72.37	\$868.44
2012	\$23.20	\$278.40	\$51.21	\$614.52	\$74.40	\$892.80
2013	\$23.43	\$281.18	\$51.72	\$620.67	\$75.14	\$901.73
2014	\$23.73	\$284.82	\$52.39	\$628.71	\$76.12	\$913.40
2015	\$24.23	\$290.74	\$53.49	\$641.88	\$77.72	\$932.62
2016	\$24.74	\$296.85	\$54.61	\$655.36	\$79.35	\$952.21
2017	\$24.76	\$297.18	\$54.66	\$655.98	\$79.43	\$953.15
2018	\$25.73	\$308.71	\$56.79	\$681.50	\$82.53	\$990.33
2019	\$25.93	\$311.18	\$57.25	\$686.95	\$83.19	\$998.26
2020	\$26.40	\$316.76	\$58.28	\$699.37	\$84.69	\$1,016.25
2021	\$26.64	\$319.65	\$58.80	\$705.65	\$85.45	\$1,025.43

Note: Numbers may not sum to totals due to rounding.

Personal Care Allowances

		<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>LEVEL 4</u>
March	1976	\$100	\$200	\$400	\$500
January	1977	\$110	\$220	\$440	\$550
January	1978	\$121	\$243	\$485	\$607
January	1979	\$129	\$259	\$517	\$648

		<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>LEVEL 4</u>
January	1980	\$142	\$285	\$569	\$713
January	1981	\$158	\$318	\$635	\$796
January	1982	\$175	\$353	\$705	\$884
January	1983	\$188	\$378	\$756	\$948
January	1984	\$199	\$401	\$801	\$1,005
January	1985	\$206	\$414	\$827	\$1,038
January	1986	\$213	\$429	\$857	\$1,075
January	1987	\$220	\$443	\$884	\$1,109
January	1988	\$233	\$469	\$935	\$1,173
January	1989	\$240	\$484	\$965	\$1,211
January	1990	\$252	\$507	\$1,011	\$1,269
January	1991	\$263	\$528	\$1,053	\$1,322
January	1992	\$272	\$546	\$1,090	\$1,368
January	1993	\$279	\$559	\$1,116	\$1,401
January	1994	\$287	\$575	\$1,148	\$1,442
January	1995	\$291	\$583	\$1,164	\$1,462
January	1996	\$297	\$594	\$1,186	\$1,490
January	1997	\$304	\$608	\$1,213	\$1,524
January	1998	\$305	\$610	\$1,218	\$1,530
January	1999	\$311	\$623	\$1,244	\$1,562
January	2000	\$316	\$634	\$1,265	\$1,589
January	2001	\$321	\$644	\$1,284	\$1,613
January	2002	\$327	\$657	\$1,310	\$1,645
January	2003	\$341	\$685	\$1,365	\$1,714
January	2004	\$345	\$694	\$1,383	\$1,736
January	2005	\$355	\$715	\$1,424	\$1,788
January	2006	\$359	\$724	\$1,441	\$1,809
January	2007	\$364	\$734	\$1,461	\$1,834
January	2008	\$380	\$766	\$1,524	\$1,913
January	2009	\$392	\$791	\$1,574	\$1,976
January	2010	\$397	\$798	\$1,588	\$1,994
January	2011	\$405	\$813	\$1,618	\$2,032
January	2012	\$416	\$836	\$1,663	\$2,089
January	2013	\$420	\$844	\$1,680	\$2,110
January	2014	\$425	\$855	\$1,702	\$2,137
January	2015	\$434	\$873	\$1,738	\$2,182
January	2016	\$443	\$891	\$1,774	\$2,228
January	2017	\$443	\$892	\$1,776	\$2,230
January	2018	\$460	\$927	\$1,845	\$2,317
January	2019	\$464	\$934	\$1,860	\$2,336
January	2020	\$472	\$951	\$1,893	\$2,378
January	2021	\$476	\$960	\$1,910	\$2,399

Eye Glasses Frames Expense

1994	\$113	2008	\$151
1995	\$115	2009	\$156

1996	\$117
1997	\$120
1998	\$120
1999	\$123
2000	\$125
2001	\$127
2002	\$130
2003	\$135
2004	\$137
2005	\$141
2006	\$143
2007	\$145

2010	\$157
2011	\$160
2012 ¹	\$200
2013	\$202
2014	\$205
2015	\$209
2016	\$213
2017	\$213
2018	\$222
2019	\$224
2020	\$228
2021	\$230

¹ Expense amount adjusted.

Vocational Rehabilitation – Accommodation Allowance (per month)

2008	\$840
2009	\$868
2010	\$876
2011	\$893
2012	\$917
2013	\$927
2014	\$939

2015	\$959
2016	\$979
2017	\$980
2018 ³	\$1,051
2019	\$1,059
2020	\$1,078
2021	\$1,088

¹ The accommodation allowance covers rent and basic utilities if a worker temporarily relocates for vocational rehabilitation, up to the monthly maximum.

² Operations staff may exceed the maximum monthly allowance based on a review of local rental market trends on a case by case basis.

³ The 2018 allowance increase is based on a review of 2017 rental market trends in SK. The monthly allowance in subsequent years will be based on the greater of the rental market average or the CPI indexed amount.

Minimum Annuity Amount

2013	\$20,000
2014	\$25,000
2015	\$25,600
2016	\$26,200
2017	\$26,300

2018	\$27,400
2019	\$27,700
2020	\$28,200
2021	\$28,500

* rounded up to nearest \$100 as per POL 05/2020.

Policy	Provincial Minimum Wage, Effect of Increase (POL 26/1990)
Effective Date	August 15, 1990
Application	Applies to all claims.
Purpose	To stipulate adjustment to earnings replacement due to increase in the provincial minimum wage.

POLICY

Any adjustment in the calculation of loss of earning capacity because of an increase in the provincial minimum wage will occur effective the date of that increase.

Effective Date	August 15, 1990
Approved Date	August 15, 1990
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 69(1)
Document History	(1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Complements	POL 01/2018 Benefits – Long-Term Earnings Loss

Policy	Adjusting Original Wage – Injuries Before 1980 (POL 03/2015)
Effective Date	May 1, 2015
Application	Applies to workers under the age of 65 on January 1, 1983, injured prior to January 1, 1980, that qualify for earnings loss entitlement after January 1, 1983 and are under the age of 65.
Purpose	To show how to adjust the original wage base of a worker injured before 1980.

DEFINITION

Average weekly wage is determined by the Workers' Compensation Board (WCB) for a calendar year. The average weekly wage is Saskatchewan's industrial composite wage published by Statistics Canada as of June of the preceding year (Section 2).

Original wage means the worker's wage at the time of injury.

BACKGROUND

Section 76 of *The Workers' Compensation Act, 2013* (the "Act") allows the WCB to adjust a worker's original wage if the worker:

- Suffers an injury before 1980.
- Is under age 65 in 1983, and
- Receives earnings loss benefits on or after January 1, 1983.

POLICY

- From the year of injury to 1979, the WCB will increase the original wage by the percentage change in the average weekly wage.
- On the date of injury each year after 1979, the WCB will increase the original wage by changes in the Consumer Price Index (CPI).

Effective Date	May 1, 2015
Approved Date	March 16, 2015
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(b), 69(2), 72, 76, 95
Document History	<ol style="list-style-type: none"> January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. POL 24/83, Annual Review of Former Act Workers (effective to April 30, 2015).

Complements

PRO 03/2015	Adjusting Original Wage – Injuries Before 1980
PRO 15/2020	Consumer Price Index (CPI) – Annual Increase
POL 07/2013	Consumer Price Index (CPI) – Annual Indexing
POL 07/2020	Maximum Wage Rates
PRO 07/2020	Maximum Wage Rates
POL 22/2016	Offset of Canada or Quebec Pension Plan Disability Benefits

Procedure	Adjusting Original Wage – Injuries Before 1980 (PRO 03/2015)
Effective Date	May 1, 2015
Application	Applies to workers under the age of 65 on January 1, 1983, injured prior to January 1, 1980, that qualify for earnings loss entitlement after January 1, 1983 and are under the age of 65.
Purpose	To show how to adjust the original wage base of a worker injured before 1980.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 03/2015, Adjusting Original Wage – Injuries Before 1980.
2. This procedure provides rules on how to apply POL 03/2015.

PROCEDURE

1. From the year of injury to 1979, the Payment Specialist will increase the original wage by the percentage change in the average weekly wage.
2. On the date of injury each year after 1979, the Payment Specialist will increase the original wage by changes in the Consumer Price Index (CPI).

Attachments	Adjusting Original Wage by CPI – Calculation Sheet
Effective Date	May 1, 2015
Approved Date	March 16, 2015
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(b), 69(2), 72, 76, 95
Document History	<ol style="list-style-type: none"> (1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (2) POL 24/83, Annual Review of Former Act Workers (effective to April 30, 2015).
Complements	POL 03/2015 Adjusting Original Wage – Injuries Before 1980 PRO 15/2020 Consumer Price Index (CPI) – Annual Increase POL 07/2013 Consumer Price Index (CPI) – Annual Indexing POL 07/2020 Maximum Wage Rates PRO 07/2020 Maximum Wage Rates POL 22/2016 Offset of Canada or Quebec Pension Plan Disability Benefits

Adjusting Original Wage by CPI: Calculation Sheet

(A) Weekly wage at injury \$ _____ /Week

(B) Maximum weekly wage based on date of injury – 1930 to 1979

1930 - \$38.46	1944 - \$43.21	1956 (Jan 1 to June 30) - \$87.03	1968 - \$143.52
1931 - \$38.46	1945 (Jan 1 to June 30) - \$45.14	1956 (July 1 to Dec 31) - \$96.15	1969 - \$153.14
1932 - \$38.46	1945 (July 1 to Dec 31) - \$48.08	1957 - \$96.15	1970 - \$161.79
1933 - \$38.46	1946 - \$48.08	1958 - \$98.34	1971 - \$172.20
1934 - \$38.46	1947 - \$48.23	1959 - \$102.56	1972 - \$182.57
1935 - \$38.46	1948 (Jan 1 to Mar 31) - \$53.03	1960 (Jan 1 to June 30) - \$105.51	1973 - \$199.77
1936 - \$38.46	1948 (Apr 1 to Dec 31) - \$57.69	1960 (July 1 to Dec 31) - \$115.38	1974 - \$216.06
1937 - \$38.46	1949 - \$58.14	1961 - \$115.38	1975 - \$241.37
1938 - \$38.46	1950 - \$62.25	1962 - \$115.38	1976 - \$282.15
1939 - \$38.46	1951 - \$64.29	1963 - \$115.53	1977 - \$322.50
1940 - \$38.46	1952 - \$70.02	1964 - \$118.86	1978 - \$353.42
1941 - \$39.00	1953 - \$76.92	1965 - \$121.83	1979 - \$384.62
1942 - \$39.47	1954 - \$82.16	1966 - \$127.35	
1943 - \$41.25	1955 - \$84.32	1967 - \$133.50	

(C) Increasing factor based on date of injury – 1930 to 1979

1930 - n/a	1943 - 9.56	1956 - 4.47	1969 - 2.56
1931 - 12.54	1944 - 9.17	1957 - 4.21	1970 - 2.40
1932 - 13.52	1945 - 8.95	1958 - 4.03	1971 - 2.27
1933 - 14.22	1946 - 8.58	1959 - 3.92	1972 - 2.07
1934 - 14.22	1947 - 7.80	1960 - 3.81	1973 - 1.91
1935 - 13.72	1948 - 7.12	1961 - 3.71	1974 - 1.71
1936 - 13.39	1949 - 6.65	1962 - 3.58	1975 - 1.47
1937 - 12.54	1950 - 6.43	1963 - 3.48	1976 - 1.28
1938 - 12.15	1951 - 5.91	1964 - 3.40	1977 - 1.17
1939 - 11.41	1952 - 5.42	1965 - 3.25	1978 - 1.10
1940 - 10.61	1953 - 5.04	1966 - 3.10	1979 - 1.00
1941 - 10.48	1954 - 4.91	1967 - 2.88	
1942 - 10.03	1955 - 4.75	1968 - 2.70	

(D) Original wage adjusted to 1979

$$\frac{\$ \text{ (Lesser of (A) or (B))}}{\text{(B)}} \times \frac{\text{(C)}}{\text{(C)}} = \$ \text{ (D)}$$

(E) Original wage adjusted to December 31, 1984

$$(1) \quad \$ \frac{\text{(D)}}{\text{(D)}} \times \frac{10.00\%}{\text{(1979 CPI)}} = \$ \frac{\text{(Increase)}}{\text{(Increase)}} ; \frac{\text{(D)}}{\text{(D)}} + \frac{\text{(Increase)}}{\text{(Increase)}} = \$ \frac{\text{(1980 adjusted wage)}}{\text{(1980 adjusted wage)}}$$

$$(2) \quad \$ \frac{\text{(G) = Lesser of 1980 adjusted wage or 1980 maximum weekly wage}}{\text{(G) = Lesser of 1980 adjusted wage or 1980 maximum weekly wage}} \times \frac{11.60\%}{\text{(1980 CPI)}} = \$ \frac{\text{(Increase)}}{\text{(Increase)}} ; \frac{\text{(G)}}{\text{(G)}} + \frac{\text{(Increase)}}{\text{(Increase)}} = \$ \frac{\text{(1981 adjusted wage)}}{\text{(1981 adjusted wage)}}$$

$$(3) \quad \$ \frac{\text{(H) = Lesser of 1981 adjusted wage or 1981 maximum weekly wage}}{\text{(H) = Lesser of 1981 adjusted wage or 1981 maximum weekly wage}} \times \frac{11.00\%}{\text{(1981 CPI)}} = \$ \frac{\text{(Increase)}}{\text{(Increase)}} ; \frac{\text{(H)}}{\text{(H)}} + \frac{\text{(Increase)}}{\text{(Increase)}} = \$ \frac{\text{(1982 adjusted wage)}}{\text{(1982 adjusted wage)}}$$

$$(4) \quad \$ \frac{\text{(I) = Lesser of 1982 adjusted wage or 1982 maximum weekly wage}}{\text{(I) = Lesser of 1982 adjusted wage or 1982 maximum weekly wage}} \times \frac{7.20\%}{\text{(1982 CPI)}} = \$ \frac{\text{(Increase)}}{\text{(Increase)}} ; \frac{\text{(I)}}{\text{(I)}} + \frac{\text{(Increase)}}{\text{(Increase)}} = \$ \frac{\text{(1983 adjusted wage)}}{\text{(1983 adjusted wage)}}$$

$$(5) \quad \$ \frac{\text{(J) = Lesser of 1983 adjusted wage or 1983 maximum weekly wage}}{\text{(J) = Lesser of 1983 adjusted wage or 1983 maximum weekly wage}} \times \frac{6.00\%}{\text{(1983 CPI)}} = \$ \frac{\text{(Increase)}}{\text{(Increase)}} ; \frac{\text{(J)}}{\text{(J)}} + \frac{\text{(Increase)}}{\text{(Increase)}} = \$ \frac{\text{(1984 adjusted wage)}}{\text{(1984 adjusted wage)}}$$

****The WCB will continue this calculation to date****

Policy	Offset of Canada or Quebec Pension Plan Disability Benefits (POL 22/2016)
Document Date	18 October 2016
Purpose	To establish guidelines for deducting Canada or Quebec Pension Plan (CPP/QPP) Disability Benefits from loss of earnings benefits.

DEFINITION

Customer means an injured worker or a surviving dependent spouse.

Periodic Benefits for the purpose of this policy means benefits relative to the death or injury of a worker that the worker or the worker's surviving spouse is entitled to receive from Employment and Social Development Canada (ESDC – Service Canada) under the Canada Pension Plan or the Quebec Pension Plan (e.g., Disability Benefits or Survivor Benefits) (Section 95).

Offset means deducting CPP/QPP Disability Benefits from loss of earnings (wage loss) benefits.

BACKGROUND

1. A customer may be entitled to both wage loss benefits under *The Workers' Compensation Act, 2013* (the "Act") and CPP/QPP benefits under the Canada Pension Plan for the same period of entitlement.
2. CPP/QPP benefits must be offset from compensation benefits effective on the anniversary of the commencement of loss of earnings resulting from the injury. After this date, 50 per cent of the worker's or the worker's surviving spouse's periodic benefits are to be considered as wages that the worker is capable of earning for the purposes of:
 - a. Calculating the compensation to be paid by the WCB for loss of earnings; or
 - b. Determining the worker's surviving spouse's entitlement (Section 95).
3. The Act refers to minimum compensation benefits payable as a result of a work injury (Sections 70(5), 74, 75, 77, and 81(1)(b)). WCB interprets these provisions to mean there should be a minimum level at which no offset of CPP/QPP benefits occurs. Where full offset reduces benefits to below the minimum compensation level, only a partial offset will occur.
4. Awards and allowances also exempt from any offset of CPP/QPP benefits include:
 - a. Permanent functional impairments (Section 66).
 - b. Independence allowance (Section 67).
 - c. Dependent children allowance (Sections 83, 84, 85 and 89).
5. CPP/QPP benefits accrue separately to dependent children of an injured or deceased worker. The practice of both the Canada and Quebec Pension Plans are to pay children's

benefits to the worker or surviving spouse until the child reaches 18 years of age. Thereafter, CPP/QPP benefits are paid directly to the child.

6. Increases to CPP/QPP benefits are calculated each January by ESDC using the Consumer Price Index (CPI). Wage loss benefits are adjusted during the annual benefit review on the anniversary date of the commencement of loss of earnings using the average percentage increase of the all-items Consumer Price Indices for Regina and Saskatoon (Sections 2(1)(i) and 69).
7. Effective January 01, 2014, customers receiving the maximum wage rate under the former Act may receive an increase to their maximum wage rate annually. Previously, CPP/QPP was not adjusted annually for these customers unless the maximum wage rate increased. During the annual benefits review in 2014, the offset for these customers was adjusted to reflect the CPI percentage increase to CPP/QPP in 2014 only so that they would receive an increase to their wage base due to an increase in the maximum wage rate. Going forward, the offset for these customers will continue to be adjusted annually to reflect the percentage increase to CPP/QPP.

POLICY

1. Canada or Quebec Pension Plan (CPP/QPP) disability or survivor benefits will be considered wages the worker or the worker's surviving spouse is capable of earning.
2. WCB will offset 50 per cent of the CPP/QPP benefits a worker or the worker's surviving spouse receives as a result of the work injury.
 - a. For a worker, the offset will be applied 12-months after the commencement of their initial loss of earnings and once they qualify for CPP/QPP disability benefits. The offset will continue to be applied as long as they qualify for CPP/QPP disability benefits because of a work injury.
 - b. For the surviving spouse, an offset will be applied 12-months after they qualify for WCB spousal benefits (POL 24/2016, Dependent Spouses – Initial Entitlement and Re-Employment Assistance). The offset will continue to be applied as long as they qualify for CPP/QPP survivor benefits.

Indexing

3. All customers will have their wage loss benefits adjusted during their annual benefit review to reflect an increase to their CPP/QPP benefits. This review is completed on the anniversary date of the original commencement of loss of earnings.
4. If a worker qualifies for CPP/QPP benefits and is receiving WCB estimated wage loss benefits (less than full benefits), the amount of CPP/QPP offset will be pro-rated.

Minimum Compensation

5. Wage loss benefits will not be subject to a CPP/QPP offset if the customer is receiving minimum compensation or actual earnings. A partial offset will occur if full offset would reduce WCB benefits below minimum compensation.

Dependants

6. Only CPP/QPP benefits payable to the worker or worker's surviving spouse may be offset. Any CPP/QPP benefits payable to dependent children are exempt.

Act Sec #	2(1)(i), 66, 67, 69, 70(5), 74, 75, 77, 81(1)(b), 83, 84, 85, 89, 95
Effective Date	01 December 2016
Application	All claims
Supersedes	POL 24/2013 Offset of Canada or Quebec Pension Plan Disability Benefits
Complements	PRO 22/2016 Offset of Canada or Quebec Pension Plan Disability Benefits
	POL 07/2020 Maximum Wage Rates
	PRO 07/2020 Maximum Wage Rates
	POL 03/2007 Calculation of Probable Compensation
	POL 07/2016 Earnings Verification

Procedure	Offset of Canada or Quebec Pension Plan Disability Benefits (PRO 22/2016)
Document Date	19 October 2016
Purpose	To establish guidelines for deducting Canada or Quebec Pension Plan (CPP/QPP) Disability Benefits from loss of earnings benefits.

BACKGROUND

The Workers' Compensation Board (WCB) establishes its authority under POL 22/2016 to reduce benefits if the customer is receiving Canada or Quebec Pension Plan (CPP/QPP) disability or survivor benefits related to the compensable work injury or death.

PROCEDURE

General

1. On the first anniversary of the commencement of loss of earnings, 50 per cent of CPP/QPP benefits will be considered as wages in calculating the compensation paid by WCB. Operations staff will use this amount to offset loss of earnings benefits.
 - a. For an injured worker who is receiving CPP/QPP benefits related to the compensable work injury, offset will be applied 12-months after the commencement of their initial loss of earnings and once they qualify for CPP/QPP benefits. The offset will continue to be applied as long as they qualify for CPP/QPP disability benefits because of a work injury.
 - b. For the surviving spouse who is receiving CPP/QPP benefits related to a compensable death, the offset will be applied 12-months after they qualify for WCB spousal benefits.
2. Operations staff will not reduce WCB payments without first determining, either by documentation from the Canada or Quebec Pension Plan or a signed declaration from the worker or the worker's surviving spouse indicating they are actually receiving CPP/QPP benefits, and at what level.
3. If a customer is entitled to receive CPP/QPP benefits but is not yet in receipt of them, wage loss benefits will be paid to the worker or the worker's surviving spouse without offset until the customer receives the CPP/QPP benefits. Customers will be told in advance of the possibility of an overpayment created by retroactive entitlement to CPP/QPP benefits.
4. Overpayments created through retroactive CPP/QPP benefit entitlement will be recovered in accordance with PRO 17/2016, Overpayment Recovery – Compensation.

Indexing

5. CPP/QPP benefits are subject to CPI increases determined by Employment and Social Development Canada (ESDC – Service Canada) effective January 1st of each year.
6. Operations staff will adjust a customer's CPP/QPP offset during their annual benefit review, as follows:

- a. They will apply the percentage increase for the CPP/QPP benefits set January 1 prior to the customer's annual review, to the customer's CPP/QPP level that was established at their prior year's annual review.
 - b. The adjusted offset will be effective on the date the customer's wage base is indexed based on the annual CPI percentage increase.
7. Operations staff will continue to index a customer's CPP/QPP offset by the annual CPP/QPP percentage increase annually.
8. The offset for customers receiving the maximum wage rate will be adjusted annually, even if the maximum wage rate does not increase in a given year. Appendix A – Adjusting CPP/QPP For Customers Receiving the Maximum Wage Rate by Year provides guidelines around adjusting a customer's CPP/QPP offset if they receive the maximum wage rate.
9. If a worker's or the worker's surviving spouses CPP/QPP benefits are decreased by the Canada or Quebec Pension Plan, Operations staff will adjust wage loss benefits during annual review to reflect the new CPP/QPP amount.

Indexing When Customer Receives Less than Full Wage Loss Benefits

10. Where a worker qualifies for CPP/QPP benefits and WCB has determined they have an earnings capacity which results in them receiving less than full wage loss benefits, Operations staff will pro-rate the amount of CPP/QPP benefits (see Appendix B for sample calculation).
11. If a customer is receiving the maximum wage rate and has an earnings capacity, Operations staff will pro-rate the amount of CPP/QPP benefits using the applicable year's maximum weekly wage (see Appendix C for sample calculation).

Minimum Compensation

12. Operations staff will not deduct CPP/QPP benefits if the worker or the worker's surviving spouse is receiving minimum wage loss benefits or actual earnings, if less.
13. Partial offset will occur if full offset would reduce wage loss benefits below minimum compensation.

Dependents

14. Operations staff will not include any CPP/QPP benefits payable to, or on behalf of, dependent children when calculating the offset.

ATTACHMENTS

[Adjusting CPP/QPP For Customers Receiving the Maximum Wage Rate by Year](#)

[CPP Offset When Customer Receives Less than Full Wage Loss Benefits \(has an earning capacity\)](#)

CPP Offset When Customer Receives the Maximum Wage Rate and Receives Less than Full Wage Loss Benefits (has an earning capacity)

Act Sec #	2(1)(i), 67, 69, 70(5), 74, 75, 77, 81(1)(b), 83, 84, 85, 89, 95
Effective Date	01 December 2016
Application	All claims
Supersedes	PRO 24/2013 Offset of Canada or Quebec Pension Plan Disability Benefits
Complements	POL 22/2016 Offset of Canada or Quebec Pension Plan Disability Benefits
	POL 07/2016 Earnings Verification
	PRO 17/2016 Overpayment Recovery – Compensation

Appendix A

Adjusting CPP/QPP For Customers Receiving the Maximum Wage Rate by Year

Year	Maximum Wage Rate	CPP Offset
2002	No change	No change
2003	Increased	Increased to 2003 CPP Benefit Rate
2004	Increased	Increased to 2004 CPP Benefit Rate
2005	Increased	Increased to 2005 CPP Benefit Rate
2006-2013	No change	No change
2014 and onward	Increased annually	Increased annually

Appendix B

CPP Offset When Customer Receives Less than Full Wage Loss Benefits (has an earning capacity)

Example:

Worker's pre-injury wage base (weekly)	\$650
Worker's pre-injury earning capacity (weekly)	<u>\$200</u>
Worker's earnings loss (weekly)	\$450

CPP Benefits:

CPP Benefit Worker Receives (monthly)	\$350
x CPP Offset %	<u>x 50%</u>
CPP Offset (monthly)	\$175
÷ Calculated into weekly amount	<u>÷ 4.3333</u>
CPP Offset (weekly)	\$40.38

Calculation:

$$\frac{\text{pre-injury wage base (weekly)} - \text{earning capacity (weekly)}}{\text{pre-injury wage base (weekly)}} \times \text{CPP Benefit (weekly) x 50\%} = \text{Prorated CPP Offset (weekly)}$$

Example Calculation:

$$\frac{\$650 - \$200}{\$650} \times \$40.38 = \$27.96$$

Therefore, \$27.69 of the worker's CPP benefits would be considered wages.

Appendix C

CPP Offset When Customer Receives the Maximum Wage Rate and Receives Less than Full Wage Loss Benefits (has an earning capacity)

Example:

Maximum wage rate in 2016 (weekly)	1,331.58
Worker's pre-injury earning capacity (weekly)	<u>\$200</u>
Worker's earnings loss (weekly)	<u>1,131.58</u>

CPP Benefits:

CPP Benefit Worker Receives (monthly)	\$350
x CPP Offset %	<u>x 50%</u>
CPP Offset (monthly)	<u>\$175</u>
÷ Calculated into weekly amount	<u>÷ 4.3333</u>
CPP Offset (weekly)	<u>\$40.38</u>

Calculation:

$$\frac{\text{maximum wage rate (weekly)} - \text{earning capacity (weekly)}}{\text{maximum wage rate (weekly)}} \times \text{CPP Benefit (weekly) x 50\%} = \text{Prorated CPP Offset (weekly)}$$

Example Calculation:

$$\frac{1,331.58 - \$200}{1,331.58} \times \$40.38 = \$34.32$$

Therefore, \$34.32 of the worker's CPP benefits would be considered wages.

Policy **Interjurisdictional Agreement on Workers' Compensation (IJA) (POL 10/2017)**

Document Date 15 August 2017

Purpose To establish guidelines for IJA claims.

DEFINITION

Customer means an injured worker or surviving dependant.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") allows the Saskatchewan Workers' Compensation Board (WCB) to enter an interjurisdictional agreement to provide compensation to customers where work is performed partly within Saskatchewan and partly within another province or territory. These agreements allow customers to receive benefits from either the Saskatchewan WCB or another jurisdiction (Section 33(2)).
2. If a work-related injury occurs outside of Saskatchewan, and the customer is entitled to compensation by law of the country or place in which the injury occurs, the customer must elect to file the claim with either the Saskatchewan WCB or the other jurisdiction (Section 35).
3. A customer must provide a notice of the election to the Saskatchewan WCB within three months of commencement of the loss of earnings or date of death. The Saskatchewan WCB may extend the notice period. However, if the customer does not give notice, the customer is deemed to have elected not to claim compensation under Saskatchewan's Act (Section 35).
4. The Act provides the WCB with the right of subrogation. To recover the amount of compensation payable, the WCB may bring legal action in its own name against the third party, or it may join with the customer in their legal action against the third party (Section 39).
5. Worker benefits provided through the IJA may not, in every circumstance, result in employer protection from lawsuit.

POLICY

1. The Saskatchewan WCB participates in an Interjurisdictional Agreement on Workers' Compensation (IJA) developed amongst Canadian jurisdictions (i.e., provinces and territories) to:
 - a. Promote and ensure the effective, efficient and timely administration and resolution of interjurisdictional issues.
 - b. Aid injured workers in claiming and receiving compensation when two or more jurisdictions are involved.

2. As per the IJA, customers entitled to file an injury claim in more than one jurisdiction must choose coverage in either:
 - a. Their home province or territory.
 - b. The jurisdiction where the injury or fatality occurred.
3. If a customer chooses coverage with the Saskatchewan WCB:
 - a. The claim will be adjudicated in accordance with Saskatchewan's Act and policies.
 - b. The customer must waive and forego any rights to compensation with any other jurisdiction for their injury claim, unless released to do so by the Saskatchewan WCB.
 - c. The customer must not apply for or accept any benefits from any other jurisdiction for the injury claim, unless released to do so by the Saskatchewan WCB.
4. The WCB may pursue recovery of claim costs from a third party prior to seeking reimbursement from other jurisdictions as required under the IJA (POL 13/2014, Third Party Actions).

Cost Relief

5. The Saskatchewan WCB will determine and consider eligibility for cost relief and will also determine and consider eligibility for any appeals for cost relief on IJA claims if the:
 - a. Injury occurred in Saskatchewan.
 - b. Worker elected to file the claim with another jurisdiction.
 - c. Other jurisdiction requested and received reimbursement from Saskatchewan.

ATTACHMENTS

The following information can be found on [AWCBC website](#).

The Interjurisdictional Agreement on Workers' Compensation

The IJA Fact Sheet

Act Sec #	33, 35, 39, 169
Effective Date	01 October 2017
Application	All interjurisdictional claims.
Supersedes	POL 08/2013 Interjurisdictional Agreement on Workers' Compensation (IJA)
Complements	<u>PRO 10/2017 Interjurisdictional Agreement on Workers' Compensation</u>
	<u>POL 24/2014 Alternative Assessment Procedure for the Interjurisdictional Trucking Industry</u>
	<u>PRO 24/2014 Alternative Assessment Procedure for the Interjurisdictional Trucking Industry</u>
	<u>POL 08/1999 Coverage, Out of Province/Country</u>
	<u>POL 11/2017 Second Injury and Re-Employment Reserve</u>
	<u>POL 12/2014 Disaster Reserve</u>
	<u>POL 05/2014 Occupational Disease Reserve</u>
	<u>POL 21/2013 Appeals – Claims</u>
	<u>POL 22/2013 Appeals – Board Appeal Tribunal</u>
	<u>POL 13/2014 Third Party Actions</u>

Procedure **Interjurisdictional Agreement on Workers' Compensation (IJA) (PRO 10/2017)**

Document Date 16 August 2017

Purpose To establish guidelines for IJA claims.

BACKGROUND

POL 10/2017, International Agreement on Workers' Compensation (IJA) establishes guidelines for adjudicating IJA claims.

PROCEDURE

1. The IJA Officer will notify Employer Services when an injury or fatality occurred in:
 - a. Saskatchewan, but the worker is a resident of another province or territory.
 - b. Another province or territory, but the worker is a resident of Saskatchewan.
2. Employer Services will determine if there is coverage under *The Workers' Compensation Act, 2013* (the "Act").
 - a. If the claim is eligible for coverage under the Act, the IJA Officer will determine if the customer has the option to choose coverage under another jurisdiction (As per Section 35 of the Act and POL and PRO 08/1999, Coverage – Out of Province/Country).
 - b. If the customer can choose coverage under another jurisdiction, the IJA Officer will send the customer a Worker's Election Form (WEF).
 - c. If the claim is not eligible for coverage under the Act, the IJA Officer will notify the customer and the claim will be forwarded to the appropriate jurisdiction.

Election Process

3. Claims will be adjudicated once the WCB receives a completed and signed WEF indicating that the customer chooses coverage in Saskatchewan.
4. Claims will be disallowed if a WEF is not received within three months of being sent to the customer. At their discretion, the IJA Officer may authorize or recommend an extension of the three month notice period.
5. If the customer chooses coverage in Saskatchewan, the IJA Officer will refer the file to Claims Entitlement Services for adjudication.
6. If the customer chooses coverage with another jurisdiction, the IJA Officer will forward the claim to the appropriate jurisdiction. The IJA Officer will advise all parties, in writing, if the customer chooses to file the claim in another jurisdiction.
7. The IJA Officer will request the worker's home jurisdiction to reimburse all claim costs when the total cost of the claim is over \$1,000.

8. WCB staff will review IJA claims for cost relief if Saskatchewan is the reimbursing board.

Act Sec #	33, 35, 39, 169
Effective Date	01 October 2017
Application	All interjurisdictional claims.
Supersedes	PRO 08/2013 Interjurisdictional Agreement on Workers' Compensation (IJA)
Complements	<u>POL 10/2017 Interjurisdictional Agreement on Workers' Compensation</u>
	<u>POL 24/2014 Alternative Assessment Procedure for the Interjurisdictional Trucking Industry</u>
	<u>PRO 24/2014 Alternative Assessment Procedure for the Interjurisdictional Trucking Industry</u>
	<u>POL 08/1999 Coverage, Out of Province/Country</u>
	<u>POL 11/2017 Second Injury and Re-Employment Reserve</u>
	<u>POL 12/2014 Disaster Reserve</u>
	<u>POL 05/2014 Occupational Disease Reserve</u>
	<u>POL 21/2013 Appeals – Claims</u>
	<u>POL 22/2013 Appeals – Board Appeal Tribunal</u>
	<u>POL 13/2014 Third Party Actions</u>

Policy	Temporary Foreign Workers (POL 03/2016)
Document Date	15 March 2016
Purpose	To establish the process for adjudicating and managing claims from temporary foreign workers.

DEFINITION

Temporary foreign worker means an individual who receives a temporary work permit (open or employer specific) under the Government of Canada's Temporary Foreign Worker Program. This program lets employers hire foreign workers to fill temporary labour and skill shortages. Temporary foreign workers have social insurance numbers that begin with nine.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") directs that if an injury arises out of employment, the Workers' Compensation Board (WCB) will presume that the injury occurred in the course of employment. Accordingly, if an injury occurs in the course of employment, the WCB will presume that the injury arose out of employment (Section 27).
2. Section 25 of the Act authorizes the WCB to gather information needed to determine all matters or questions arising under the Act, pursuant to Section 20. This information is disclosed to health care providers for the purpose of providing any health care or treatment that may be required as a result of a work injury.
3. The Government of Saskatchewan implemented *The Foreign Worker Recruitment and Immigration Services Act* on October 11, 2013 to protect foreign workers and immigrants from exploitation and mistreatment during the recruitment and immigration process.
4. Immigration, Refugees and Citizenship Canada (IRCC) advises that a temporary foreign worker who holds a valid work permit will keep their temporary residency status as long as their permit is valid, regardless of whether or not they are actually working. Therefore, accessing services from the WCB will not impact a temporary foreign worker's residency status in Canada.

POLICY

1. Workers' entitlements and employers' obligations under the Act apply if the worker is a:
 - a. Canadian citizen.
 - b. Permanent resident.
 - c. Refugee.
 - d. Landed immigrant, or
 - e. Temporary foreign worker.

2. The WCB will provide coverage to temporary foreign workers, regardless of whether or not they have a valid work permit, if their:
 - a. Employer has or is required to have coverage under the Act, and
 - b. Injury arose out of and in the course of employment (POL 03/2017, Arising Out of and In the Course of Employment).
3. All workers and employers must report injuries to the WCB. An employer cannot, directly or indirectly, attempt to impede a worker, or the worker's dependants, from reporting an injury to the WCB.

Act Sec #	2(1)(j), 2(1)(l), 2(1)(ii), 20, 25, 27, 36, 70(4), 81, 86, 97, 104, 105, 163, 164, 183, 185; 188 of the <i>Immigration and Refugee Protection Regulations; The Foreign Worker Recruitment and Immigration Services Act</i>
Effective Date	01 June 2016
Application	Claims from temporary foreign workers on and after 01 May 2016.
Supersedes	POL 05/2010 Coverage – Migrant Workers
Complements	PRO 03/2016 Temporary Foreign Workers
	POL 15/2016 Suspension of Benefits
	POL 05/2017 Privacy of Information
	POL 03/2017 Arising Out of and In the Course of Employment
	PRO 04/2012 Translation Services
	POL 23/2016 Vocational Rehabilitation – Programs and Services
	POL 39/2010 Expenses – Travel and Sustenance – General
	POL 17/2010 Termination of Compensation Benefits – Notice
	POL 30/2016 Children and Other Dependents – Benefits
	POL 08/2010 Return to Work – Temporary Helper
	POL 07/2007 Voluntary Relocation Outside Canada

Procedure	Temporary Foreign Workers (PRO 03/2016)
Document Date	15 March 2016
Purpose	To establish administrative guidelines for adjudicating and managing claims from temporary foreign workers.

BACKGROUND

POL 03/2016, Temporary Foreign Workers establishes the process for adjudicating and managing claims from temporary foreign workers.

PROCEDURE

General

1. If the worker has a social insurance number that starts with nine, the Claims Entitlement Specialist (CES) or Case Manager (CM) will ask for a copy of the worker's work permit. This will help the CES or CM determine:
 - a. If there are any time constraints in managing the claim (e.g., the worker has to leave the country or apply for an extension by a certain date), or
 - b. The best course of action in returning the worker to work.

Worker Responsibilities

2. A temporary foreign worker must:
 - a. Report their injury to the employer.
 - b. Complete and submit a Worker's Initial Report of Injury form (W1) to the Workers' Compensation Board (WCB).
 - c. Provide the WCB a copy of their work permit.
 - d. Provide any additional information the WCB needs.
 - e. Provide the WCB their home address in Saskatchewan.
 - f. Provide the WCB their home address in their home country.
 - g. Notify the WCB before returning back to their home country.

Benefits – Worker

3. The CES or CM may authorize a complete payment for the worker's estimated period of disability (based on a review of medical reports) if:
 - a. The worker wants to return to their home country right after the injury and the CES or CM expects the effects of the injury will last less than four weeks.
 - b. The worker will not be able to contact the WCB during the entire period of impairment, or

- c. The worker will not be able to access a foreign bank account (Canadian) in their home country.
4. If the CES or CM expects the effects of the injury will last more than four weeks, and the worker moves back to their home country before recovering, the CES or CM will:
 - a. Keep the worker's contact information on file.
 - b. Authorize earnings loss benefits based on the greater of the earnings the worker:
 - i. Would have made if he or she would have remained in Saskatchewan, or
 - ii. Is making in their home country.
 - c. Continue to provide earnings loss benefits until the worker has recovered from the work injury and is declared medically fit to return to work.

If the CES or CM cannot reach the worker when evaluating earnings loss entitlement, the CES or CM may suspend the worker's benefits until they are able to make contact (POL 15/2016 and PRO 09/2017, Suspension of Benefits will apply).

5. If the worker leaves Saskatchewan without informing the WCB, the CES or CM may suspend or terminate the worker's benefits.
6. The CES or Case Management Support (CMS) will pay travel expenses in accordance with POL 39/2010, Expenses – Travel and Sustenance – General.

Benefits – Dependants

7. If the worker dies because of the injury and the CES or CM is able to contact the worker's spouse, the CES or CM will authorize benefits for the spouse and dependent children. The CES or CM will:
 - a. Keep the spouse's/dependent children's contact information on file.
 - b. Provide entitlement to the spouse/dependent children based on how much they would receive if they were to reside in Saskatchewan.

If the CES, CM or Vocational Rehabilitation Specialist (VRS) cannot reach the spouse/dependent children to determine their initial entitlement or to confirm their ongoing entitlement, the CES, CM or VRS may suspend the spouse's/dependent children's benefits until they are able to make contact.

8. The CM or VRS may authorize benefits for someone other than the worker's spouse or dependent children. Payments to other dependants may depend on how long, had the worker lived, the worker would have continued supporting the dependants. The WCB may pay other dependants wholly or partly in a lump sum or in any other form that the CM or VRS considers suitable.

Medical Aid and Reporting

9. Medical and Health Care Services (MHCS) will expedite medical services for temporary foreign workers.

10. If the worker's work permit will expire prior to receiving medical aid, the worker must apply for a new permit prior to the expiration date. If Immigration, Refugees and Citizenship Canada (IRCC) receives the application prior to the expiration date, the worker's status in Canada will remain intact ("implied status") while IRCC makes a decision on the application.
11. The CES or CM will devise a treatment plan for the temporary foreign worker if:
 - a. The worker wants to return to their home country right after the injury, and
 - b. The CES or CM expects the effects of the injury will last less than four weeks.
12. If the CES or CM expects the effects of the injury will last more than four weeks, and the worker wants to return to their home country before recovering:
 - a. The CES or CM will provide the worker with a letter and a form that the worker should give to their care provider in their home country. The form will be used to report the worker's condition to the WCB.
 - b. The worker will ask their care provider to send all medical reports to the WCB.
 - c. The CES or CM will review the medical reports to determine if the worker should continue to receive benefits.
13. If the WCB does not receive required medical reports from the worker's care provider, the CES or CM may suspend benefits (POL 15/2016, Suspension of Benefits).
14. If the worker needs to travel for medical care in their home country, the CES or CMS will reimburse travel expenses based on the lesser of what the worker:
 - a. Would have received to travel to medical care if the worker stayed in Saskatchewan, or
 - b. Actually pays to travel to medical care in their home country.
15. The CES or CM may authorize payment to allow the worker to return to Saskatchewan (or another jurisdiction providing more convenient, but equivalent service) for medical care or an assessment if these services in the worker's home county do not:
 - a. Meet the needs of the worker.
 - b. Allow the WCB to properly evaluate the worker's condition.

Return-to-Work – Temporary Restrictions

16. The WCB may provide assistance to help temporary foreign workers mitigate earnings loss. To determine the most appropriate form of assistance, the CES or CM will ask the:
 - a. Worker/employer to contact IRCC if the worker can only return to modified duties with the pre-injury employer. IRCC will confirm if the:
 - i. Work permit allows the worker to do modified duties.
 - ii. Worker has to apply for a new work permit.
 - b. Worker to contact IRCC if the worker can only return to modified duties, but the pre-injury employer cannot accommodate the worker's return to work. IRCC will confirm if the:

- i. Work permit allows for the worker to work for a different employer (e.g., the worker has an open permit, the work permit allows the worker to do different types of work).
- ii. Worker has to apply for a new work permit (e.g., the worker has an employer specific permit).

Vocational Rehabilitation – Permanent Restrictions

17. If the worker has permanent restrictions because of a work injury, the VRS may offer vocational rehabilitation services (POL 23/2016, Vocational Rehabilitation – Programs and Services). Such services may include academic, technical or on-the-job training that would allow the worker to pursue a new job:
 - a. If the worker has a valid work permit, IRCC allows workers to study in Canada (without an additional study permit) if the duration of the course is less than six months (Section 188 of the *Immigration and Refugee Protection Regulations*).
 - b. If the worker is unable to attend training in Canada, the VRS may enlist the services a vocational rehabilitation service provider in the worker's home country.

Issuing Payments – Benefits and Medical Aid

18. The WCB will pay benefits, travel expenses and medical expenses (e.g., caregiver services, appliances, prescription drugs) by:
 - a. Physical cheque, or
 - b. Electronic funds transfer (EFT). To receive EFT, the worker or dependants must keep a bank account in Canada. Finance will deposit money into this account.
19. The WCB will pay the worker or dependants in Canadian funds. Payments will not exceed Saskatchewan rates.
20. Care providers should bill the WCB directly. If the care provider bills the worker, the worker will send the receipt to the WCB. The WCB will review the receipt and pay the worker. The WCB will not pay more than Saskatchewan rates for medical aid.

Act Sec #	2(1)(j), 2(1)(l), 2(1)(ii), 20, 25, 27, 36, 70(4), 81, 86, 97, 104, 105, 163, 164, 183, 185; 188 of the <i>Immigration and Refugee Protection Regulations</i> ; <i>The Foreign Worker Recruitment and Immigration Services Act</i>
Effective Date	01 June 2016
Application	Claims from temporary foreign workers on and after 01 May 2016.
Supersedes	PRO 05/2010 Coverage – Migrant Workers
Complements	POL 03/2016 Temporary Foreign Workers POL 15/2016 Suspension of Benefits POL 05/2017 Privacy of Information POL 03/2017 Arising Out of and In the Course of Employment PRO 04/2012 Translation Services POL 23/2016 Vocational Rehabilitation – Programs and Services POL 39/2010 Expenses – Travel and Sustenance – General POL 17/2010 Termination of Compensation Benefits – Notice POL 30/2016 Children and Other Dependants – Benefits

[POL 08/2010](#) [Return to Work – Temporary Helper](#)
[POL 07/2007](#) [Voluntary Relocation Outside Canada](#)

Policy	Voluntary Relocation Outside Canada (POL 07/2007)
Document Date	29 May 2007
Purpose	To establish guidelines for managing claims where customers voluntarily relocate their residence outside Canada.

DEFINITIONS

Customer means an injured worker or dependent spouse.

BACKGROUND

The Workers' Compensation Board (WCB) ensures customers who voluntarily relocate outside Canada continue to receive the best customer service possible by providing consistent case management, efficient and secure payment of benefits, and addressing any administrative issues.

POLICY

1. After acceptance of a claim, WCB will provide the customer with information regarding:
 - a. The customer's obligation to notify WCB if he/she plans to reside outside Canada; and
 - b. The effect the move may have on benefit entitlement (e.g., possible suspension or termination of benefits where a worker is receiving active treatment, which is then interrupted or extended by the relocation).
2. WCB is to conduct an annual review of the customer's file on the anniversary date of the claim.
3. Where the customer receives income from any source for which a tax return is filed (whether in Canada and/or the customer's current country of residence), a copy of the return must be provided to WCB. Where the customer does not file a tax return, he/she will inform WCB of this in writing, including confirmation of earnings.

Payment of Compensation and Other Expenses

4. Where a customer voluntarily relocates outside Canada following a work injury:
 - a. Method of payment will be made through either the issuance of a physical cheque or electronic funds transfer (upon the request of the customer);
 - b. In accordance with current banking processes, customers who request electronic funds transfer as their payment option will be required to maintain a bank account domiciled in Canada into which WCB benefits will be electronically deposited;
 - c. All payments for earnings loss compensation are to be issued in Canadian funds;
 - d. All medical expenses associated with the claim (e.g., caregiver services, appliances, prescription drugs) are to be reimbursed in Canadian funds not exceeding Saskatchewan rates. Where WCB arranges the treatment, actual costs will be paid;
-

- e. Travel expenses incurred are to be paid as directed in POL 39/2010 or its successor. Expenses should not be considered in excess of what would be reasonable had the customer been required to travel within Saskatchewan to obtain medical care;
- f. Where a worker claims total disablement and he/she moves during active treatment, suspension of benefits will be considered if any disruption in medical or rehabilitation services occurs;
- g. Where a customer relocates outside Canada after resuming work or completing medical treatment/vocational programming and there is a recurrence of the work injury, the new place of residence will be considered the customer's primary residence for payment of expenses.
- h. Cost of translations necessary for the management of the claim, regardless of whether WCB makes arrangements, will be the responsibility of the customer;
- i. The costs for tuition and books for dependent children are to be paid as if they had remained in Saskatchewan and in accordance with POL 08/2016 or its successor.

Act Sec #	36, 58(1), 58(2), 101, 103(2)
Effective Date	01 June 2007
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All customers residing outside Canada.
Supersedes	POL 22/95 Voluntary Relocation of a Worker or Dependent Spouse to Residence Outside Canada
Complements	PRO 07/2007 Voluntary Relocation Outside Canada
	POL 39/2010 Expenses – Travel and Sustenance – General
	PRO 04/2012 Translation Services
	POL 08/2016 Educational Allowances for Dependent Children

Procedure	Voluntary Relocation Outside Canada (PRO 07/2007)
Document Date	04 June 2007
Purpose	To establish guidelines for managing claims where customers voluntarily relocate their residence outside Canada.

BACKGROUND

1. POL 07/2007, Voluntary Relocation Outside Canada has been approved regarding the management of claims where customers of the Workers' Compensation Board (WCB) voluntarily relocate outside Canada.
2. The following provides WCB staff with guidelines to implement POL 07/2007.

PROCEDURE

1. The Case Manager is responsible for the initial communication to customers after acceptance of the claim in accordance with Point 1 of POL 07/2007.
2. In accordance with Point 2 of POL 07/2007, where a customer resides outside Canada while in receipt of Long-Term Earnings Replacement, the Case Manager must complete a re-evaluation of the estimation of earning capacity on an annual basis and convert the estimated wage in the country of residence to Canadian funds. (This will not result in greater entitlement than the customer would have received had he/she continued to reside in Canada.) This annual review will be conducted on the anniversary date of the claim.
3. The Case Manager will provide a form letter informing the customer that he/she is required to provide copies of tax returns both for Canada and the current country of residence (where that jurisdiction requires a return to be filed) in order to verify the customer's earnings. In accordance with Point 3 of POL 07/2007, the form letter will also inform customers that where they do not file a tax return, they are still required to inform the WCB of this in writing and include confirmation of earnings.
4. Where a customer moves while under active treatment, or is already residing outside Canada and suffers a recurrence requiring treatment:
 - a. The Case Management Team will meet to define the medical treatment that would have been followed in Saskatchewan;
 - b. The customer is to be informed of this plan, and where it is interrupted or extended by the customer's choice to relocate, their benefits may be terminated or suspended;
 - c. The Case Management Team will monitor the situation to determine whether the customer should return to Saskatchewan (or another jurisdiction providing more convenient, but equivalent, service) for medical treatment or diagnostic examination. Where treatment or an examination is required, it will be at the expense of the WCB.

Act Sec #	36, 58(1), 58(2), 101, 103(2)
Effective Date	01 June 2007.
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All customers residing outside Canada.
Supersedes	PRO 22/95 Voluntary Relocation Outside Canada
Complements	POL 07/2007 Voluntary Relocation Outside Canada

Policy **Benefits – Customers in Transition from WCB to SGI Benefits (POL 06/2009)**

Document Date 30 July 2009

Purpose To ensure workers continue to receive benefits from the Workers' Compensation Board (WCB) after a non-work-related motor vehicle incident, until the worker can establish benefits with Saskatchewan Government Insurance (SGI).

BACKGROUND

1. Occasionally, workers receiving benefits from the WCB are involved in non-work-related motor vehicle incidents that result in injury. This situation may result in the worker being caught between the compensation systems of the WCB and SGI.
2. Section 202(7) of *The Automobile Accident Insurance Act* (the "AAIA") outlines the responsibilities of both the WCB and SGI for the payment of benefits to workers.
3. Although there are no provisions in *The Workers' Compensation Act, 2013* (the "Act"), the WCB has the implied authority as a public corporation to enter into a Memorandum of Agreement for the Benefit Determination Process with SGI.

POLICY

Where WCB is First Payer

1. According to the Memorandum of Agreement for the Benefit Determination Process between SGI and the WCB, where a worker is receiving WCB benefits and sustains another injury as a result of a non-work-related motor vehicle incident, and due to that latter injury the worker becomes entitled to SGI benefits:
 - a. SGI and the WCB will:
 - i. Make a joint decision based on all medical information available regarding which injury is the primary disabling factor and, as a result, which agency will be responsible for issuing benefits; and
 - ii. Pay compensation in proportion to the attribution of the worker's injuries.
 - b. Where the WCB has issued benefits to the worker as a result of the non-work-related injury, the WCB will request a refund from SGI where appropriate.
2. When required, the WCB will continue to be the first payer of benefits until a joint decision with SGI can be made.

Where SGI is First Payer

3. Where the worker sustains a work injury after being injured in a non-work-related motor vehicle incident, the worker's claim for WCB benefits shall be adjudicated in accordance with POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration.

Act Sec #	<i>The Automobile Accident Insurance Act</i>
Effective Date	01 September 2009
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All workers who are attempting to establish entitlement to SGI benefits as a result of a non-work-related motor vehicle incident
Supersedes	n/a
Complements	PRO 06/2009 Benefits – Customers in Transition from WCB to SGI Benefits
	POL 12/2017 Pre-Existing Condition – Aggravation or Acceleration
	POL 15/2016 Suspension of Benefits
	PRO 09/2017 Suspension of Benefits
	POL 04/2011 Injuries – Travelling for or Attending Medical Aid or Return-to-Work Programming

Procedure **Benefits – Customers in Transition from WCB to SGI Benefits (PRO 06/2009)**

Document Date 31 July 2009

Purpose To ensure workers continue to receive benefits from the Workers' Compensation Board (WCB) after a non-work-related motor vehicle incident, until the worker can establish benefits with Saskatchewan Government Insurance (SGI).

BACKGROUND

1. POL 06/2009, Benefits – Customers in Transition from WCB to SGI Benefits outlines the responsibilities for SGI and the WCB, under the Memorandum of Agreement for the Benefit Determination Process, with respect to payment of benefits to workers who have been injured in a non-work-related motor vehicle incident either prior, or subsequent, to sustaining a work-related injury.
2. This procedure provides guidelines to ensure compliance with the Memorandum of Agreement for the Benefit Determination Process between SGI and the WCB.

PROCEDURE

1. Where notification is received that a worker has been involved in a motor vehicle incident, and Operations staff determine that the worker qualifies for benefits under Injuries – Travelling for or Attending Medical Aid or Return-to-Work Programming (POL 04/2011), benefits for any injuries sustained as result of the motor vehicle incident will be the responsibility of the WCB as the first payer.
2. Where the worker is currently receiving benefits from the WCB and is involved in a non-work-related motor vehicle incident, the WCB will continue to be the first payer of benefits. Operations staff will contact SGI to make a joint decision as to which injury is the primary disabling factor and, as a result, which agency will be responsible for issuing benefits.
3. Operations staff will obtain and review all relevant medical records in order to determine whether the injuries sustained in the motor vehicle incident will prolong recovery from the work injury (POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration).
4. Once a joint decision has been made between SGI and the WCB distinguishing between work-related and motor vehicle injuries, the WCB will notify SGI where any benefits have been paid in regards to the non-work-related injury. Payments received from SGI in recognition of this are to be handled by Finance and are to be credited to the work injury claim to ensure the employer's cost experience rating is not negatively affected.
5. Where payment is not received by SGI, costs will be charged to the Second Injury and Re-Employment Fund and a determination of ongoing benefit entitlement will be made.

6. If WCB and SGI staff cannot agree on which injury is the intervening cause preventing the worker from returning to employment, the issue will be decided in accordance with the escalation process outlined in the agreement between SGI and the WCB.

Act Sec #	n/a
Effective Date	01 September 2009
Amended	01 January 2014. References updated in accordance with <i>The Worker's Compensation Act, 2013</i>
Application	All workers who are attempting to establish entitlement to SGI benefits as a result of a non-work-related motor vehicle incident
Supersedes	n/a
Complements	POL 06/2009 Benefits – Customers in Transition from WCB to SGI Benefits POL 12/2017 Pre-Existing Condition – Aggravation or Acceleration POL 04/2011 Injuries – Travelling for or Attending Medical Aid or Return-to-Work Programming POL 15/2016 Suspension of Benefits PRO 09/2017 Suspension of Benefits

Policy	Benefits on Concurrent Claims (POL 22/2010)
Document Date	24 August 2010
Purpose	To establish guidelines on how to provide compensation to workers that experience concurrent earnings loss claims.

DEFINITION

Earnings means the worker's earnings from all sources of employment, prior to any deductions.

Average weekly earnings, as determined by Section 70(1) of *The Workers' Compensation Act, 2013* (the "Act"), means the greater of:

- a. One fifty-second of the worker's earnings for the 12 months preceding the commencement of the worker's loss of earnings resulting from the injury; and
- b. The rate of daily, weekly, monthly or other regular gross earnings that the worker was receiving at the commencement of the worker's loss of earnings resulting from the injury converted, in the case of a daily, monthly or other rate that is not a weekly rate, to a weekly amount.

Adjusted earnings, for the purposes of this policy, means earnings used in the calculation of benefits, subsequent to increases called for by Section 70(5) or 69(2) of the Act.

Net earnings means earnings minus probable deductions called for by Section 2(1)(k) of the Act (i.e., income tax, Canada Pension Plan premiums, and employment insurance premiums).

BACKGROUND

1. The intent of creating policy directed towards concurrent earnings loss claims is to avoid instances of overcompensation where workers have two or more concurrent claims, one of which is subject to Section 70(5) or Section 69(2) of the Act.
2. Section 68(1) of the Act directs that where injury to a worker results in a loss of earnings beyond the day of the injury, the WCB shall determine the loss of earnings resulting from the injury and shall ensure compensation to the worker.
3. Section 69(2) of the Act requires that the percentage increase in the Consumer Price Index must be the percentage increase for the 12 months ending on November 30 in each year, and that percentage increase must be applied to the average weekly earnings of the worker on the anniversary date of the commencement of the worker's loss of earnings resulting from the injury in the year following the year in which the calculation is made.
4. Section 69(3) states that any adjustment will be subject to the maximum wage rate for that year.
5. Section 70(5)(b) of the Act states if a worker is injured on or after January 1, 1980 and is in receipt of compensation for a period of at least 24 consecutive months, the worker's average weekly earnings on and from January 1, 1983, are deemed to be not less than two-

thirds of the average weekly wage as of June in the year preceding the year in which the review respecting their compensation occurs.

POLICY

1. The sum of earnings loss benefits from all concurrent earnings loss claims are not to exceed the equivalent of full earnings loss benefits on the initial claim.
2. Where the worker has two or more concurrent earnings loss claims and has been in receipt of earnings loss benefits for 24 consecutive months on the most current claim, the earnings on that claim may be adjusted in accordance with Section 70(5) of the Act.
3. Where the adjusted earnings on the most current claim increases above the earnings deduction on the initial claim, either due to the application of Section 70(5) or Section 69(2) of the Act, earnings loss benefits on the initial claim will be based on the difference between 90 per cent of the net adjusted earnings on the initial claim and 90 per cent of the net adjusted earnings on the most current claim.

Act Sec #	2(1)(a), 2(1)(k), 68(1), 69(2), 69(3), 70(1), 70(5), 101
Effective Date	03 February 2012
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	Customers with two or more concurrent claims, one of which is subject to Section 70(5) or Section 69(2) of the Act, on and after the effective date
Supersedes	n/a
Complements	PRO 22/2010 Benefits on Concurrent Claims

Procedure	Benefits on Concurrent Claims (PRO 22/2010)
Document Date	25 August 2010
Purpose	To establish guidelines on how to provide compensation to workers that experience concurrent earnings loss claims.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 22/2010, Benefits on Concurrent Claims, which establishes guidelines on how to provide compensation to workers that experience concurrent earnings loss claims.
2. The following procedure provides guidance for the implementation of POL 22/2010.

PROCEDURE

1. Where the worker has two or more concurrent earnings loss claims and has been in receipt of earnings loss benefits for 24 consecutive months on the most current claim, the wage base on that claim may be subject to an adjustment under Section 70(5) of the Act.
2. Where the wage base on the most current claim is subject to an increase called for by Section 70(5) or 69(2) of the Act, WCB staff will review the amount of earnings deducted on the initial claim. Where the earnings deduction used in the calculation of earnings loss benefits on the initial claim are found to be less than the adjusted wage base on the most current claim, the amount deducted as earnings on the initial claim will be increased to an amount equal to the adjusted wage base on the most current claim.
3. Where the wage base on the most current claim increases above the earnings deduction on the initial claim, either due to the application of Section 70(5) or Section 69(2) of the Act, WCB staff will calculate earnings loss benefits on the initial claim with the following formula:

$$\begin{array}{rcl} 90 \text{ per cent of the} & - & 90 \text{ per cent of net earnings based on the amount of the} \\ \text{net wage base} & & \text{adjusted wage base on the most current claim} \end{array}$$
4. The Case Manager will provide the worker with a full explanation of any adjustments made in accordance with POL 22/2010, Benefits on Concurrent Claims.

ATTACHMENTS

[Concurrent Claims Example](#)

Act Sec #	2(1)(a), 68(1), 69(2), 70(1), 70(5), 101
Effective Date	03 February 2012
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	Customers with two or more concurrent claims, one of which is subject to Section 70(5) or Section 69(2) of the Act, on and after the effective date
Supersedes	n/a
Complements	POL 22/2010 Benefits on Concurrent Claims

Concurrent Claims Example

The following example emphasizes the adjudication process WCB staff are to follow when there are two or more concurrent claims, and the most current claim is subject to Section 70(5) of the Act. To provide undemanding calculations, the example will consider 90 per cent of the net earnings to be equal to 75 per cent of the gross earnings.

- The worker is initially injured at a job that pays \$800 a week.
- The injury results in permanent restrictions and the worker is only able to return-to-work at a new job earning \$300 a week. Under Section 68(1) of the Act, earnings loss benefits are based on 90 per cent of net earnings (\$600) minus 90 per cent of the net earnings from the new job (\$225), which equals \$375 in earnings loss benefits payable to the worker.
- At the new job, the worker suffers an injury that is completely unrelated to the initial injury. Earnings loss benefits on the most current claim are paid in accordance with the worker's current wage (\$300).
- Once the worker has been in receipt of earnings loss benefits on the most current claim for 24 consecutive months, on the first day of the 25th consecutive month Case Management will ensure that the most current claim's earnings loss benefits are not less than two-thirds of the industrial composite in accordance with Section 70(5) of the Act, which in this case is \$500.
- Full compensation on the new claim would be 90 per cent of the net of \$500 or \$375. Thus the worker would receive \$375 on the initial claim and \$375 on the most current claim for a total of \$750, which would be \$150 in overcompensation.
- The correct calculation on the initial claim should be 90 per cent of the net earnings from the first claim (\$600) less 90 per cent of the net from the revised wage base on the most current claim (\$375) or \$225. Thus the total payment would be $\$375 + \$225 = \$600$, which is the equivalent to full compensation on the initial claim.

Policy Overpayment Recovery – Compensation (POL 17/2016)

Document Date 23 August 2016

Purpose To establish guidelines for recovering overpayments.

DEFINITION

Debtor means a person that receives an overpayment.

Overpayment means a compensation payment greater than what the debtor is entitled to receive under *The Workers' Compensation Act, 2013* (the "Act"), any other former Acts, or Workers' Compensation Board (WCB) policy.

BACKGROUND

1. The Act authorizes the WCB to collect overpayments (Section 112).
2. Any money due the WCB may be set off against any compensation that may be or that may become payable to the person indebted to the WCB (Section 113).
3. The Act permits WCB to issue an order for the payment of money owed under the Act and such order may be filed with the local registrar of the Court of Queen's Bench and is enforceable as a judgment of the Court (Section 170).
4. If a person knowingly provides false or misleading information to the WCB, the Act directs that the person is guilty of an offence and is liable on summary conviction to a fine of not more than \$1,000 (Section 180).

POLICY

1. An overpayment is considered a debt owed to the WCB. Except as otherwise provided in this policy, all overpayments will be pursued for recovery, including overpayments made to the following:
 - a. Earnings loss benefits.
 - b. Travel and sustenance expenses.
 - c. Annuity amounts.
 - d. Former Act pensions.
 - e. Permanent Functional Impairment (PFI) awards, and
 - f. Any other payments made under *The Workers' Compensation Act, 2013* or *The Workers' Compensation Act, 1979*.
2. Overpayments resulting from the following circumstances are not normally subject to recovery; however, each situation will be decided on its individual merits and justice:

- a. A decision is reversed as the result of new information that was not available or which the debtor could not have known they were expected to provide at the time of the original decision (e.g., original decision made in good faith but new medical information received establishes a condition not known at the time of the original decision), or
 - b. A decision originally based on best judgment or extension of the benefit of doubt is reversed (per POL 23/2014, Reversing Decisions) because that decision is subsequently seen to have been improper or unreasonable.
3. Legal recovery efforts will follow the time limits set in the limitations of actions legislation in force when the:
 - a. Overpayment occurs, or
 - b. WCB discovers the overpayment.
4. In all cases, the collection of overpayments will be pursued by every cost effective, legal means available, while treating all involved with dignity and fairness. WCB will consider the financial impact of the overpayment recovery on the debtor and will make reasonable effort to avoid creating undue financial hardship, except when alleged fraud or a breach of the Act is involved. For example, overpayments may be collected by installments to minimize hardship caused to the debtor.
5. When an overpayment is being pursued for recovery, WCB staff will make every attempt to reach agreement with the debtor as to the methods and rates of repayment, but such agreement is not necessary to proceed with collection efforts.
6. Where overpayment recovery efforts are unsuccessful, the WCB may set off overpayment debts against present and future entitlements.
 - a. If there is an outstanding overpayment made to a worker on a claim and that claim is reopened or a new claim for the same worker is established, the overpayment will be recovered from that worker; or
 - b. Overpayments may be recovered from the worker's annuity. However, unless otherwise ordered by the Board Members, there will be no recovery from an annuity account until the annuity becomes payable (when the worker reaches age 65 or at the time of death if the worker dies prior to age 65).
7. Decisions concerning the establishment of an overpayment are subject to reconsideration and/or appeal (POL 21/2013, Appeals – Claims and POL 22/2013, Appeals – Board Appeal Tribunal).
8. If a worker knowingly provides false or misleading information that leads to an overpayment, POL 26/2013, Fines and Penalties may apply.

Act Sec #	2(1)(h), 112, 113, 170(1), 180, <i>The Limitations Act</i>	
Effective Date	01 November 2016.	
Application	All claims.	
Supersedes	POL 38/2010	Overpayment Recovery – Compensation
Complements	PRO 17/2016	Overpayment Recovery – Compensation
	POL 27/2016	Experience Rating Program – Discounts or Surcharges
	POL 07/2016	Earnings Verification

<u>POL 21/2013</u>	<u>Appeals – Claims</u>
<u>POL 22/2013</u>	<u>Appeals – Board Appeal Tribunal</u>
<u>POL 23/2014</u>	<u>Reversing Decisions</u>
<u>PRO 07/2016</u>	<u>Earnings Verification</u>

Procedure Overpayment Recovery – Compensation (PRO 17/2016)

Document Date 23 August 2016

Purpose To provide administrative guidelines for recovering overpayments.

DEFINITION

Demand letter means a letter sent to the debtor advising them of the overpayment. The letter may include, but is not limited to:

- The overpayment amount.
- The cause of the overpayment.
- A repayment request.
- A request to contact the WCB to discuss repayment options.
- A deadline to respond to the repayment request (usually 10 days from the date of the letter).

BACKGROUND

POL 17/2016, Overpayment Recovery – Compensation establishes guidelines for recovering overpayments.

PROCEDURE

Overpayment Registration

1. WCB staff will identify that an overpayment has or may have occurred.
2. If an overpayment has occurred, Operations will:
 - a. Find the cause of the overpayment.
 - b. Calculate the overpayment.
 - c. Record the overpayment on the claim file, which will establish the date of discovery of the overpayment;, and
 - d. Determine if the overpayment is recoverable.
3. If an overpayment is generated by a Board Appeal Tribunal decision or a breach of the Act, Service Excellence staff will review Operations' calculation.

Overpayments Subject to Recovery

4. Overpayments subject to recovery include, but are not limited to, the following circumstances:
 - a. An advance of benefits in excess of actual entitlement.

- b. Earnings loss benefits paid beyond the date of return to work.
 - c. Duplication of benefits from another source for the same injury (e.g., CPP disability benefits).
 - d. Retroactive suspension of benefits.
 - e. Clerical, documentation or calculation errors.
 - f. Incomplete or incorrect wage or exemption information, or
 - g. Actual, verified earnings exceed estimated earnings.
5. Staff may pursue overpayment recovery from a worker's estate beyond the date of death:
- a. When an overpayment results from WCB paying benefits beyond the date of death; or
 - b. When an outstanding overpayment exists at the time of the worker's death.
- However, staff will not reduce funeral costs, if payable, to recover overpayments.

Overpayments Not Subject to Recovery

6. WCB will not normally recover overpayments that result from the following:
- a. WCB changes a decision based on new information that the debtor could not have known is required at the time the original decision is made (e.g., medical investigation results in a diagnostic change), or
 - b. WCB reverses a decision that is originally based on best judgment or benefit of doubt (POL 23/2014, Reversing Decisions).
7. Legal recovery efforts must start within the time limits set in the limitations of actions legislation in force detailed below. However, the overpayment will remain a debt due to the WCB. The WCB will set off the debt against any future entitlement which may be payable to the worker.
8. Operations staff will document reasons when overpayment recovery is not pursued.
9. If staff determine that the overpayment will not be recovered, overpayments will be written off (see section below, Authority Level for Writing-Off Overpayment).

Limitation Periods for Overpayment Recovery

10. Civil recovery efforts will follow the time limits set in the limitations of actions legislation in force. The limitation period begins when the:
- a. Overpayment occurs, or
 - b. As soon as WCB staff could reasonably have discovered the overpayment.
11. The WCB has two years from the date of discovery to:
- a. Recover the overpayment, or
 - b. Register a Board Order as a judgment of the Court.

This period can be extended for an additional two years from the date the debtor acknowledges the debt (in writing) or from the date the debtor makes a voluntary payment.

12. Once the WCB registers the Board Order, all civil recovery actions to recover the overpayment must be completed within 10 years from the date of registration. The WCB can request extension of the Board Order for additional 10-year periods. If the WCB does not renew the Board Order, all civil recovery actions to recover the overpayment will stop.

Set-Off

13. Overpayments set-off against present and future benefits are not subject to any limitation period.

Recovery Methods

14. WCB staff will recover overpayments with every cost effective, legal means available, taking into account the financial circumstances of the debtor. WCB staff will make every attempt to reach agreement with the debtor as to the methods and rates of repayment, but such agreement is not necessary to proceed with collection efforts.
15. If, at the time of the discovery of the overpayment, payments are still being made on a claim, the amount of any overpayment will be recovered as follows:
 - a. WCB staff may start recovering the overpayment as soon as the first pay period after the initial verbal notice.
 - b. Recovery will not exceed more than 25 per cent of earnings loss benefits. However, staff will apply up to 100 per cent of earnings loss benefits to the overpayment if a breach of the Act such as suspected or alleged fraud, deliberate misrepresentation or withholding of information affecting entitlement was involved.
 - c. Each case will be reviewed individually to determine whether it would be appropriate to recover the overpayment from benefits and allowances other than earnings loss benefits (e.g., permanent functional impairment awards, independence allowance, etc.). Recovery from other entitlement will be with the approval or at the request of the worker.
 - d. Determining the amount to deduct from ongoing entitlement will be dependent on factors such as:
 - i. The amount of the overpayment.
 - ii. The expected duration of ongoing wage loss payments.
 - iii. The debtor's personal financial circumstances, and
 - iv. The debtor's commitment to repaying the overpayment.
 - e. WCB staff will not collect earnings loss overpayments from travel and sustenance allowances or medication reimbursements. However, WCB staff will collect expense (e.g., travel, etc), allowance (e.g., personal care, etc.) or medication overpayments from future payments of the same type or from earnings loss benefits.
 - f. Recovery through ongoing entitlement must be completed within two years from the date of discovery (Limitations Periods section above).
16. The debtor can also provide reimbursement by direct payment:

- a. Made in full or by instalments.
 - b. Accepted at any time before the full amount of the overpayment is repaid by other means, or
 - c. Made by normally-accepted WCB payment methods.
17. Where overpayment recovery efforts are unsuccessful, WCB staff may set off overpayment debts against compensation that may be or that may become payable to the debtor.
18. WCB may recover overpayments from the debtor's annuity entitlement:
- a. When the annuity is payable (when the worker reaches age 65 or at the time of death if the worker dies prior to age 65).
 - b. If the Board Members order recovery from the annuity before it is payable. Staff will provide the debtor written notice of the potential financial implications.
 - c. If overpaid earnings loss benefits cause annuity benefits to accrue. Operations will reduce the annuity by the amount of annuity benefits paid in respect of the overpayment along with accrued interest on that amount.
19. If the employer is continuing to pay the worker's salary, arrangements may be made between WCB and the employer, where possible, so that the employer suspends salary continuance while WCB staff pursue overpayment recovery. WCB will pay earnings loss directly to the worker and will reduce the payments to recover the overpayment.
20. The debtor's benefit/expense statement will show the:
- i. Recovered amount, and
 - ii. Balance owing.

Initial Notification and Collection

21. Operations will inform the debtor (in person or through a discussion by phone) the reasons for, and the amount of, the overpayment. Notification will be within 30 days of when the overpayment was discovered.
22. If WCB overpays earning loss benefits because of clerical error or calculation error and entitlement is ongoing, Operations staff will reduce the rate to the correct level when they inform the debtor of the error and the overpayment.
23. Within a week of the overpayment calculation, WCB staff will send the debtor and employer a letter that:
- a. Confirms the cause of the overpayment.
 - b. Includes a summary of the overpayment calculation, and
 - c. Includes information regarding appeal options.
24. Operations will try to reach an agreement with the debtor regarding the method and rate of repayment. However, staff will proceed with recovery if unable to reach an agreement.
25. Collection through ongoing entitlement:

- a. If the debtor has ongoing entitlement, the overpayment will be recovered from benefits and allowances in accordance with the Recovery Methods section above.
- b. Operations will note the repayment methods on the claim file.
- c. Operations staff will request the debtor to acknowledge the amount of the overpayment in writing through a recovery agreement. The debtor will sign this agreement annually.
- d. Operations will send the debtor a letter confirming collection methods.

26. Collection through a recovery agreement:

- a. If there is no ongoing entitlement, a recovery agreement may be made when the debtor acknowledges the debt (in writing) or the debtor makes a voluntary payment.
- b. These agreements will note the amount of the overpayment and will be signed by the debtor annually until the amount is recovered.
- c. Operations will note these agreements on the claim file and will send the debtor a letter confirming the collection methods.
- d. If the debtor defaults on the recovery agreement, Operations will refer the file immediately to Administrative Services Collections Department.
- e. If possible, Operations may set off this debt against compensation that may be or that may become payable to the debtor, including their annuity entitlement.

27. No ongoing entitlement nor a recovery agreement:

- a. If there is no ongoing entitlement and no repayment agreement made with the debtor, Operations will note on the claim file the efforts made to reach agreement.
- b. For overpayments under \$100, if there is no recovery agreement within three months from the date the initial notification letter is sent (as per point 23 above), Operations will stop recovery efforts. However, the overpayment will remain a debt due to the WCB. Operations will resume active recovery efforts if the debtor becomes entitled to benefits in the future or may set off the debt against the debtor's future annuity entitlement.
- c. For overpayments over \$100, if there is no recovery agreement within one month from the date the initial notification letter is sent (as per point 23 above), Operations will refer the file to the Administrative Services Collections Department (via a Claim Overpayment Referral Form).

Recovery of Overpayment By Collections Department

28. If the file is referred to the Collections Department, a Collections Specialist ("Specialist") will review the Claim Overpayment Referral form and will review the claim file for any additional information required.
29. The Specialist will send the debtor a demand letter. If the debtor does not respond to the demand letter, the Specialist will phone the debtor.
30. The Specialist will try to reach an agreement with the debtor regarding the method and rate of repayment as noted in the Recovery Methods section above. The Specialist will note all agreements made with the debtor concerning repayment on the claim file.

31. Recovery activities should be completed within two months, but this period may be extended if a repayment plan is arranged.
32. If no agreement is possible, the Specialist may pursue the recovery of overpayments by every cost effective, legal means available. The Specialist will note on the claim file the:
 - a. Efforts made to reach agreement.
 - b. Repayment methods and or schedules to be imposed on the debtor.
33. Outstanding overpayments of less than \$1,000:
 - a. If the Specialist cannot recover the overpayment within two months of the collections demand letter (and no extension is agreed to), the Specialist may end active recovery efforts.
 - b. If the Specialist stops recovery efforts, the overpayment will remain a debt due to the WCB. Staff will resume recovery efforts if the debtor becomes entitled to benefits in the future.
34. Outstanding overpayments exceeding \$1,000:
 - a. If the Specialist cannot recover the overpayment within two months of the collections demand letter (and no extension is agreed to), the Specialist will refer the file to Legal Services, including the following information:
 - i. About all collection activities made to date.
 - ii. The debtor's address and phone number, and
 - iii. The name of the debtor's employer.
 - b. The Specialist will note the referral on the claim file.

Recovery of Overpayment By Legal Services

35. Legal Services will send the final demand letter for repayment.
36. Legal Services will try to recover overpayments with every cost effective, legal means available. Legal Services will try to avoid creating an undue financial hardship for the debtor, except where a breach of the Act may have been involved.
37. Legal Services may refer the overpayment to external legal representatives. External legal representatives are subject to the same obligations as Legal Services.
38. If the overpayment is not settled within the final demand period, Legal Services will seek a Board Order for judgment on the overpayment and register this judgment with the Court.
39. When Legal Services has determined that a Board Order is necessary to either pursue civil collection options and or stop a limitation period from expiring, Legal Services will request Operations to provide an outline of the current amount outstanding, the discovery date of the overpayment, and collection efforts, as well as the claim file references. This information is required before the Chairperson signs the Board Order.

40. If legal action is not able to recover an overpayment, Legal Services will end active recovery efforts.
- a. If the WCB stops recovery efforts, the overpayment will remain a debt due to the WCB and remains recoverable by set-off. The WCB will resume collection efforts if the debtor becomes entitled to benefits in the future.

Overpayment Appeals

41. If a worker expresses an intention to appeal an overpayment decision, Operations staff or the Collections Specialist will continue with efforts to recover the overpayment until the appeal is registered with either the Appeals Department or the Board Appeal Tribunal.
42. If the worker expresses an intention to appeal and there is less than six months before the expiration of the two year limitation, Operations staff or the Collections Specialist must arrange, through Legal Services, to have a Board Order issued.
43. If an appeal is registered, Operations staff and the Collections Specialist will suspend efforts to recover, pending the outcome of the appeal. In addition, staff must determine if a Board Order should be issued before the appeal is completed in order to ensure that the two year limitation period does not elapse before the appeal decision is given.
44. If an appeal for an overpayment decision is registered after a Board Order has been issued, the debtor must either:
- a. Request the Board Appeals Tribunal to reconsider its decision, or
 - b. Pursue a judicial review of the Board Order.

Authority Level for Writing-Off Overpayments

45. Below are the signing authorities for writing-off overpayments:
- a. Less than \$20,000, signing authority is required from a Manager or Team Leader.
 - b. \$20,000 but less than \$50,000, signing authority is required from a Director.
 - c. \$50,000 but less than \$100,000, signing authority is required from a Vice President or designate.
 - d. \$100,000 or greater, signing authority is required from the Chief Executive Officer or designate.
46. After approval, the Team Leader will carry out write-offs.

Employer Cost Experience

47. Claim costs incurred from an overpayment will be removed from the employer's claims experience when the overpayment is discovered and recorded on the claim file (POL 27/2016, Experience Rating Program – Discounts or Surcharges).

Overpayments Caused by Breach of the Act

48. If the debtor knowingly withheld information or gave wrong information to collect more than their proper entitlement:
- a. WCB will recover legal costs spent to recover the overpayment, and
 - b. The overpayment will be referred to Internal Audit for further review.
 - i. The referral will include an explanation as to why WCB staff suspect the debtor has purposely misled the WCB.

Annual Communications

49. WCB will send all customers annual letters that explain that if they have an overpayment, it will be recovered from future entitlement or from their annuity at age 65, or before then if ordered by the Board Members.

Act Sec #	2(1)(h), 112, 113, 170(1), 180, <i>The Limitations Act</i>
Effective Date	01 November 2016
Application	All claims.
Supersedes	PRO 38/2010 Overpayment Recovery – Compensation
Complements	POL 17/2016 Overpayment Recovery – Compensation
	POL 27/2016 Experience Rating Program – Discounts or Surcharges
	POL 07/2016 Earnings Verification
	POL 23/2014 Reversing Decisions

Benefits for Workers – Initial Benefits

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Establishing Initial Wage Base	POL 06/2016	PRO 06/2016	01 June 2016
Determination of a Worker's Daily Rate of Benefits	POL 34/2010	PRO 34/2010	01 January 2011
Salary Continuance	POL 04/2016		01 April 2016
Calculation of Probable Compensation	POL 03/2007	PRO 02/2020	28 February 2007 01 January 2020
Wage Base – Recurrence	POL 18/2017	PRO 18/2017	01 February 2018
Compensation Rate – Excluded Earnings	POL 05/2016		01 April 2016
Compensation Rate – Where No Earnings at Disablement or Death	POL 08/2007		01 September 2007
Compensation Rate – Casual and Seasonal Employment	POL 35/2010	PRO 35/2010	01 January 2011
Compensation Rate – Apprentices and On the Job Training	POL 25/2014	PRO 25/2014	01 January 2015

Policy **Establishing Initial Wage Base (POL 06/2016)**

Document Date 12 April 2016

Purpose To establish the initial wage base for workers.

DEFINITION

Average weekly earnings, as determined by Section 70(1) of *The Workers' Compensation Act, 2013* (the "Act"), means the greater of:

- a. One fifty-second of the worker's earnings for the 12 months preceding the commencement of the worker's loss of earnings resulting from the injury; and
- b. The rate of daily, weekly, monthly or other regular gross earnings that the worker was receiving at the commencement of the worker's loss of earnings resulting from the injury converted, in the case of a daily, monthly or other rate that is not a weekly rate, to a weekly amount.

Gross earnings means the worker's earnings from employment, before deductions, within an industry under the scope of the Act or for which coverage has been applied for and purchased.

Average gross earnings means the worker's gross earnings, divided by the number of weeks in a particular period of time.

Regular gross earnings means the daily, weekly, monthly or other gross earnings a worker normally received prior to the commencement of the loss of earnings (e.g., agreement of hire typically requires the worker to work and be paid for 40 hours per week at \$25.00 an hour).

BACKGROUND

1. Section 37 of the Act stipulates that the worker's eligible gross earnings will be subject to the maximum wage rate applicable at the time of the injury.
2. Section 68(1) of the Act directs that if an injury to a worker results in a loss of earnings beyond the day of the injury, the board shall determine the loss of earnings resulting from the injury and shall ensure compensation to the worker:
 - a. In the case of a worker who sustained an injury before September 1, 1985, in an amount equal to 75 per cent of that loss of earnings;
 - b. In the case of a worker who sustained an injury on or after September 1, 1985, in an amount equal to 90 per cent of that loss of earnings.
3. Section 68(2) of the Act states that compensation pursuant to subsection (1) is payable for as long as the loss of earnings continues, but the compensation is no longer payable when the worker reaches the age of 65.
4. Section 2(1)(k) of the Act directs that for the purposes of this Act, "earnings" means:

- a. In the case of a worker who sustained an injury before September 1, 1985, the worker's gross earnings from employment; or
- b. In the case of a worker who sustained an injury on or after September 1, 1985, the worker's gross earnings from employment less the probable deductions for:
 - i. The probable income tax payable by the worker calculated by using only the worker's earnings from employment as their income, and using only the worker's basic personal exemption, exemption for dependants and employment-related tax credits, as at the date of the worker's injury and each anniversary date, as the worker's deductions;
 - ii. The probable Canada Pension Plan premiums payable by the worker; and
 - iii. The probable unemployment insurance premiums payable by the worker.

POLICY

1. A worker will qualify for wage loss benefits when they experience earnings loss resulting from an injury, beyond the day of injury.
2. Wage loss benefits will be based on the worker's gross earnings prior to the commencement of loss of earnings and will not exceed the maximum wage rate under the Act at that time.
3. The WCB will use the worker's regular gross earnings at the commencement of earnings loss or an average of the worker's gross earnings for the 52 weeks prior to the commencement of loss, whichever is greater.
4. There may be situations where using the 52-week period prior to the commencement of earnings loss to calculate the worker's wage rate would be inequitable. Therefore, the WCB will ensure that each claim is adjudicated on its own merits to calculate an equitable wage rate. Consideration will be given to the worker's employment history and pattern, employment status and gross earnings over a period of time that more appropriately reflects the worker's loss of earnings.
5. Where the worker has worked for a period of less than 52 weeks prior to the commencement of earnings loss or there is insufficient information to determine the worker's regular gross earnings, the WCB will calculate wage loss benefits based on the following:
 - a. Where the worker has regular daily, weekly, or monthly gross earnings prior to the commencement of earnings loss, but has been employed for a period less than 52 weeks, the WCB may use a period less than 52 weeks but greater than 13 weeks to calculate the worker's average gross earnings. The number of weeks used will be a sufficient period of time to demonstrate that the calculated average gross earnings is an equitable representation of the worker's gross earnings. To determine wage loss benefits, the WCB will use the calculated average gross earnings or the regular gross earnings at the commencement of earnings loss, whichever is greater;
 - b. Where there is insufficient information to determine the worker's regular gross earnings (e.g., the worker's employment is casual in nature and or the worker has been employed by the injury employer for less than 13 weeks), the worker's average gross earnings will be calculated based on the actual period of time over which those gross earnings were earned.

6. Where the worker was not available for employment for the full period of 52 weeks preceding the commencement of earnings loss, or the casual nature of the employment makes it inequitable to determine the worker's average gross earnings, consideration may be given to using the average gross earnings of a worker regularly employed in the same grade of employment. POL 35/2010, Compensation Rate – Casual and Seasonal Employment – Section 70(4), will apply.
7. Where the worker is employed by two or more employers at the commencement of loss of earnings, the gross earnings will be based on the combined wage base from those employers.
8. Where the worker has applied for, and been granted personal coverage, the wage loss benefits will be based on the level of coverage purchased or confirmed. Section 12 of The Workers' Compensation General Regulations, 1985 will apply. Where the worker is engaged under other employment arrangements (e.g., contractor, learner), gross earnings will be based upon the applicable coverage guidelines.
9. The worker's net earnings will be calculated based on gross earnings from employment. POL 03/2007, Calculation of Probable Compensation, will apply.
10. The worker will be entitled to wage loss benefits equal to 90 per cent of their net earnings.
11. Where disablement or death resulting from an injury is delayed (e.g., due to an exposure causing an occupational disease) and there are no gross earnings, POL 08/2007, Compensation Rate - Where No Earnings at Disablement or Death, will apply.
12. The WCB will recalculate an initial wage base and retroactively increase or decrease compensation benefits if it is determined that information used to established the initial wage base was incorrect.
13. Once an initial wage base has been established, the WCB will not recalculate and retroactively adjust benefits to include salary increases or promotions effective after the day of injury that change pre-injury earnings.

Act Sec #	2(1)(a), 2(1)(k), 20, 37, 68, 69, 70(1), 70(4), 95; <i>The Workers' Compensation General Regulations 12</i>	
Effective Date	01 June 2016	
Application	All claims.	
Supersedes	POL 29/2010	Establishing Initial Wage Base
Complements	PRO 06/2016	Establishing Initial Wage Base
	POL 07/2020	Maximum Wage Rates
	PRO 07/2020	Maximum Wage Rates
	POL 08/2007	Compensation Rate – Where No Earnings at Disablement or Death
	POL 35/2010	Compensation Rate – Casual and Seasonal Employment (Section 70(4))
	POL 28/2010	Compensation Rate – Minimum and Average Weekly Earnings
	POL 03/2007	Calculation of Probable Compensation
	PRO 02/2020	Calculation of Probable Compensation
	POL 17/2016	Overpayment Recovery – Compensation

Procedure Establishing Initial Wage Base (PRO 06/2016)

Document Date 12 April 2016

Purpose To establish the initial wage base for workers.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved policy guidelines regarding the establishment of an injured worker's wage base.
2. The following procedure provides WCB staff with guidelines for establishing the initial wage base where the worker has a loss of earnings resulting from an injury.

PROCEDURE

1. WCB staff will calculate the worker's average weekly earnings using their regular rate of pay at the commencement of earnings loss or their gross earnings as defined in POL 06/2016, Establishing Initial Wage Base, whichever is greater, during the 52 week period directly prior to their commencement of loss.
2. Where the worker was employed by the injury employer for a period less than 52 weeks, WCB staff may use a period less than 52 weeks but greater than 13 weeks to calculate the worker's average gross earnings.
3. When determining the number of weeks to be used in the average gross earnings calculation, WCB staff will include the number of weeks the worker was available for employment. Only unpaid sick leave, maternity or paternity leave, incarceration, full-time school attendance, or time off work due to a work injury (in receipt of benefits for a prior claim) can be considered periods unavailable for employment.
4. Wage loss benefits will be based on information supplied by the employer and or injured worker. Where the worker is employed by two or more employers at the commencement of loss of earnings, the worker's gross earnings will be based on the combined regular gross earnings from those employers. The gross earnings used to calculate wage loss entitlement will not exceed the maximum amount payable (POL 07/2020, Maximum Wage Rates).
5. Employers are responsible for providing the WCB with the following information regarding a worker's gross earnings in order to establish the wage base:
 - a. Gross earnings paid for overtime, shift differentials, vacation pay and other taxable benefits (e.g., room and board allowance, yearend bonuses) that are paid in exchange for the worker's services;
 - b. Tips and gratuities reported to the Canada Revenue Agency;
 - c. The days of rest associated with the worker's employment;
 - d. The gross earnings for up to 52 weeks prior to the commencement of earnings loss;

- e. Periods, during the 52 weeks prior to the commencement of earnings loss, the worker was unavailable for employment, if known by the employer; and
 - f. The worker's tax exemption status as typically confirmed through completion of the Canada Revenue Agency's TD1 form.
6. WCB staff will use the following information to calculate the wage base for the injured worker:
- a. The regular rate of pay earned by the worker at the commencement of earnings loss;
 - b. The number of days in the worker's work week;
 - c. The average of the worker's gross earnings prior to the commencement of earnings loss;
 - d. The periods the worker was unavailable for employment; and
 - e. The worker's probable deductions for income tax, Canada Pension Plan premiums, and Employment Insurance premiums.
7. Where the worker has been granted personal coverage or is engaged under other employment arrangements (e.g., contractor, learner), Employer Services staff will verify what gross earnings have been reported and what coverage guidelines apply.

Net Earnings

8. Using the current Canada Revenue Agency guidelines, WCB staff will deduct probable contributions for income tax, Canada Pension Plan, and Employment Insurance premiums from the injured worker's gross earnings to determine the net earnings. As per POL 03/2007, Calculation of Probable Compensation, probable deductions will be based upon the information that the worker has authorized the employer to deduct from their gross earnings for income tax purposes and which is available as of the commencement of the loss of earnings.

Calculation of Wage Loss Benefits

9. To calculate the injured worker's wage loss benefits, WCB staff will multiply the net earnings calculated in Point 8 by 90 per cent for injuries sustained on or after September 1, 1985.
10. If the WCB determines that the initial wage base was calculated using incorrect information, WCB staff will recalculate and increase or decrease compensation benefits. Recalculations and adjustments will be made retroactively to the first earnings loss date.
11. Any overpayments resulting from a recalculation will be pursued by the WCB (POL 17/2016, Overpayment Recovery – Compensation).
12. Once an initial wage base has been established, the WCB will not recalculate and retroactively adjust benefits to include salary increases or promotions effective after the day of injury that change pre-injury earnings.

ATTACHMENTS

[Establishing Initial Wage Base – Examples](#)

Act Sec #	2(1)(k), 20, 37, 68, 69, 70(1), 70(4), 95
Effective Date	01 June 2016
Application	All claims.
Supersedes	PRO 29/2010 Establishing Initial Wage Base
Complements	<u>POL 06/2016 Establishing Initial Wage Base</u>
	<u>POL 07/2020 Maximum Wage Rates</u>
	<u>PRO 07/2020 Maximum Wage Rates</u>
	<u>POL 08/2007 Compensation Rate – Where No Earnings at</u>
	<u>Disablement or Death</u>
	<u>POL 35/2010 Compensation Rate – Casual and Seasonal</u>
	<u>Employment (Section 70(4))</u>
	<u>POL 28/2010 Compensation Rate – Minimum and Average Weekly</u>
	<u>Earnings</u>
	<u>POL 03/2007 Calculation of Probable Compensation</u>
	<u>PRO 02/2020 Calculation of Probable Compensation</u>
	<u>POL 17/2016 Overpayment Recovery – Compensation</u>

Establishing Initial Wage Base – Examples

Example #1 – Injured worker has worked 52 weeks preceding commencement of loss of earnings:

Gross earnings (for the 52 weeks preceding)	\$46,800
÷ 52 weeks (weekly gross earnings)	= 900.00
Probable deductions ¹	
Income tax	\$115.39
CPP	\$39.41
EI	\$13.67
Weekly net earnings	\$731.53
Compensation as per Section 68	x 90%
Weekly Wage Loss Benefits	\$658.38

¹ Assuming worker is married with two dependents; deductions include Canada Pension Plan premiums, Employment Insurance premiums and Income Tax payable. Probable deductions change when there is a legislated change to income tax deductions either federally or provincially.

Example #2 – Injured worker has less than 52 weeks of regular earning pattern preceding commencement of loss of earnings:

Hourly Wage	\$10.00
* worked 40 hours/week for 36 weeks	x 40
Weekly Gross Earnings	= \$400.00
Probable deductions ²	
Income tax	\$48.36
CPP	\$16.47
EI	\$6.92
Weekly net earnings	\$328.25
Compensation as per Section 68	x 90%
Weekly Wage Loss Benefits	\$295.43

² Assuming worker is single with no dependents; deductions include Canada Pension Plan premiums, Employment Insurance premiums and Income Tax payable. Probable deductions change when there is a legislated change to income tax deductions either federally or provincially.

Policy **Determination of a Worker's Daily Rate of Benefits (POL 34/2010)**

Document Date 10 November 2010

Purpose To establish the process by which the WCB converts a worker's weekly compensation rate to a daily compensation rate.

DEFINITION

Average weekly earnings, as determined by Section 70(1) of *The Workers' Compensation Act, 2013* (the "Act"), means the greater of:

- a. One fifty-second of the worker's earnings for a period of 12 months preceding the commencement of the worker's loss of earnings resulting from the injury; and
- b. The rate of daily, weekly, monthly or other regular gross earnings that the worker was receiving at the commencement of the worker's loss of earnings resulting from the injury converted, the case of a daily, monthly or other rate that is not a weekly rate, to a weekly amount.

Daily rate of benefits means the weekly rate of benefits divided by the number of days worked in a seven day period.

Irregular rest days occur when a worker's days off fluctuate from week to week, or month to month.

Regular rest days occur when a worker receives the same days off every week (e.g., every week the worker works from Monday to Friday, and Saturday and Sunday are the worker's rest days).

Repeating cycle rest days occur when the number of days off repeat during the worker's normal work cycle (e.g., 3 weeks on, 1 week off).

BACKGROUND

1. Section 20 of the Act directs that the Workers' Compensation Board (WCB) shall have exclusive jurisdiction to examine, hear and determine all matters and questions arising under this Act and any other matter in respect of which a power, authority or discretion is conferred upon the WCB and, without limiting the generality of the foregoing, the WCB shall have exclusive jurisdiction to determine "the average earnings."
2. Section 68(1) of the Act states that where injury to a worker results in a loss of earnings beyond the day of the injury, the WCB shall determine the loss of earnings resulting from the injury and shall ensure compensation to the worker.
3. Section 69(1) of the Act directs that the calculation of the loss of earnings for the purposes of subsection 68(1) and Sections 71 and 72 must be based on the difference between:

- a. The worker's average weekly earnings at the commencement of the worker's loss of earnings resulting from the injury, increased annually by the percentage increase in the Consumer Price Index; and
 - b. The weekly earnings that the worker is receiving from employment.
4. Section 69(3) states that any adjustments are subject to the maximum wage rate for that year.

POLICY

1. When the WCB provides earnings loss benefits to a worker based on the worker's average weekly earnings, the WCB will pay a daily rate for every missed work day resulting from the injury. To pay a daily rate, the WCB will determine the number of days worked in a seven day period, and whether the rest days are regular, repeating cycle or irregular.
2. The daily rate of earnings loss benefits will be determined by dividing the weekly rate by the number of days worked in a seven day period.

Act Sec #	20, 68, 69, 70, 71 and 72
Effective Date	01 January 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claims on and after the effective date.
Supersedes	n/a
Complements	PRO 34/2010 Determination of a Worker's Daily Rate of Benefits POL 35/2010 Compensation Rate – Casual and Seasonal Employment (Section 70(4)) POL 28/2010 Compensation Rate – Minimum and Average Weekly Earnings

Procedure **Determination of a Worker's Daily Rate of Benefits (PRO 34/2010)**

Document Date 10 November 2010

Purpose To establish the process by which the WCB converts a worker's weekly compensation rate to a daily compensation rate.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved policy that provides direction around the process required to determine a worker's daily rate of benefits.
2. The following procedure provides guidance for the implementation of the policy.

PROCEDURE

1. To determine the number of days worked in a seven day period, and whether the rest days are regular, repeating cycle or irregular, Operations staff that have the designated authority to make payments on behalf of the WCB may use Calendar Worksheets to establish the shift rotations and rest days for injured workers.
2. Regardless of whether the worker has regular, repeating cycle or irregular rest days, a worker's daily rate of benefits can be determined with the following formula:

$$\frac{\text{Number of Days Worked}}{\text{Total Number of Days in Schedule}} \times 7 = \text{Work Week (Rounded Down to Lowest } \frac{1}{4} \text{ Day)}$$

3. If benefits are initially paid based on a predetermined schedule of rest days, and at some point subsequent to injury the employer is no longer able to supply an ongoing list of rest days, the payment of benefits will be converted to a daily rate that represents a seven day work week.
4. In cases where a worker's rest days are not based on a predetermined schedule and the agreement of hire calls for the worker to work a fluctuating work week based on the amount of work available or weather conditions, the payment of benefits will be based on a daily rate that represents a seven day work week.

ATTACHMENTS

[Rest Days and Work Weeks Examples](#)

Act Sec #	20, 68, 69, 70, 71 and 72
Effective Date	01 January 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claims on and after the effective date.
Supersedes	n/a
Complements	POL 34/2010 Determination of a Worker's Daily Rate of Benefits POL 35/2010 Compensation Rate – Casual and Seasonal Employment (Section 70(4)) POL 28/2010 Compensation Rate – Minimum and Average Weekly Earnings

REST DAYS AND WORK WEEKS EXAMPLES

The following provides four examples by which a worker's daily rate of benefits can be calculated: regular rest days, repeating cycle rest days, irregular rest days, and a 7 day work week.

Regular Rest Days

Every week a worker works from Monday to Friday, and Saturday and Sunday are the worker's rest days.

$$\frac{\text{5 Days Worked}}{\text{7 Days in Schedule}} \times 7 = \text{5 Day Work Week}$$

The worker has a 5 day work week. Where the worker's weekly compensation rate is \$400, the worker's daily rate is $(400/5)$ \$80.

Repeating Cycle Rest Days

In a complete work cycle the worker works 3 weeks (21 working days) and has 1 week off (7 rest days).

$$\frac{\text{21 Days Worked in Complete Cycle}}{\text{28 Days in Complete Cycle}} \times 7 = \text{5.25 Day Work Week}$$

The worker has a 5.25 day work week. Where the worker's weekly compensation rate is \$400, the worker's daily rate is $(400/5.25)$ \$76.19.

Irregular Rest Days

The worker's employer draws up a work schedule 1 month in advance. The schedule for the month prior to injury calls for 20 work days in June (30 total days) with no specific pattern. From month to month, the worker does not have any repeating or patterned rest days.

$$\frac{\text{20 Days Worked During June}}{\text{30 Days in June}} \times 7 = \text{4.67 Day Work Week (Rounded to Lowest } \frac{1}{4} \text{ Day)}$$

The worker has a 4.67 day work week, which is rounded to 4.50. Where the worker's weekly compensation rate is \$400, the workers daily rate is $(400/4.50)$ \$88.89.

7 Day Work Week Conversion

The employer is no longer able to supply an ongoing list of rest days, or the worker's rest days are not based on a predetermined schedule.

Therefore, the worker is considered to have a 7 day work week. Where the worker's weekly compensation rate is \$400, the worker's daily rate is $(400/7)$ \$57.14.

Policy	Salary Continuance (POL 04/2016)
Document Date	15 March 2016
Purpose	To clarify the practice of paying earnings loss benefits to employers when they continue to pay a worker's salary following a work-related injury.

BACKGROUND

1. When calculating earnings loss benefits, the Workers' Compensation Board (WCB) will take into account any payment, allowance or benefit the employer may pay the injured worker or dependant(s) regarding the work-related injury (Section 96(1) of *The Workers' Compensation Act, 2013*).
2. The WCB may reimburse the employer directly when the employer provides payment to the injured worker pertaining to the work-related injury (Section 96(2)).

POLICY

1. The WCB will pay earnings loss benefits to employers in situations where the employers continue to pay a worker's salary following a work-related injury.
2. The amount paid to the employer cannot exceed the amount to which the worker is entitled under the Act.

Act Sec #	96
Effective Date	01 April 2016
Application	All instances of where the employer continues to pay a worker salary following a work-related injury, on and after 01 May 2016
Supersedes	POL 52/82 Payments Provided at Expense of Employer
Complements	POL 05/2020 Annuities

Policy **Calculation of Probable Compensation (POL 03/2007)**

Document Date 28 February 2007

Purpose To explain the calculation of net compensation.

BACKGROUND

1. Section 2(1)(k)(ii) of *The Workers' Compensation Act, 2013* (the "Act") states that net compensation shall be the worker's "gross earnings from employment less the probable deductions for:
 - (A) the probable income tax payable by the worker calculated by using only the worker's earnings from employment as their income, and using only the worker's basic personal exemption, exemption for dependants and employment-related tax credits, as at the date of the worker's injury and each anniversary date, as the worker's deductions;
 - (B) the probable *Canada Pension Plan* premiums payable by the worker; and
 - (C) the probable employment insurance premiums payable by the worker."
2. Section 68(1)(b) of the Act states that a worker who sustains an injury on or after this clause comes into force shall be compensated for their earnings loss "in an amount equal to 90% of that loss of earnings."
3. Section 2(3) of the Act states the Workers' Compensation Board (WCB) must annually establish a schedule setting out a table of earnings and probable compensation from employment for the purposes of Section 2(1)(k).
4. New tables must be calculated and published on each occasion where there is a legislated change to income tax deductions either federally or provincially.

POLICY

1. For all legislated changes to the base calculations, WCB will publish revised tables of earnings and incorporate them into the calculation of "net earnings loss" when income tax changes become available.
2. As per Sections 2(1)(k) and 68 of the Act, a worker's net earnings will be calculated based on gross earnings from employment, less the probable deductions for tax credits and/or tax exemptions. Probable deductions will be based upon the information that the worker has authorized the employer to deduct from their employment earnings for income tax purposes and which is available as of the commencement of the loss of earnings.
3. Where, after the initial commencement of loss of earnings, a change occurs to the following:
 - a. Dependent status (e.g., through birth or death), or
 - b. WCB tax tables (due to federal and/or provincial government announcements regarding retroactive income tax changes)

the wage base will be adjusted, prospectively, on the anniversary of the claim. A worker's original wage base will not be adjusted retroactively.

Act Sec #	2(1)(k), 2(3), 37, 68(1)(b)
Effective Date	28 February 2007
Amended	01 January 2018. Title updated from Calculation of Net Compensation Payable to Calculation of Probable Compensation. 01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claims.
Supersedes	POL 10/88 Sections 68 (3)(b) & (4) – Calculation of Net Compensation Payable
Complements	PRO 02/2020 Calculation of Probable Compensation POL 02/2015 Compensation – Dependent Spouse After Initial Entitlement

Procedure	Calculation of Probable Compensation (PRO 02/2020)
Effective Date	January 1, 2020
Application	Applies to all claims.
Purpose	To publish a table of earnings for the purpose of estimating probable compensation.

BACKGROUND

POL 03/2007, Calculation of Net Compensation Payable directs the publication of a table of earnings for the purpose of calculating probable compensation from employment.

PROCEDURE

In accordance with POL 03/2007, the attached table of earnings for calculating probable compensation will be updated and published on each occasion where there is a legislated change for income tax deductions either federally or provincially.

Attachments	Example 1 – Married worker with two dependants. Example 2 – Single worker with one dependant.
Effective Date	January 1, 2020
Approved Date	January 21, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(k), 2(3), 68
Document History	<ol style="list-style-type: none"> (1) PRO 50/2019, Calculation of Probable Compensation (effective January 1, 2019 to December 31, 2019). (2) PRO 59, 2017, Calculation of Probable Compensation (effective January 1, 2018 to December 31, 2018). (3) PRO 54/2017, Calculation of Net Compensation Payable (effective July 1, 2017 to December 31, 2017). (4) PRO 61/2016, Calculation of Net Compensation Payable (effective January 1, 2017 to June 30, 2017). (5) PRO 59/2015, Calculation of Net Compensation Payable (effective January 1, 2016 to December 31, 2016). (6) PRO 59/2014, Calculation of Net Compensation Payable (effective January 1, 2015 to December 31, 2015).
Complements	POL 03/2007 Calculation of Probable Compensation

Example 1
Effective January 1, 2020

A married individual with two dependants and a weekly gross employment salary of \$900

Weekly gross earnings	\$900.00
Probable deductions:	
Income tax	\$51.77
Canada Pension Plan	\$43.72
Employment Insurance	<u>\$14.22</u>
Weekly net earnings	\$790.29
Compensation as per Section 68(1)(b)	<u>x 90%</u>
Weekly earnings loss benefits	\$711.26

**Numbers may not be exact due to rounding.*

Weekly Earnings	Married Equivalent	----- Number of Dependants -----						NET CPP	NET EI
		1	2	3	4	5	6		
510.00	478.70	478.70	478.70	478.70	478.70	478.70	478.70	23.24	8.06
520.00	488.01	488.01	488.01	488.01	488.01	488.01	488.01	23.77	8.22
530.00	497.28	497.28	497.28	497.28	497.28	497.28	497.28	24.29	8.37
540.00	505.19	505.19	505.19	505.19	505.19	505.19	505.19	24.82	8.53
550.00	513.12	513.12	513.12	513.12	513.12	513.12	513.12	25.34	8.69
560.00	521.03	521.03	521.03	521.03	521.03	521.03	521.03	25.87	8.85
570.00	528.95	528.95	528.95	528.95	528.95	528.95	528.95	26.39	9.01
580.00	536.87	536.87	536.87	536.87	536.87	536.87	536.87	26.92	9.16
590.00	544.80	544.80	544.80	544.80	544.80	544.80	544.80	27.44	9.32
600.00	552.71	552.71	552.71	552.71	552.71	552.71	552.71	27.97	9.48
610.00	560.63	560.63	560.63	560.63	560.63	560.63	560.63	28.49	9.64
620.00	568.54	568.54	568.54	568.54	568.54	568.54	568.54	29.02	9.80
630.00	576.48	576.48	576.48	576.48	576.48	576.48	576.48	29.54	9.95
640.00	584.39	584.39	584.39	584.39	584.39	584.39	584.39	30.07	10.11
650.00	592.31	592.31	592.31	592.31	592.31	592.31	592.31	30.59	10.27
660.00	600.16	600.22	600.22	600.22	600.22	600.22	600.22	31.12	10.43
670.00	607.11	608.15	608.15	608.15	608.15	608.15	608.15	31.64	10.59
680.00	614.05	616.07	616.07	616.07	616.07	616.07	616.07	32.17	10.74
690.00	621.00	623.99	623.99	623.99	623.99	623.99	623.99	32.69	10.90
700.00	627.93	631.90	631.90	631.90	631.90	631.90	631.90	33.22	11.06
710.00	634.87	639.83	639.83	639.83	639.83	639.83	639.83	33.74	11.22
720.00	641.81	647.74	647.74	647.74	647.74	647.74	647.74	34.27	11.38
730.00	648.76	655.67	655.67	655.67	655.67	655.67	655.67	34.79	11.53
740.00	655.70	663.58	663.58	663.58	663.58	663.58	663.58	35.32	11.69
750.00	662.64	671.51	671.51	671.51	671.51	671.51	671.51	35.84	11.85
760.00	669.57	679.42	679.42	679.42	679.42	679.42	679.42	36.37	12.01
770.00	676.52	687.34	687.34	687.34	687.34	687.34	687.34	36.89	12.17
780.00	683.46	695.26	695.26	695.26	695.26	695.26	695.26	37.42	12.32
790.00	690.41	702.71	703.18	703.18	703.18	703.18	703.18	37.94	12.48
800.00	697.34	709.65	711.10	711.10	711.10	711.10	711.10	38.47	12.64
810.00	704.29	716.59	719.02	719.02	719.02	719.02	719.02	38.99	12.80
820.00	711.22	723.52	726.93	726.93	726.93	726.93	726.93	39.52	12.96
830.00	718.17	730.48	734.86	734.86	734.86	734.86	734.86	40.04	13.11
840.00	725.11	737.41	742.78	742.78	742.78	742.78	742.78	40.57	13.27
850.00	732.05	744.36	750.70	750.70	750.70	750.70	750.70	41.09	13.43

Weekly Earnings	Married Equivalent	----- Number of Dependents -----						NET CPP	NET EI
		1	2	3	4	5	6		
860.00	738.99	751.29	758.61	758.61	758.61	758.61	758.61	41.62	13.59
870.00	745.93	758.24	766.53	766.53	766.53	766.53	766.53	42.14	13.75
880.00	752.68	764.98	774.46	774.46	774.46	774.46	774.46	42.67	13.90
890.00	759.42	771.73	782.38	782.38	782.38	782.38	782.38	43.19	14.06
900.00	766.16	778.46	790.29	790.29	790.29	790.29	790.29	43.72	14.22
910.00	772.90	785.21	797.51	798.21	798.21	798.21	798.21	44.24	14.38
920.00	779.64	791.94	804.25	806.13	806.13	806.13	806.13	44.77	14.54
930.00	786.39	798.69	811.00	814.06	814.06	814.06	814.06	45.29	14.69
940.00	792.75	805.06	817.36	821.60	821.60	821.60	821.60	45.82	14.85
950.00	798.94	811.25	823.55	828.97	828.97	828.97	828.97	46.34	15.01
960.00	805.13	817.43	829.74	836.33	836.33	836.33	836.33	46.87	15.17
970.00	811.32	823.63	835.93	843.71	843.71	843.71	843.71	47.39	15.33
980.00	817.52	829.82	842.13	851.08	851.08	851.08	851.08	47.92	15.48
990.00	823.71	836.02	848.32	858.45	858.45	858.45	858.45	48.44	15.64
1,000.00	829.90	842.20	854.51	865.81	865.81	865.81	865.81	48.97	15.80
1,010.00	836.09	848.39	860.70	873.01	873.19	873.19	873.19	49.49	15.96
1,020.00	842.27	854.58	866.88	879.19	880.55	880.55	880.55	50.02	16.12
1,030.00	848.48	860.78	873.09	885.39	887.93	887.93	887.93	50.54	16.27
1,040.00	854.66	866.97	879.27	891.58	895.29	895.29	895.29	51.07	16.43
1,050.00	860.95	873.25	885.56	897.86	902.77	902.77	902.77	51.59	16.47
1,060.00	867.25	879.55	891.86	904.16	910.27	910.27	910.27	52.12	16.47
1,070.00	873.56	885.87	898.17	910.48	917.77	917.77	917.77	52.64	16.47
1,080.00	879.87	892.17	904.48	916.78	925.27	925.27	925.27	53.17	16.47
1,090.00	886.18	898.49	910.79	923.10	932.78	932.78	932.78	53.69	16.47
1,100.00	892.48	904.79	917.10	929.40	940.28	940.28	940.28	54.22	16.47
1,110.00	898.80	911.10	923.41	935.71	947.79	947.79	947.79	54.74	16.47
1,120.00	905.10	917.41	929.71	942.02	954.32	955.29	955.29	55.27	16.47
1,130.00	911.46	923.77	936.07	948.38	960.68	962.85	962.85	55.73	16.47
1,140.00	918.16	930.47	942.77	955.08	967.38	970.80	970.80	55.73	16.47
1,150.00	924.86	937.17	949.47	961.78	974.08	978.75	978.75	55.73	16.47
1,160.00	931.56	943.87	956.17	968.48	980.78	986.70	986.70	55.73	16.47
1,170.00	938.26	950.57	962.87	975.18	987.48	994.65	994.65	55.73	16.47
1,180.00	944.96	957.27	969.57	981.88	994.18	1,002.60	1,002.60	55.73	16.47
1,190.00	951.66	963.97	976.27	988.58	1,000.88	1,010.55	1,010.55	55.73	16.47
1,200.00	958.36	970.67	982.97	995.28	1,007.58	1,018.50	1,018.50	55.73	16.47
1,210.00	965.06	977.37	989.67	1,001.98	1,014.28	1,026.45	1,026.45	55.73	16.47
1,220.00	971.76	984.07	996.37	1,008.68	1,020.98	1,033.29	1,034.40	55.73	16.47
1,230.00	978.46	990.77	1,003.07	1,015.38	1,027.68	1,039.99	1,042.35	55.73	16.47
1,240.00	985.16	997.47	1,009.77	1,022.08	1,034.38	1,046.69	1,050.30	55.73	16.47
1,250.00	991.86	1,004.17	1,016.47	1,028.78	1,041.08	1,053.39	1,058.25	55.73	16.47
1,260.00	998.56	1,010.87	1,023.17	1,035.48	1,047.78	1,060.09	1,066.20	55.73	16.47
1,270.00	1,005.26	1,017.57	1,029.87	1,042.18	1,054.48	1,066.79	1,074.15	55.73	16.47
1,280.00	1,011.96	1,024.27	1,036.57	1,048.88	1,061.18	1,073.49	1,082.10	55.73	16.47
1,290.00	1,018.66	1,030.97	1,043.27	1,055.58	1,067.88	1,080.19	1,090.05	55.73	16.47
1,300.00	1,025.36	1,037.67	1,049.97	1,062.28	1,074.58	1,086.89	1,098.00	55.73	16.47
1,310.00	1,032.06	1,044.37	1,056.67	1,068.98	1,081.28	1,093.59	1,105.89	55.73	16.47
1,320.00	1,038.76	1,051.07	1,063.37	1,075.68	1,087.98	1,100.29	1,112.59	55.73	16.47
1,330.00	1,045.46	1,057.77	1,070.07	1,082.38	1,094.68	1,106.99	1,119.29	55.73	16.47
1,340.00	1,052.16	1,064.47	1,076.77	1,089.08	1,101.38	1,113.69	1,125.99	55.73	16.47

Weekly Earnings	Married Equivalent	----- Number of Dependents -----						NET CPP	NET EI
		1	2	3	4	5	6		
1,350.00	1,058.86	1,071.17	1,083.47	1,095.78	1,108.08	1,120.39	1,132.69	55.73	16.47
1,360.00	1,065.56	1,077.87	1,090.17	1,102.48	1,114.78	1,127.09	1,139.39	55.73	16.47
1,370.00	1,072.26	1,084.57	1,096.87	1,109.18	1,121.48	1,133.79	1,146.09	55.73	16.47
1,380.00	1,078.96	1,091.27	1,103.57	1,115.88	1,128.18	1,140.49	1,152.79	55.73	16.47
1,390.00	1,085.66	1,097.97	1,110.27	1,122.58	1,134.88	1,147.19	1,159.49	55.73	16.47
1,400.00	1,092.36	1,104.67	1,116.97	1,129.28	1,141.58	1,153.89	1,166.19	55.73	16.47
1,410.00	1,099.06	1,111.37	1,123.67	1,135.98	1,148.28	1,160.59	1,172.89	55.73	16.47
1,420.00	1,105.76	1,118.07	1,130.37	1,142.68	1,154.98	1,167.29	1,179.59	55.73	16.47
1,430.00	1,112.46	1,124.77	1,137.07	1,149.38	1,161.68	1,173.99	1,186.29	55.73	16.47
1,440.00	1,119.16	1,131.47	1,143.77	1,156.08	1,168.38	1,180.69	1,192.99	55.73	16.47
1,450.00	1,125.86	1,138.17	1,150.47	1,162.78	1,175.08	1,187.39	1,199.69	55.73	16.47
1,460.00	1,132.56	1,144.87	1,157.17	1,169.48	1,181.78	1,194.09	1,206.39	55.73	16.47
1,470.00	1,139.26	1,151.57	1,163.87	1,176.18	1,188.48	1,200.79	1,213.09	55.73	16.47
1,480.00	1,145.96	1,158.27	1,170.57	1,182.88	1,195.18	1,207.49	1,219.79	55.73	16.47
1,490.00	1,152.66	1,164.97	1,177.27	1,189.58	1,201.88	1,214.19	1,226.49	55.73	16.47
1,500.00	1,159.36	1,171.67	1,183.97	1,196.28	1,208.58	1,220.89	1,233.19	55.73	16.47
1,510.00	1,166.06	1,178.37	1,190.67	1,202.98	1,215.28	1,227.59	1,239.89	55.73	16.47
1,520.00	1,172.76	1,185.07	1,197.37	1,209.68	1,221.98	1,234.29	1,246.59	55.73	16.47
1,530.00	1,179.46	1,191.77	1,204.07	1,216.38	1,228.68	1,240.99	1,253.29	55.73	16.47
1,540.00	1,186.16	1,198.47	1,210.77	1,223.08	1,235.38	1,247.69	1,259.99	55.73	16.47
1,550.00	1,192.86	1,205.17	1,217.47	1,229.78	1,242.08	1,254.39	1,266.69	55.73	16.47
1,560.00	1,199.56	1,211.87	1,224.17	1,236.48	1,248.78	1,261.09	1,273.39	55.73	16.47
1,570.00	1,206.26	1,218.57	1,230.87	1,243.18	1,255.48	1,267.79	1,280.09	55.73	16.47
1,580.00	1,212.96	1,225.27	1,237.57	1,249.88	1,262.18	1,274.49	1,286.79	55.73	16.47
1,590.00	1,219.66	1,231.97	1,244.27	1,256.58	1,268.88	1,281.19	1,293.49	55.73	16.47
1,600.00	1,226.36	1,238.67	1,250.97	1,263.28	1,275.58	1,287.89	1,300.19	55.73	16.47
1,610.00	1,233.06	1,245.37	1,257.67	1,269.98	1,282.28	1,294.59	1,306.89	55.73	16.47
1,620.00	1,239.76	1,252.07	1,264.37	1,276.68	1,288.98	1,301.29	1,313.59	55.73	16.47
1,630.00	1,246.46	1,258.77	1,271.07	1,283.38	1,295.68	1,307.99	1,320.29	55.73	16.47
1,640.00	1,253.16	1,265.47	1,277.77	1,290.08	1,302.38	1,314.69	1,326.99	55.73	16.47
1,650.00	1,259.86	1,272.17	1,284.47	1,296.78	1,309.08	1,321.39	1,333.69	55.73	16.47
1,660.00	1,266.56	1,278.87	1,291.17	1,303.48	1,315.78	1,328.09	1,340.39	55.73	16.47
1,670.00	1,273.26	1,285.57	1,297.87	1,310.18	1,322.48	1,334.79	1,347.09	55.73	16.47
1,680.00	1,279.96	1,292.27	1,304.57	1,316.88	1,329.18	1,341.49	1,353.79	55.73	16.47
1,690.00	1,286.66	1,298.97	1,311.27	1,323.58	1,335.88	1,348.19	1,360.49	55.73	16.47
1,700.00	1,293.36	1,305.67	1,317.97	1,330.28	1,342.58	1,354.89	1,367.19	55.73	16.47
1,710.00	1,300.06	1,312.37	1,324.67	1,336.98	1,349.28	1,361.59	1,373.89	55.73	16.47

Example 2
Effective January 1, 2020

A single individual with one dependant and a weekly gross employment salary of \$750.

Weekly gross earnings	\$750.00
Probable deductions:	
Income tax	\$30.80
Canada Pension Plan	\$35.84
Employment Insurance	\$11.85
Weekly net earnings	\$671.51
Compensation as per Section 68(1)(b)	x 90
Weekly earnings loss benefits	\$604.36

**Numbers may not be exact due to rounding.*

Weekly Earnings	----- Number of Dependants -----							NET CPP	NET EI
	SINGLE	1	2	3	4	5	6		
510.00	428.14	478.70	478.70	478.70	478.70	478.70	478.70	23.24	8.06
520.00	435.07	488.01	488.01	488.01	488.01	488.01	488.01	23.77	8.22
530.00	442.02	497.28	497.28	497.28	497.28	497.28	497.28	24.29	8.37
540.00	448.96	505.19	505.19	505.19	505.19	505.19	505.19	24.82	8.53
550.00	455.90	513.12	513.12	513.12	513.12	513.12	513.12	25.34	8.69
560.00	462.84	521.03	521.03	521.03	521.03	521.03	521.03	25.87	8.85
570.00	469.78	528.95	528.95	528.95	528.95	528.95	528.95	26.39	9.01
580.00	476.73	536.87	536.87	536.87	536.87	536.87	536.87	26.92	9.16
590.00	483.67	544.80	544.80	544.80	544.80	544.80	544.80	27.44	9.32
600.00	490.60	552.71	552.71	552.71	552.71	552.71	552.71	27.97	9.48
610.00	497.55	560.63	560.63	560.63	560.63	560.63	560.63	28.49	9.64
620.00	504.48	568.54	568.54	568.54	568.54	568.54	568.54	29.02	9.80
630.00	511.44	576.48	576.48	576.48	576.48	576.48	576.48	29.54	9.95
640.00	518.37	584.39	584.39	584.39	584.39	584.39	584.39	30.07	10.11
650.00	525.31	592.31	592.31	592.31	592.31	592.31	592.31	30.59	10.27
660.00	532.25	600.22	600.22	600.22	600.22	600.22	600.22	31.12	10.43
670.00	539.19	608.15	608.15	608.15	608.15	608.15	608.15	31.64	10.59
680.00	546.14	616.07	616.07	616.07	616.07	616.07	616.07	32.17	10.74
690.00	553.08	623.99	623.99	623.99	623.99	623.99	623.99	32.69	10.90
700.00	560.02	631.90	631.90	631.90	631.90	631.90	631.90	33.22	11.06
710.00	566.96	639.83	639.83	639.83	639.83	639.83	639.83	33.74	11.22
720.00	573.89	647.74	647.74	647.74	647.74	647.74	647.74	34.27	11.38
730.00	580.85	655.67	655.67	655.67	655.67	655.67	655.67	34.79	11.53
740.00	587.78	663.58	663.58	663.58	663.58	663.58	663.58	35.32	11.69
750.00	594.73	671.51	671.51	671.51	671.51	671.51	671.51	35.84	11.85
760.00	601.66	679.42	679.42	679.42	679.42	679.42	679.42	36.37	12.01
770.00	608.60	687.34	687.34	687.34	687.34	687.34	687.34	36.89	12.17
780.00	615.55	695.26	695.26	695.26	695.26	695.26	695.26	37.42	12.32
790.00	622.49	702.71	703.18	703.18	703.18	703.18	703.18	37.94	12.48
800.00	629.43	709.65	711.10	711.10	711.10	711.10	711.10	38.47	12.64
810.00	636.37	716.59	719.02	719.02	719.02	719.02	719.02	38.99	12.80
820.00	643.31	723.52	726.93	726.93	726.93	726.93	726.93	39.52	12.96
830.00	650.26	730.48	734.86	734.86	734.86	734.86	734.86	40.04	13.11
840.00	657.19	737.41	742.78	742.78	742.78	742.78	742.78	40.57	13.27
850.00	664.14	744.36	750.70	750.70	750.70	750.70	750.70	41.09	13.43

Weekly Earnings	----- Number of Dependants -----							NET CPP	NET EI
	SINGLE	1	2	3	4	5	6		
860.00	671.07	751.29	758.61	758.61	758.61	758.61	758.61	41.62	13.59
870.00	678.02	758.24	766.53	766.53	766.53	766.53	766.53	42.14	13.75
880.00	684.76	764.98	774.46	774.46	774.46	774.46	774.46	42.67	13.90
890.00	691.51	771.73	782.38	782.38	782.38	782.38	782.38	43.19	14.06
900.00	698.24	778.46	790.29	790.29	790.29	790.29	790.29	43.72	14.22
910.00	704.99	785.21	797.51	798.21	798.21	798.21	798.21	44.24	14.38
920.00	711.72	791.94	804.25	806.13	806.13	806.13	806.13	44.77	14.54
930.00	718.48	798.69	811.00	814.06	814.06	814.06	814.06	45.29	14.69
940.00	724.84	805.06	817.36	821.60	821.60	821.60	821.60	45.82	14.85
950.00	731.03	811.25	823.55	828.97	828.97	828.97	828.97	46.34	15.01
960.00	737.21	817.43	829.74	836.33	836.33	836.33	836.33	46.87	15.17
970.00	743.41	823.63	835.93	843.71	843.71	843.71	843.71	47.39	15.33
980.00	749.60	829.82	842.13	851.08	851.08	851.08	851.08	47.92	15.48
990.00	755.80	836.02	848.32	858.45	858.45	858.45	858.45	48.44	15.64
1,000.00	761.98	842.20	854.51	865.81	865.81	865.81	865.81	48.97	15.80
1,010.00	768.18	848.39	860.70	873.01	873.19	873.19	873.19	49.49	15.96
1,020.00	774.36	854.58	866.88	879.19	880.55	880.55	880.55	50.02	16.12
1,030.00	780.56	860.78	873.09	885.39	887.93	887.93	887.93	50.54	16.27
1,040.00	786.75	866.97	879.27	891.58	895.29	895.29	895.29	51.07	16.43
1,050.00	793.03	873.25	885.56	897.86	902.77	902.77	902.77	51.59	16.47
1,060.00	799.34	879.55	891.86	904.16	910.27	910.27	910.27	52.12	16.47
1,070.00	805.65	885.87	898.17	910.48	917.77	917.77	917.77	52.64	16.47
1,080.00	811.95	892.17	904.48	916.78	925.27	925.27	925.27	53.17	16.47
1,090.00	818.27	898.49	910.79	923.10	932.78	932.78	932.78	53.69	16.47
1,100.00	824.57	904.79	917.10	929.40	940.28	940.28	940.28	54.22	16.47
1,110.00	830.88	911.10	923.41	935.71	947.79	947.79	947.79	54.74	16.47
1,120.00	837.19	917.41	929.71	942.02	954.32	955.29	955.29	55.27	16.47
1,130.00	843.55	923.77	936.07	948.38	960.68	962.85	962.85	55.73	16.47
1,140.00	850.25	930.47	942.77	955.08	967.38	970.80	970.80	55.73	16.47
1,150.00	856.95	937.17	949.47	961.78	974.08	978.75	978.75	55.73	16.47
1,160.00	863.65	943.87	956.17	968.48	980.78	986.70	986.70	55.73	16.47
1,170.00	870.35	950.57	962.87	975.18	987.48	994.65	994.65	55.73	16.47
1,180.00	877.05	957.27	969.57	981.88	994.18	1,002.60	1,002.60	55.73	16.47
1,190.00	883.75	963.97	976.27	988.58	1,000.88	1,010.55	1,010.55	55.73	16.47
1,200.00	890.45	970.67	982.97	995.28	1,007.58	1,018.50	1,018.50	55.73	16.47
1,210.00	897.15	977.37	989.67	1,001.98	1,014.28	1,026.45	1,026.45	55.73	16.47
1,220.00	903.85	984.07	996.37	1,008.68	1,020.98	1,033.29	1,034.40	55.73	16.47
1,230.00	910.55	990.77	1,003.07	1,015.38	1,027.68	1,039.99	1,042.35	55.73	16.47
1,240.00	917.25	997.47	1,009.77	1,022.08	1,034.38	1,046.69	1,050.30	55.73	16.47
1,250.00	923.95	1,004.17	1,016.47	1,028.78	1,041.08	1,053.39	1,058.25	55.73	16.47
1,260.00	930.65	1,010.87	1,023.17	1,035.48	1,047.78	1,060.09	1,066.20	55.73	16.47
1,270.00	937.35	1,017.57	1,029.87	1,042.18	1,054.48	1,066.79	1,074.15	55.73	16.47
1,280.00	944.05	1,024.27	1,036.57	1,048.88	1,061.18	1,073.49	1,082.10	55.73	16.47
1,290.00	950.75	1,030.97	1,043.27	1,055.58	1,067.88	1,080.19	1,090.05	55.73	16.47
1,300.00	957.45	1,037.67	1,049.97	1,062.28	1,074.58	1,086.89	1,098.00	55.73	16.47
1,310.00	964.15	1,044.37	1,056.67	1,068.98	1,081.28	1,093.59	1,105.89	55.73	16.47
1,320.00	970.85	1,051.07	1,063.37	1,075.68	1,087.98	1,100.29	1,112.59	55.73	16.47
1,330.00	977.55	1,057.77	1,070.07	1,082.38	1,094.68	1,106.99	1,119.29	55.73	16.47
1,340.00	984.25	1,064.47	1,076.77	1,089.08	1,101.38	1,113.69	1,125.99	55.73	16.47

Weekly Earnings	----- Number of Dependants -----							NET CPP	NET EI
	SINGLE	1	2	3	4	5	6		
1,350.00	990.95	1,071.17	1,083.47	1,095.78	1,108.08	1,120.39	1,132.69	55.73	16.47
1,360.00	997.65	1,077.87	1,090.17	1,102.48	1,114.78	1,127.09	1,139.39	55.73	16.47
1,370.00	1,004.35	1,084.57	1,096.87	1,109.18	1,121.48	1,133.79	1,146.09	55.73	16.47
1,380.00	1,011.05	1,091.27	1,103.57	1,115.88	1,128.18	1,140.49	1,152.79	55.73	16.47
1,390.00	1,017.75	1,097.97	1,110.27	1,122.58	1,134.88	1,147.19	1,159.49	55.73	16.47
1,400.00	1,024.45	1,104.67	1,116.97	1,129.28	1,141.58	1,153.89	1,166.19	55.73	16.47
1,410.00	1,031.15	1,111.37	1,123.67	1,135.98	1,148.28	1,160.59	1,172.89	55.73	16.47
1,420.00	1,037.85	1,118.07	1,130.37	1,142.68	1,154.98	1,167.29	1,179.59	55.73	16.47
1,430.00	1,044.55	1,124.77	1,137.07	1,149.38	1,161.68	1,173.99	1,186.29	55.73	16.47
1,440.00	1,051.25	1,131.47	1,143.77	1,156.08	1,168.38	1,180.69	1,192.99	55.73	16.47
1,450.00	1,057.95	1,138.17	1,150.47	1,162.78	1,175.08	1,187.39	1,199.69	55.73	16.47
1,460.00	1,064.65	1,144.87	1,157.17	1,169.48	1,181.78	1,194.09	1,206.39	55.73	16.47
1,470.00	1,071.35	1,151.57	1,163.87	1,176.18	1,188.48	1,200.79	1,213.09	55.73	16.47
1,480.00	1,078.05	1,158.27	1,170.57	1,182.88	1,195.18	1,207.49	1,219.79	55.73	16.47
1,490.00	1,084.75	1,164.97	1,177.27	1,189.58	1,201.88	1,214.19	1,226.49	55.73	16.47
1,500.00	1,091.45	1,171.67	1,183.97	1,196.28	1,208.58	1,220.89	1,233.19	55.73	16.47
1,510.00	1,098.15	1,178.37	1,190.67	1,202.98	1,215.28	1,227.59	1,239.89	55.73	16.47
1,520.00	1,104.85	1,185.07	1,197.37	1,209.68	1,221.98	1,234.29	1,246.59	55.73	16.47
1,530.00	1,111.55	1,191.77	1,204.07	1,216.38	1,228.68	1,240.99	1,253.29	55.73	16.47
1,540.00	1,118.25	1,198.47	1,210.77	1,223.08	1,235.38	1,247.69	1,259.99	55.73	16.47
1,550.00	1,124.95	1,205.17	1,217.47	1,229.78	1,242.08	1,254.39	1,266.69	55.73	16.47
1,560.00	1,131.65	1,211.87	1,224.17	1,236.48	1,248.78	1,261.09	1,273.39	55.73	16.47
1,570.00	1,138.35	1,218.57	1,230.87	1,243.18	1,255.48	1,267.79	1,280.09	55.73	16.47
1,580.00	1,145.05	1,225.27	1,237.57	1,249.88	1,262.18	1,274.49	1,286.79	55.73	16.47
1,590.00	1,151.75	1,231.97	1,244.27	1,256.58	1,268.88	1,281.19	1,293.49	55.73	16.47
1,600.00	1,158.45	1,238.67	1,250.97	1,263.28	1,275.58	1,287.89	1,300.19	55.73	16.47
1,610.00	1,165.15	1,245.37	1,257.67	1,269.98	1,282.28	1,294.59	1,306.89	55.73	16.47
1,620.00	1,171.85	1,252.07	1,264.37	1,276.68	1,288.98	1,301.29	1,313.59	55.73	16.47
1,630.00	1,178.55	1,258.77	1,271.07	1,283.38	1,295.68	1,307.99	1,320.29	55.73	16.47
1,640.00	1,185.25	1,265.47	1,277.77	1,290.08	1,302.38	1,314.69	1,326.99	55.73	16.47
1,650.00	1,191.95	1,272.17	1,284.47	1,296.78	1,309.08	1,321.39	1,333.69	55.73	16.47
1,660.00	1,198.65	1,278.87	1,291.17	1,303.48	1,315.78	1,328.09	1,340.39	55.73	16.47
1,670.00	1,205.35	1,285.57	1,297.87	1,310.18	1,322.48	1,334.79	1,347.09	55.73	16.47
1,680.00	1,212.05	1,292.27	1,304.57	1,316.88	1,329.18	1,341.49	1,353.79	55.73	16.47
1,690.00	1,218.75	1,298.97	1,311.27	1,323.58	1,335.88	1,348.19	1,360.49	55.73	16.47
1,700.00	1,225.45	1,305.67	1,317.97	1,330.28	1,342.58	1,354.89	1,367.19	55.73	16.47
1,710.00	1,232.15	1,312.37	1,324.67	1,336.98	1,349.28	1,361.59	1,373.89	55.73	16.47

Policy **Wage Base – Recurrence (POL 18/2017)****Document Date** 18 December 2017**Purpose** Establish guidelines around recurrent wage bases.

DEFINITION

Recurrence occurs when a worker who stopped work previously and received compensation for earnings loss resulting from a work injury, returns to full employment and becomes disabled again because of the original injury. This does not include new injuries that are the same type of injury or involve the same area of injury.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") directs that if an injury to a worker results in a loss of earnings beyond the day of the injury, the board will determine the loss of earnings resulting from the injury and will ensure compensation to the worker (Section 68(1)):
 - a. In the case of a worker who sustained an injury before September 1, 1985, in an amount equal to 75 per cent of that loss of earnings;
 - b. In the case of a worker who sustained an injury on or after September 1, 1985, in an amount equal to 90 per cent of that loss of earnings.
2. A worker who suffers a recurrence will have a recurrent wage base calculated as follows (Section 72):
 - a. The amount that is the greater of:
 - i. The worker's weekly earnings at the time of the commencement of earnings loss resulting from an injury when the injury was initially sustained. Subject to CPI percentage increases as per section 69(2).
 - ii. The worker's weekly earnings at the time of loss of earnings resulting from a recurrence of an injury, and
 - b. Any compensation the worker is already receiving with respect to the injury.
3. Percentage increases in the CPI will be based on the percentage increase for the 12-months ending on November 30 of each year. The percentage increase will be applied to a worker's average weekly earnings on the anniversary date of the commencement of their loss of earnings in the year following the year the calculation was made (Section 69(2)).

POLICY

1. An initial wage base is established on a claim if an injury arises out of and in the course of employment and a worker has earnings loss past the day of injury (POL 06/2016, Establishing Initial Wage Base).

2. A worker may be eligible for additional medical aid and earnings loss benefits if they experience a recurrence of the original compensable work injury.

Guidelines

3. If a worker experiences a recurrence of a previously compensable work injury a recurrent wage base will be established on a claim if all of the following criteria is met:
 - a. The worker was fit to return to employment that eliminated all earnings loss following the original compensable injury or recurrence of a work injury.
 - b. The worker returned to employment after the original injury for a sufficient time to demonstrate they were able to manage the full requirements of their employment. Sufficient time will be considered on a case by case basis considering the individual circumstances of each claim.
 - c. The worker is injured again because of a recurrence of the original compensable injury and has earnings loss.
 - d. The worker's current average weekly earnings are higher when compared to their initial wage base adjusted by annual increases to the Consumer Price Index to date.
4. A recurrent wage base will not be established if a worker's current loss of earnings is because of an injury not related to their original compensable injury. In these cases, the WCB will consider if the worker has experienced a new work injury (POL 03/2017, Arising Out of and In the Course of Employment will apply).
5. The WCB considers each recurrence of an original compensable injury separately. Earnings loss benefits will be based on the higher of the worker's earnings at the time of each recurrence and the initial wage base indexed to date.
6. A recurrent wage base is annually indexed on the anniversary of the original commencement of earnings loss date. Ongoing earnings loss benefits are based on the higher of the indexed initial wage base or indexed recurrent wage base (POL 07/2013, Consumer Price Index – Annual Indexing).
7. Claim costs because of a recurrence are charged to the original injury employer's experience, regardless if a recurrent wage base or the initial wage base is used to issue earnings loss benefits.

Terminating Benefits

8. Workers are entitled to earnings loss benefits until (POL 09/2012, Termination – Age 63 and Over, Age 65, and Retirement):
 - a. Their loss of earnings cease, or
 - b. Until they reach age 65.
9. If a worker is 63 or older at the time of a recurrence and has a loss of earnings, they are entitled to earnings loss benefits for a period of no more than two years. On a case by case basis, the WCB may extend benefits for another period of no more than two years, if a worker returns to employment following a recurrence and has a subsequent recurrence(s).

Act Sec #	68(1), 69, 71, 72, 76
Effective Date	01 February 2018
Application	All claims.
Supersedes	POL 06/80 Compensation Rate – Recurrence
Complements	PRO 18/2017 Wage Base – Recurrence
	POL 06/2016 Establishing Initial Wage Base
	POL 35/2010 Compensation Rate – Casual and Seasonal Employment (Section 70(4))
	POL 08/2007 Compensation Rate – Where No Earnings at Disablement or Death
	POL 07/2020 Maximum Wage Rates
	PRO 07/2020 Maximum Wage Rates
	POL 07/2013 Consumer Price Index (CPI) – Annual Indexing
	POL 39/2010 Expenses – Travel and Sustenance – General
	POL 07/2007 Voluntary Relocation Outside Canada
	POL 03/2017 Arising Out of and In the Course of Employment
	PRO 02/2016 Injuries – Hernia
	POL 05/2020 Annuities
	POL 09/2012 Termination – Age 63 and Over, Age 65, and Retirement
	POL 21/2013 Appeals – Claims

Procedure **Wage Base – Recurrence (PRO 18/2017)**

Document Date 18 December 2017

Purpose Establish guidelines around recurrent wage bases.

BACKGROUND

POL 18/2017, Wage Base – Recurrence provides guidelines around when a recurrent wage base will be established on a claim.

PROCEDURE

1. Operations staff may establish a recurrent wage base on a claim if:
 - a. The worker returned to work that eliminated all earnings loss following a work injury and suffered a recurrence of the original injury, and
 - b. Staff determine it was for a sufficient time to demonstrate the worker was able to manage the full requirements of their employment. Each claim will be considered on a case by case basis.
2. The Case Manager will determine if the worker's current earnings loss is a result of a recurrence of their original compensable injury by considering:
 - a. If the worker has ongoing symptoms related to their original compensable injury or if they have received additional or continued medical treatment.
 - b. If there is medical confirmation of a link between the worker's current symptoms or diagnosis and the original injury. This may include obtaining an opinion from a WCB Medical Officer.
 - c. If there was a new injury arising out of and in the course of employment that caused the current symptoms (POL 03/2017, Arising Out of and In the Course of Employment).
3. If the Case Manager determines that the worker's earnings loss is because of the original compensable injury, but they had not returned to work for a sufficient period of time, a recurrent wage base will not be established and earnings loss benefits will be issued using their initial wage base indexed to date. Operations staff will outline their decision on the worker's claim.

Recurrent Wage Base

4. If Operations staff determine the worker's current earning loss is because of a recurrence of their original compensable injury they will compare the worker's current earnings and their initial wage base indexed to date.
5. Operations staff follow guidelines around establishing an initial wage base to determine the worker's average weekly earnings at the time of recurrence (POL 06/2016, Establishing Initial Wage Base).

6. Operations staff will issue earnings loss benefits using a recurrent wage base if the worker's current average weekly earnings are higher than their initial wage base indexed to date. Otherwise, earnings loss benefits will be issued using the worker's initial wage base indexed to date.
7. Operations staff will confirm and use the worker's work week at the time of recurrence (i.e., their work schedule) to issue earnings loss benefits, regardless of if a recurrent wage base or the initial wage base is used.
8. If a worker is in casual or seasonal employment:
 - a. At the time of the initial injury:
 - i. Operations staff will compare their earnings at the time of the recurrence to the last wage base established on the claim following the original commencement of earnings loss indexed to date.
 - b. At the time of a recurrence:
 - i. Operations staff will establish a recurrent wage base as per POL 35/2010, Compensation Rate – Casual and Seasonal Employment.
9. Operations staff review a worker's recurrent wage base annually on the anniversary of the original commencement of earnings loss date.

Act Sec #	68(1), 69, 71, 72, 76
Effective Date	01 February 2018
Application	All claims.
Supersedes	n/a
Complements	POL 18/2017 Wage Base – Recurrence POL 06/2016 Establishing Initial Wage Base POL 35/2010 Compensation Rate – Casual and Seasonal Employment (Section 70(4)) POL 08/2007 Compensation Rate – Where No Earnings at Disablement or Death POL 07/2020 Maximum Wage Rates PRO 07/2020 Maximum Wage Rates POL 07/2013 Consumer Price Index (CPI) – Annual Indexing POL 39/2010 Expenses – Travel and Sustenance – General POL 07/2007 Voluntary Relocation Outside Canada PRO 02/2016 Injuries – Hernia POL 05/2020 Annuities POL 03/2017 Arising Out of and In the Course of Employment

Policy Compensation Rate – Excluded Earnings (POL 05/2016)

Document Date 15 March 2016

Purpose To establish guidelines for excluded employment earnings in the calculation of compensation benefits.

BACKGROUND

1. Section 3(1) of *The Workers' Compensation Act, 2013* (the "Act") directs that "this Act applies to all employers and workers engaged in, about or in connection with any industry in Saskatchewan except:
 - a. the farming or ranching industry, and
 - b. those industries, employers or workers excluded pursuant to subsection (2)."
2. Section 3(1) of the Act states "the Lieutenant Governor in Council may, by regulation, exclude any industry, employer or worker from all or any of the provisions of this Act."
3. The WCB interprets the Act to prohibit the use of earnings from industries and occupations excluded by the Act and described by *The Workers' Compensation Miscellaneous Regulations* in the calculation of compensation entitlement.

POLICY

1. Earnings from Saskatchewan industries and occupations not subject to the provisions of the Act will not be used in the calculation of compensation entitlement. The WCB does not collect insurance premiums from excluded industries and occupations. Therefore, coverage cannot be provided for earnings in these industries and occupations.
2. Earnings from industries and occupations in other Canadian jurisdictions may be used in the calculation of compensation entitlement where the earnings are insured by that jurisdiction, and the industry or occupation is not excluded by the Act.

Act Sec #	3(1), and 70(4) <i>The Workers' Compensation Miscellaneous Regulations</i>
Effective Date	01 April 2016
Application	All claims.
Supersedes	POL 18/87 Compensation Rate – Excluded Earnings
Complements	POL 35/2010 Compensation Rate – Casual and Seasonal Employment (Section 70(4))
	POL 24/2010 Assessable Earnings
	POL 01/2018 Benefits – Long-Term Earnings Loss
	POL 06/2016 Establishing Initial Wage Base

Policy Compensation Rate – Where No Earnings at Disablement or Death (POL 08/2007)

Document Date 21 August 2007

Purpose To establish guidelines for payment of benefits where there are no earnings at disablement or death.

DEFINITION

Early Retirement for the purpose of this policy occurs when a worker ceases employment for reasons not related to a work injury prior to attaining the age of 65.

BACKGROUND

1. The Board interprets the intent of *The Workers' Compensation Act, 2013* (the "Act") not to penalize the worker who persisted in employment initially, nor to deny benefits where the nature of the injury does not produce disability or death immediately.
2. Where a work injury results in disablement, the Act directs the payment of compensation for earnings loss to an injured worker or the surviving dependent spouse based on the earnings at the commencement of loss of those earnings.
3. There are circumstances, however, where there are no employment earnings at the time of disablement or death on which to base the calculation of compensation benefits (e.g., a latent occupational disease has become symptomatic or causes death after a worker is no longer involved in the workforce, a government-sponsored unpaid learner is injured, etc.).
4. Section 20 of the Act allows the Workers' Compensation Board (WCB) to determine the average weekly earnings where there are no employment earnings on which to base the calculation of compensation benefits.
5. Sections 68(1) and (2) and Section 69(1) of the Act provide for the compensation payable at the commencement of the loss of earnings resulting from an injury and for annual reviews of those earnings. Section 69 of the Act also provides for the indexing of the average weekly earnings based on increases in the Consumer Price Index.
6. Section 72 directs the compensation payable in the case of a recurrence. Payments of benefits to injured workers is restricted from going beyond age 65, unless allowed under Section 71 where a worker is age 63 or older at the commencement of their loss of earnings.
7. Section 70(5)(b) of the Act sets out the minimum wage base for those claims where the wage loss imposed by a work injury extends beyond 24 consecutive months.
8. Section 81(1) of the Act defines the amount of allowances for dependent spouses, payable for five years or longer if there are dependent children, who survive an injured worker.

POLICY

Wage loss benefits will not be paid to a worker who is retired or early retired based on the above definition. Where a disability recurs or the retired worker suffers an occupational disease that becomes evident after retirement (and there is medical evidence to support that the disablement or death resulted from a work injury), wage loss benefits will be payable as follows:

1. Workers, under 65 years of age, who do not stop work initially but later become disabled from an injury where there are no earnings or any assessable earnings will be provided benefits based on their earnings at the time the injury occurred (or at the time the workers left employment following exposure causing an occupational disease), subject to any increases afforded under Section 69 of the Act. If it is impossible to confirm such earnings, Section 70(4)(a) of the Act will apply. Failing that, the average weekly earnings will be based on the provincial minimum wage for a forty-hour work week for the first 24 months of demonstrated earnings loss.
2. For unpaid workers who stop work at the initial time of injury (immediately disabled) and have no earnings or any assessable earnings (e.g., government-sponsored volunteers or learners in work placement programs), the average weekly earnings will be based on the provincial minimum wage for a forty-hour work week for the first 24 months of demonstrated earnings loss.
3. In cases where the loss of earnings resulting from an injury extends beyond 24 consecutive months, compensation is to be calculated based on not less than two-thirds of the average weekly wage in accordance with the provisions of Section 70(5) of the Act.
4. Where there are no earnings at the time of death resulting from a work injury, benefits to the dependent spouse will be paid for a period not exceeding five years or longer if there are dependent children and will be based on the provisions of Section 81(1) of the Act.
5. Consumer Price Indexing of average weekly earnings as defined above will occur annually (Section 69(3)).
6. Costs may be charged to the Occupational Disease Reserve where disablement under Points 1 and 2 relate to a latent occupational disease, or where benefits are paid to a dependent spouse as directed under Point 4.

Act Sec #	20, 68, 69, 69, 70(4)(a), 70(5), 72, 81, and 145
Effective Date	01 September 2007
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act 2013</i>
Application	All claims where there are no assessable earnings at disablement, delayed disablement and recurrence.
Supersedes	POL 08/2002 Compensation Rate – Where No Earnings at Disablement or Death
Complements	<u>POL 02/2015 Compensation – Dependent Spouse After Initial Entitlement</u> <u>POL 05/2014 Occupational Disease Reserve</u> <u>POL 18/2017 Wage Base – Recurrence</u> <u>POL 28/2010 Compensation Rate – Minimum and Average Weekly Earnings</u> <u>POL 09/2012 Termination – Age 63 & Over, Age 65, and Retirement</u> <u>POL 35/2010 Compensation Rate – Casual and Seasonal Employment (Section 70(4))</u>

**Policy Compensation Rate – Casual and Seasonal Employment
(Section 70(4)) (POL 35/2010)**

Document Date 17 November 2010

Purpose To establish the wage base for part-time, casual, and seasonal workers.

DEFINITION

Average weekly earnings, as determined by Section 70(1) of *The Workers' Compensation Act, 2013* (the "Act"), means the greater of:

- a. One fifty-second of the worker's earnings for the 12 months preceding the commencement of the worker's loss of earnings resulting from the injury; and
- b. The rate of daily, weekly, monthly or other regular gross earnings that the worker was receiving at the commencement of the worker's loss of earnings resulting from the injury converted, in the case of a daily, monthly or other rate that is not a weekly rate, to a weekly amount.

Gross earnings means the worker's earnings from all sources of employment, before all deductions, within an industry under the scope of the Act or for which coverage has been elected.

Average gross earnings means the worker's gross earnings, divided by the number of weeks in a particular period of time.

Regular gross earnings means the daily, weekly, monthly or other gross earnings a worker normally received prior to the commencement of the loss of earnings (e.g., agreement of hire typically requires the worker to work and be paid for 40 hours per week at \$25.00 an hour).

Casual worker means a person who works full or part-time normally for a period of less than three months usually to meet peak or periodic demands. Those who work at holiday periods, during stocktaking or on call would qualify as casual workers.

Part-time worker means a person who regularly works less than 30 hours per workweek.

Seasonal worker means a person who works full or part-time for a period of more than three months but less than one year. This typically occurs in such industries as farming, forestry, oil drilling, construction and maintenance for municipalities, towns and villages that are busiest during periods of favourable weather.

Persons regularly employed in the same grade of employment means similar workers in the same industry working under the same terms and employment pattern as the injured worker. In other words, workers in the same job classification working under the same conditions for the same pay and for sufficient time to accurately determine a typical annual gross earning level. Examples are seasonal woodcutters, seasonal grader operators and farm labourers.

Inequitable, in relation to Section 70(4) of the Act, means compensation benefits that do not accurately reflect the worker's loss of earnings (e.g., seasonal positions where an average of

the worker's earnings over a short period of time does not accurately reflect the amount of long term earnings expected for the type of employment). An equitable earnings loss benefit rate is fair and reasonable in considering all the circumstances of a particular case (i.e., the worker's employment history, pattern, employment status, etc.). Consequently, it is important that each case is judged on its own merit when determining an equitable compensation rate since many cases will not conform to usual circumstances.

BACKGROUND

1. Section 68(1) of the Act directs that if an injury to a worker results in a loss of earnings beyond the day of the injury, the Workers' Compensation Board (WCB) shall determine the loss of earnings resulting from the injury and shall ensure compensation to the worker:
 - a. In the case of a worker who sustained an injury prior to September 1, 1985, in an amount equal to 75 per cent of that loss of earnings; or
 - b. In the case of a worker who sustained an injury on or after September 1, 1985, in an amount equal to 90 per cent of that loss of earnings.
2. Section 70(4) of the Act states that in determining the average weekly earnings of a worker, the WCB shall take into consideration the average earnings, as determined by the WCB, that were earned by a person regularly employed in the same grade of employment if:
 - a. The worker was not available for employment for the full period of 12 months preceding the commencement of their loss of earnings resulting from the injury; or
 - b. In the opinion of the WCB, it is inequitable, by the casual nature or the terms of the worker's employment, to compute the worker's average weekly earnings in accordance with subsection (1).
3. Establishing a wage rate for part-time, casual and seasonal workers is a challenging process, as these workers are typically not employed for the full 12 months prior to commencement of earnings loss or recurrence of injury, which sometimes leads to inequitable earnings loss compensation. Therefore, a policy is required that clarifies the intent of the WCB to base compensation benefits on what will most fairly and accurately represent the worker's initial and long-term loss of earnings.

POLICY

Initial Compensation

1. Upon the commencement of earnings loss resulting from an injury, workers will qualify for wage loss benefits. These benefits will normally be based on the regular rate of pay or gross earnings that the worker was receiving over the 52-week period prior to the commencement of earnings loss or recurrence of injury. POL 06/2016, Establishing Initial Wage Base, will apply.
2. Where there are no regular gross earnings to establish earnings loss under Section 70(1) of the Act (e.g., commissioned sales persons who have worked only a few days or weeks and have no sales yet), Section 70(4) of the Act may be applied to establish an initial wage base that would more appropriately reflect the worker's loss of earnings.

3. If the application of Section 70(4) of the Act supplies a lower rate of benefits than an average of the worker's earnings over the period 52 weeks prior to the commencement of loss as called for by Section 70(1), the average of the 52-week period will apply.
4. There may be situations where using the rate of pay at the commencement of loss or the 52-week period prior to the commencement of earnings loss to calculate the worker's wage rate would be inequitable. Therefore, the WCB will ensure that each claim is adjudicated on its own merits to calculate an equitable wage rate. Consideration will be given to the worker's employment history and pattern, employment status with the injury employer and gross earnings over a period of time that more appropriately reflects to the worker's loss of earnings.

Review of Compensation

5. Where the worker is employed in seasonal, casual or part-time work and has been in receipt of wage loss benefits for a total of 26 weeks (consecutive or cumulative), the WCB may adjust the initial wage rate to more fairly and accurately reflect the injured worker's long-term regular gross earnings and employment pattern.
6. Where the initial earnings loss calculated using Section 70(1) of the Act is considered inequitable for calculating entitlement, benefits will be recalculated based on the provisions of Section 70(4) of the Act. Consideration may be given to the average gross earnings and employment pattern of a worker performing the same work with the same employer, or where there is no such person, a worker in the same class of employment in the same industry.
7. Where the wage rate is recalculated to reflect the worker's long-term average gross earnings, the revised wage loss benefits will become effective the first workday of the 27th week of wage loss benefits. Recalculation will not occur prior to advance notification.

Recurrence of Injury

8. Where a worker is employed in seasonal, casual or part-time work at the time of a recurrence, and the calculation of a wage rate using the provisions of Section 70(1) of the Act is considered inequitable, the wage rate used will be based on the provisions of Section 70(4) of the Act. If the wage rate established in conjunction with the initial commencement of loss supplies a higher rate, the initial wage rate will be used.

Act Sec #	18, 20, 23, 68, 70(1), 70(4)
Effective Date	01 January 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claims for casual, part-time and seasonal workers.
Supersedes	POL 10/2003 Average Weekly Earnings – Section 70(4)
Complements	PRO 35/2010 Compensation Rate – Casual and Seasonal Employment (Section 70(4))
	POL 06/2016 Establishing Initial Wage Base
	PRO 06/2016 Establishing Initial Wage Base
	POL 28/2010 Compensation Rate – Minimum and Average Weekly Earnings

<u>POL 22/2016</u>	<u>Offset of Canada or Quebec Pension Plan Disability Benefits</u>
<u>POL 05/2016</u>	<u>Compensation Rate – Excluded Earnings</u>
<u>POL 08/2007</u>	<u>Compensation Rate – Where No Earnings at Disablement or Death</u>
<u>POL 07/2020</u>	<u>Maximum Wage Rates</u>
<u>PRO 07/2020</u>	<u>Maximum Wage Rates</u>
<u>PRO 09/2020</u>	<u>Minimum Average Weekly Earnings (Section 70(5))</u>
<u>PRO 10/2020</u>	<u>Minimum Compensation (Section 75)</u>

**Procedure Compensation Rate – Casual and Seasonal Employment
(Section 70(4) (PRO 35/2010))**

Document Date 17 November 2010

Purpose To establish the wage base for part-time, casual and seasonal workers.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved policy guidelines regarding the establishment of the appropriate wage rate for part-time, casual and seasonal workers.
2. This procedure provides guidelines to establish a wage rate for part-time, casual and seasonal workers.

PROCEDURE

1. The Claims Entitlement Specialist or Case Manager will base wage loss benefits on the worker's gross earnings prior to the commencement of earnings loss or recurrence. PRO 06/2016, Establishing Initial Wage Base, will apply.
 2. The Claims Entitlement Specialist or Case Manager will identify the potential Section 70(4) adjustment (CLM: Section 70(4)).
 3. Case Management Support – 2 to 6 weeks from the commencement of earnings loss:
 - a. Case Management Support, at time of file review following referral from Claims Entitlement Services, will identify the potential Section 70(4) adjustment.
 - b. Case Management Support will create an activity, for 13 weeks following first date of loss.
 4. Case Manager – 2 to 6 weeks from the commencement of earnings loss:
 - a. Following referral from Case Management Support, where it has been indicated there is potential for a Section 70(4) adjustment, Case Managers will review and determine whether the original wage base at the commencement of earnings loss or recurrence is inequitable as defined in POL 35/2010, Compensation Rate – Casual and Seasonal Employment – Section 70(4). They will record their decision and reasoning in their Recovery and Return to Work Plan (RRP).
 - b. Case Managers, where an adjustment has been identified, will include a paragraph in the Letter of Claims Acceptance (LCA) to explain the Section 70(4) provisions indicating that an adjustment to wage loss benefits, including the reasons for the adjustment, may be necessary.
 5. Case Management Support – 13 weeks from the commencement of earnings loss:
 - a. Case Management Support will review the work activity at 13 weeks following the commencement of earnings loss. The RRP will be reviewed to determine whether the Case Manager considered the original wage base inequitable as defined in POL 35/2010, Compensation Rate – Casual and Seasonal Employment – Section 70(4).
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- b. Where Section 70(4) of the Act applies and the wage base is considered inequitable, Case Management Support will gather wage information for 12 month gross earnings for a worker regularly employed in similar employment. In cases where the injured worker was regularly employed with the employer for more than 12 months, albeit on a seasonal basis, the earnings of the injured worker with this employer for the 12 months prior to the injury may be used to establish the wage base under Section 70(4) of the Act. Otherwise, the wage information should be based on an average of several workers in that type of employment and should be determined sequentially as follows:
 - i. The first effort will be with the injury employer;
 - ii. The second level effort, where the first is unsuccessful, will be with several employers in the same geographical region; and
 - iii. Where levels one and two are not successful, a wage table developed from Statistics Canada or other relevant agencies will be consulted. The table will be available to workers when used to establish a wage base;
 - c. For comparative purposes, Case Management Support will ensure information is obtained regarding the injured worker's gross earnings from all sources for the full 12 months prior to the commencement of earnings loss as called for by Section 70(1)(a) of the Act;
 - d. Case Management Support will refer the wage information to the Payment Specialist.
6. Payment Specialist – 14 weeks from the commencement of earnings loss:
 - a. The Payment Specialist will use the wage information from Case Management Support to calculate the new wage base and compensation rate and ensure the information is placed on file;
 - b. The effective date of the adjusted wage base is to be the 1st workday of the 27th week of compensation;
 - c. The Payment Specialist will create a work activity for 24 weeks from the commencement of earnings loss and refer the file back to Case Management Support.
7. Case Management Support – 15 weeks from the commencement of earnings loss:
 - a. Case Management Support will review the activity from the Payment Specialist and issue the Section 70(4) form letter that will provide the adjusted wage loss benefit amount and an explanation of the reasons for the adjustment to wage loss benefits.
8. Case Manager – 24 weeks from the commencement of earnings loss:
 - a. The Case Manager will confirm the effective date of the new wage base with the injured worker making certain that the reasons for the adjustment are explained.

Act Sec #	18, 20, 23, 68, 70(1), 70(4)
Effective Date	01 January 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claims for casual, part-time and seasonal workers.
Supersedes	PRO 10/2003 Average Weekly Earnings – Section 70(4)

Complements

<u>POL 35/2010</u>	<u>Compensation Rate – Casual and Seasonal Employment (Section 70(4))</u>
<u>POL 06/2016</u>	<u>Establishing Initial Wage Base</u>
<u>PRO 06/2016</u>	<u>Establishing Initial Wage Base</u>
<u>POL 28/2010</u>	<u>Compensation Rate – Minimum and Average Weekly Earnings</u>
<u>POL 22/2016</u>	<u>Offset of Canada or Quebec Pension Plan Disability Benefits</u>
<u>POL 05/2016</u>	<u>Compensation Rate – Excluded Earnings</u>
<u>POL 08/2007</u>	<u>Compensation Rate – Where No Earnings at Disablement or Death</u>
<u>POL 07/2020</u>	<u>Maximum Wage Rates</u>
<u>PRO 07/2020</u>	<u>Maximum Wage Rates</u>
<u>PRO 09/2020</u>	<u>Minimum Average Weekly Earnings (Section 70(5))</u>
<u>PRO 10/2020</u>	<u>Minimum Compensation (Section 75)</u>

Policy	Compensation Rate – Apprentices and On-The-Job Training (POL 25/2014)
Document Date	10 December 2014
Purpose	To establish guidelines for compensating workers who are injured while undergoing training or instruction.

DEFINITION

Undergoing training or instruction that the Workers' Compensation Board (WCB) is satisfied should be recognized, as referenced in Section 50 of *The Workers' Compensation Act, 2013* (the "Act"), means the worker is:

- a. Registered in an apprenticeship contract for a designated trade under *The Apprenticeship and Trade Certification Act, 1999*, or
- b. Participating in a specified or contractual On-the-Job training program.

BACKGROUND

Section 50 of the Act provides that where a worker suffers a compensable injury while undergoing training or instruction the Workers' Compensation Board (WCB) may review the amount of compensation payable and increase the compensation to an amount the worker would have received had they completed training or instruction.

POLICY

1. A worker injured while in an apprenticeship or on-the-job training program is only eligible for a Section 50 increase in benefits if:
 - a. There is a signed agreement between the worker, the employer, and the Saskatchewan Apprenticeship and Trade Certification Commission (SATCC) in effect at the time of the injury.
 - b. The work injury occurred while the worker was participating in an apprenticeship or on-the-job training program under the direction of the sponsoring employer.
 - c. The worker's employment history and participation in training demonstrates an intent to actively pursue advancement and completion of the apprenticeship program in a reasonable amount of time, and
 - d. The work injury permanently prevented the worker from completing the apprenticeship or on-the-job training program.
2. Compensation benefits will initially be based on the worker's earnings at the time of injury and will be subject to the maximum wage rate.
3. The worker's benefit increases and intervals will replicate the apprenticeship or on-the-job training program agreement effective at the time of the commencement of loss of earnings

and will be based on the probable wages the worker would have received for each applicable stage of the program.

4. Section 50 adjusted earnings will be subject to the Consumer Price Index (CPI) adjustments required under Section 69 of the Act. The worker's benefits will be based on the greater of the Section 50 increases or the original CPI-adjusted earnings (including any applicable CPI adjustments).
5. Increases to the worker's benefits, as determined by the probable wages, will cease on the projected date of completion for the apprenticeship or on-the-job training program.
6. After the projected date of completion of the apprenticeship or on-the-job training program, the Section 50 adjusted earnings will be increased annually by the percentage increase of the CPI. Compensation adjusted for annual CPI percentage increases is not to exceed the maximum wage rate at the time of calculation.

Act Sec #	50, 69
Effective Date	01 January 2015
Application	All workers injured while participating in an apprenticeship or on-the-job training program.
Supersedes	POL 21/2001 Compensation Rate – Apprentices and On-the-Job Training
Complements	PRO 25/2014 Compensation Rate – Apprentices and On-the-Job Training
	POL 07/2013 Consumer Price Index (CPI) – Annual Indexing
	PRO 15/2020 Consumer Price Index (CPI) – Annual Increase
	POL 07/2020 Maximum Wage Rates
	PRO 07/2020 Maximum Wage Rates

Procedure	Compensation Rate – Apprentices and On-The-Job Training (PRO 25/2014)
Document Date	10 December 2014
Purpose	To establish guidelines for compensating workers who are injured while undergoing training or instruction.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 25/2014, Compensation Rate – Apprentices and On-The-Job Training.
2. The following procedure provides guidelines on calculating and adjusting the earnings base for a worker who was injured while participating in an apprenticeship or on-the-job training program.

PROCEDURE

1. A signed contract of agreement from the employer or the Saskatchewan Apprenticeship and Trade Certification Commission (SATCC) will be acquired by Operations staff to determine:
 - a. The length of the worker's program.
 - b. The effective dates for wage increases.
 - c. The anticipated end date, and
 - d. The probable earnings the worker would have earned had the worker continued with, and successfully completed, the program.
2. In order to qualify for compensation, the effects of the injury must permanently prevent the worker from completing the apprenticeship or on-the-job training program. Workers who are able to resume their pre-injury apprenticeship or on-the-job training program will not qualify.
3. The worker's earnings at the time of the injury will be used to establish the initial compensation benefits. The worker's pre-injury earnings pattern may also be used to help predict the effective dates for wage increases and the anticipated end date for the apprenticeship or on-the-job training program.
4. Workers are to be advised in writing of their eligibility under Section 50 of *The Workers' Compensation Act, 2013* (the "Act") and provided with an outline of their probable earnings and the dates in which their earnings will be adjusted.
5. Once eligibility is confirmed, the increases under Section 50 will reflect the increases and intervals found in the apprenticeship or on-the-job training agreement. On the anniversary of the commencement of loss of earnings, Consumer Price Index (CPI) adjustments will be applied to the increases under Section 50. A prorated CPI adjustment will apply if the adjusted amount has been in effect less than 12 months at the time of the CPI review.

6. Throughout the apprenticeship or on-the-job training program, Operations staff will perform a required comparison between the Section 50 increases (including any applicable CPI adjustments) and the original CPI-adjusted earnings. The worker's benefits will be based on the greater of these two amounts.
7. On the first anniversary of the commencement of loss of earnings following the final Section 50 increase, a prorated adjustment based on the number of months between the final increase and the CPI review date will be required. Subsequent CPI adjustments will be based on the full CPI amount.
8. In addition to the comparison outlined in point 6, Operations staff will perform a comparison between the original CPI-adjusted earnings and the prorated adjustment stated in point 7. The greater of these two amounts will be the basis for the worker's benefits.

Act Sec #	50, 69
Effective Date	01 January 2015.
Application	All workers injured while participating in an Apprenticeship or On-the-Job Training program.
Supersedes	PRO 21/2001 Compensation Rate – Apprentices and On-the-Job Training
Complements	POL 25/2014 Compensation Rate – Apprentices and On-the-Job Training
	POL 07/2013 Consumer Price Index (CPI) – Annual Indexing
	PRO 15/2020 Consumer Price Index (CPI) – Annual Increase

Benefits for Workers – Long Term Benefits

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Benefits – Long-Term Earnings Loss	POL 01/2018	PRO 01/2018	01 January 2019
Earnings Verification	POL 07/2016	PRO 07/2016	01 June 2016

Policy	Benefits – Long-Term Earnings Loss (POL 01/2018)
Effective Date	01 January 2019. 01 January 2014 for earnings capacity adjustments for workers subject to the maximum wage rate.
Application	Applies to all long-term earnings loss benefit decisions on or after the effective date.
Purpose	To establish guidelines for determining long-term earnings loss benefits.

DEFINITION

Average weekly wage is determined by the Workers' Compensation Board (WCB) for a calendar year. The average weekly wage is Saskatchewan's industrial composite wage published by Statistics Canada as of June of the preceding year (Section 2 of The Workers' Compensation Act, 2013 (the "Act")).

Earning capacity means the amount of income a worker could be expected to generate, post injury, through the performance of suitable productive employment, given their restrictions and unique vocational profile.

Long-term earnings loss benefits means a worker's earnings loss benefits after the completion of a vocational rehabilitation program. These benefits are also known as long-term earnings replacement.

Suitable productive employment means work that:

- The worker can do given their employability assessment and transferable skills analysis.
- The worker can functionally perform, given the medical restrictions imposed by the work injury and any non-compensable medical restrictions existing at the time of the injury.
- Will not endanger the health and safety of the worker or others.
- Contributes meaningfully to the operation of the business.

Vocational rehabilitation program means a program that is intended to return workers to positions of independence in suitable productive employment. As part of this program, the WCB will, in consultation with the worker, develop an individualized vocational plan.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") requires workers to take steps to mitigate their loss of earnings and authorizes the WCB to suspend or reduce earnings loss payments (Sections 51 and 101).
2. The Act directs that the (Section 69(1)):
 - (1) Calculation of the loss of earnings for the purposes of subsections 32(2) and 68(1) and sections 71 and 72 must be based on the difference between:

- (a) The worker's average weekly earnings at the commencement of the worker's loss of earnings resulting from the injury, adjusted annually by the percentage increase in the Consumer Price Index; and
 - (b) The weekly earnings that the worker is receiving from employment.
3. The basis for the annual CPI adjustment is the average of percentage increases in the Regina and Saskatoon All-Items CPI for the 12 months ending on November 30 in each year. In any given year, if there is no change in the CPI, or if it decreases, it will not be adjusted for that year.
4. In any given year, the CPI adjustment may be higher than the percentage change in the maximum wage. For workers subject to the maximum wage rate, a higher CPI adjustment to their earnings capacity would result in reduced benefits. Therefore, for workers subject to the maximum wage rate, it is the Board's intent that adjustments to earning capacity will not exceed adjustments to the maximum wage rate.
5. Following an injury, the goal is for the worker to return to work that eliminates a loss of earnings. In some instances, a worker's return to suitable productive employment may lead to a career in commissioned sales or self-employment (PRO 11/2014, Vocational Rehabilitation – Self-Employment Plans).
6. When establishing an initial wage base, the WCB only considers earnings from employment in industries covered under the Act and earnings from excluded industries if optional coverage has been purchased for the excluded industry (POL 06/2016, Establishing Initial Wage Base). However, when determining a worker's earning capacity for long-term earnings loss benefits, the WCB may consider all earnings from covered industries, excluded industries, non-employment income or other earnings potential such as self-employment or other business income.
7. The following policy outlines benefits a worker may be eligible to receive if they have permanent restrictions that prevent a return to pre-injury earnings.

POLICY

1. A worker may be eligible for long-term earnings loss benefits if a vocational rehabilitation program is unable to return them to suitable productive employment that eliminates all earnings loss (POL 23/2016, Vocational Rehabilitation – Programs and Services).
2. A worker's long-term earnings loss benefit is based on the difference between their:
 - a. Average weekly earnings prior to their commencement of earnings loss adjusted to date by increases to the Consumer Price Index (CPI) (POL 06/2016, Establishing Initial Wage Base), and
 - b. The greater of their actual earnings or earnings capacity from suitable productive employment.
3. If a worker's injury prevents them from returning to any type of employment, they will receive full long-term earnings loss benefits based on their average weekly earnings prior to the commencement of their earnings loss. In these cases, the WCB has determined the worker has no earnings capacity.

Earnings Capacity

4. If a worker is engaged in suitable productive employment, their actual earnings will normally be the same as their earnings capacity. The WCB will make every reasonable effort to support the worker in obtaining suitable productive employment through a vocational program before using an earnings capacity to establish long-term earnings loss benefits.
5. The WCB may consider the worker's earning capacity to be greater than their actual earnings if the worker:
 - a. Does not accept an offer for suitable productive employment.
 - b. Does not participate in a medical or vocational rehabilitation program.
 - c. Does not acquire suitable productive employment after completing a vocational rehabilitation program.
 - d. Has non-employment income or other earnings potential from employment not related to suitable productive employment identified through WCB's vocational rehabilitation. This includes, but is not limited to, workers who are capable of, and are working in, an excluded industry where coverage has not been purchased (i.e., self-employed) or have other business income.
 - e. Has non-medical re-employment barriers unrelated to the work injury (e.g., due to a criminal record, loss of driver's license) which limit all suitable productive employment options.
 - f. Accepts a job offer that pays lower than what they could receive from other suitable productive employment.
 - g. Leaves suitable productive employment, but not because of the injury. This includes employment being interrupted because of a layoff or termination (POL 02/2018, Benefits – RTW Interrupted will apply).

Adjusting Earnings Capacity

6. The WCB will adjust a worker's earning capacity when:
 - a. The WCB determines the worker is able to acquire suitable productive employment that receives staged wage increases.
 - b. The worker accepts an employment offer or demonstrates they are capable of employment that pays more (e.g., self-employment or business income) than the starting or staged wage increases (i.e., annual increases) from suitable productive employment.
 - c. The WCB determines the worker is capable of earning minimum wage. Their earnings capacity will be adjusted following changes to the provincial minimum wage.
 - d. Commissioned sales or self-employment is chosen as suitable productive employment and the worker is not able to earn consistent income.
 - e. The worker's medical condition related to the injury changes and the amount of long-term earnings loss benefits no longer accurately reflects their earning capacity.

7. If a worker's earning capacity is not adjusted based on the above, their earning capacity will be adjusted annually to reflect percentage increases to the CPI (POL 07/2013, Consumer Price Index (CPI) – Annual Indexing).
 - a. Adjustments will be effective on the anniversary of the worker's commencement of loss.
 - b. If a worker is subject to the maximum wage rate (POL 07/2020, Maximum Wage Rates), adjustments based on annual CPI increases will not exceed annual increases to the maximum wage rate.
8. The WCB may not reduce or eliminate future earnings loss benefits if:
 - a. A worker's earnings loss benefits are based on actual earnings, and
 - b. The worker experiences a short-term increase in earnings that is not expected to result in a sustained change in their earning capacity.

Effective Date	01 January 2019. 01 January 2014 for earnings capacity adjustments for workers subject to the maximum wage rate.
Approved Date	19 November 2018
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 51, 81, 101
Document History	<ol style="list-style-type: none"> (1) POL and PRO 28/2016, Determining Long-Term Earnings Loss Benefits (effective 01 January 2017 to 31 December 2018). (2) POL and PRO 15/2014, Determination of Long-Term Loss of Earnings (effective 01 December 2014 to 31 December 2016). (3) POL and PRO 26/2010, Determination of Long-Term Loss of Earnings (effective 01 November 2010 to 30 November 2014). <ol style="list-style-type: none"> (a) 01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> (Bill 58). (4) POL and PRO 14/2001, Determination of Loss of Earnings (effective 01 January 2002 to 31 October 2010). (5) POL and PRO 09/2013, Estimating Earning Capacity – Commissioned Sales and Self-Employment (effective 01 January 2014 to 31 December 2018). (6) POL and PRO 14/1989, Estimating Earning Capacity – Commission and Self-Employed (effective 05 September 1989 to 31 December 2013).
Complements	PRO 01/2018 Benefits – Long-Term Earnings Loss POL 23/2016 Vocational Rehabilitation – Programs and Services PRO 23/2016 Vocational Rehabilitation – Programs and Services POL 02/2014 Vocational Rehabilitation – Moving Allowance PRO 11/2014 Vocational Rehabilitation – Self-Employment Plans POL 07/2016 Earnings Verification POL 15/2016 Suspension of Benefits

<u>POL 39/2010</u>	Expenses – Travel and Sustenance – General
<u>POL 26/1990</u>	Provincial Minimum Wage, Effect of Increase
<u>POL 07/2020</u>	Maximum Wage Rates
<u>POL 06/2016</u>	Establishing Initial Wage Base

Procedure	Benefits – Long-Term Earnings Loss (PRO 01/2018)
Effective Date	01 January 2019. 01 January 2014 for earnings capacity adjustments for workers subject to the maximum wage rate.
Application	Applies to all long-term earnings loss benefit decisions on or after the effective date.
Purpose	To provide guidelines to establish a worker's earning capacity to determine long-term earnings loss benefits.

BACKGROUND

POL 01/2018, Determining Long-Term Earnings Loss Benefits establishes guidelines around determining a worker's long-term earnings loss benefits.

PROCEDURE

Establishing Earnings Capacity

1. How do Operations staff establish a worker's earnings capacity?
 - a. A Vocational Rehabilitation Specialist (VRS) will establish the worker's earning capacity by completing an employability assessment and transferable skills analysis to determine if a worker is employable, as per POL 23/2016, Vocational Rehabilitation – Programs and Services.
 - b. If the worker cannot return to their pre-injury job, the VRS will determine the worker's earning capacity by researching suitable productive employment opportunities and will consider:
 - i. Current and future employment availability.
 - ii. Physical demands.
 - iii. Skills and abilities (qualifications).
 - iv. Starting wages, and
 - v. Staged wage increases.
2. What information is used to establish the earnings capacity?
 - a. VRS staff will use information from at least three sources to determine a worker's earning capacity. At their discretion, VRS staff will use any available sources suitable to the worker's individual circumstances, which may include:
 - i. Local employment information (e.g., Saskjobs.ca).
 - ii. Saskatchewan Polytechnic Graduate Employment Report.
 - iii. Federal or provincial wage data (e.g., Employment and Social Development (ESDC) Job Bank, Union contracts).

- iv. Local employers of the identified occupation.
 - v. Any other reputable job research source.
3. How are benefits calculated once an earnings capacity is established?
- a. VRS staff will discuss a number of suitable productive employment opportunities with the worker. If the worker:
 - i. Finds employment that reasonably represents their earning potential, the VRS will recommend that long-term earnings loss benefits should be based on the worker's actual earnings.
 - ii. Does not find employment or actual earnings from employment the worker obtains is below their earning capacity, the VRS will recommend long-term earnings loss benefits be based on their earning capacity from suitable productive employment.
 - b. Based on the earnings capacity established by the VRS, the Case Manager (CM) will determine and authorize long-term earnings loss benefits based on the difference between:
 - i. The worker's average weekly earnings prior to the commencement of earnings adjusted to date by increases to the Consumer Price Index, and
 - ii. The greater of the worker's actual earnings or earnings capacity from suitable productive employment.
 - c. Team Leader approval is required to authorize the long-term earnings loss benefit the worker will receive.
4. Is an earnings capacity always needed to determine long-term earnings loss benefits?
- a. A CM will not need a VRS to establish a worker's earnings capacity if:
 - i. The worker has medical restrictions because of the injury that prevents them from returning to any form of employment. In this case, the CM will determine the worker does not have an earning capacity.
 - ii. The worker returns to work with a minimal loss of earnings. The CM may determine that the worker is at an optimal earning capacity and will issue long-term earnings loss benefits based on the worker's actual earnings.

Adjusting Earnings Capacity

Staged Wage Increases

5. What benefit will a worker receive if they are able to acquire employment that receives staged wage increases (i.e., periodic wage increments)?
- a. The CM will authorize the gradual reduction of long-term earnings loss benefits to reflect staged wage increases.
 - b. The timing of staged wage increases and rationale for the adjustments will be documented on the claim when the worker is placed on long-term earnings loss benefits. Operations staff will explain the rationale for the staging to the worker.

Consumer Price Index

6. Are benefits adjusted to reflect percentage increases to the Consumer Price Index (CPI)?
 - a. If a worker's earning capacity is not adjusted based on the provisions outlined above, it will be adjusted annually to reflect changes to the CPI (POL 07/2013, Consumer Price Index (CPI) – Annual Indexing), and
 - b. The adjustments will be effective on the anniversary of the worker's commencement of earnings loss date.
7. If the worker is subject to the maximum wage rate, is a worker's earnings capacity adjusted annually by the CPI?
 - a. Yes; but adjustments will not exceed the annual increase to the maximum wage rate. This applies to all workers to the maximum wage rate (i.e., pre-2014 and post-2014 maximum wage rates as per POL 07/2020, Maximum Wage Rates).
 - b. Operations staff will recalculate earnings loss benefits, during annual review of the worker's file, for those years that the percentage increase to the CPI exceeded increases to the maximum wage rate (e.g., increases to the CPI exceeded increases to the maximum wage rate for workers receiving the pre-2014 maximum wage rate in 2016 and 2018).

Commissioned Sales or Self-Employment

8. What if self-employment is chosen as suitable productive employment?
 - a. To ensure a successful transition into commissioned sales or self-employment, the VRS, CM and Team Leader will determine if the worker will be provided a stabilized level of support with a structured schedule of staged earnings loss benefits.
 - b. The earnings capacity for these workers will be staged, as outlined in the Appendix, [Earnings Capacity – Commissioned Sales or Self-Employed](#).
 - c. The estimated earning capacity will commence the first day of employment.

Minimum Wage

9. Are benefits adjusted if the worker's earnings capacity is at the minimum wage level?
 - a. The CM will authorize earnings loss benefits be adjusted following increases to the provincial minimum wage, as per POL 26/1990, Provincial Minimum Wage, Effect of Increase.

Annual Earnings Verification

10. Are benefits adjusted based on a worker's actual earnings?
 - a. The CM will annually verify a worker's earnings to ensure long-term earnings loss benefits reflect the worker's earnings capacity.
 - b. Long-term earnings loss benefits will be adjusted if the information used to calculate the benefit was incorrect (POL 07/2016, Earnings Verification).
11. Are benefits adjusted if the worker is capable of earning more than their earnings capacity?

- a. The CM will request the VRS review and update the worker's earning capacity if the worker demonstrates they are capable of, and are working in, suitable productive employment that earns more than the earnings capacity initially established through vocational rehabilitation.
- b. This includes, but is not limited to, non-employment income or other earnings potential, such as:
 - i. Earnings from an excluded industry where coverage has not been purchased (i.e., self-employment), or
 - ii. They receive other business income (i.e., director's earnings, etc.).
- c. The CM will adjust the worker's long term-earnings loss benefits to reflect changes to their earnings capacity.

Travelling for Work

12. Is a worker expected to travel for suitable productive employment?
- a. A worker will be expected to travel to work if suitable productive employment is within 75 km from their home.
 - b. If a worker travelled more than 75 km to work before the injury, they may be expected to travel that amount for the new job.
13. What information does Operations staff consider to determine if a worker is expected to travel for employment?
- a. The VRS will consider:
 - i. The worker's physical ability to drive to work.
 - ii. Starting wages for suitable productive employment within an acceptable travel radius, and
 - iii. Wage potential for suitable productive employment within an acceptable travel radius.
 - b. The VRS may still expect a worker to travel to and from work even if the worker does not drive for reasons other than a physical inability (e.g., loss of licence post injury, no licence).

Moving for Work

14. What if the worker cannot find suitable productive employment near their home?
- a. The VRS may approve a move to a more suitable place (POL 02/2014, Vocational Rehabilitation – Moving Allowance).
 - b. The VRS may also approve an additional move if the worker wants to move after two years, if they find employment that will reduce their long-term earnings loss benefits.
15. What benefit will the worker receive if they do not want to move?
- a. The VRS will determine the worker's earning capacity based on suitable productive employment near the worker's home.

- b. The VRS will inform the worker that their earning capacity may change in two years.
 - i. For the first two years:
 - (a) The CM will reduce the worker's earnings loss benefits based on suitable productive employment opportunities within 75 km of the worker's home.
 - ii. After two years:
 - (a) If the worker still does not want to move, the VRS may determine the worker's earning capacity based on suitable productive employment in another city or town.
 - (b) The worker's earnings loss benefits will be reduced based on suitable productive employment opportunities in larger cities or towns.
 - (c) The VRS will consider the worker's individual circumstances and if a move is practical before determining if benefits will be reduced. This includes considering the merits and justice of each case.

Suspension of Benefits

16. Are benefits suspended if the worker does not participate in vocational planning?
 - a. If the VRS is not able to estimate the worker's earning capacity, the CM and TL may authorize the suspension of earnings loss benefits (POL 15/2016, Suspension of Benefits).

Notification

17. How is a worker notified of what benefit they will receive?
 - a. The CM will send the worker a letter once they are placed on long-term earnings loss benefits outlining:
 - i. The amount of long-term earnings loss benefits they will receive, and
 - ii. How the amount was determined.

Attachments	Earnings Capacity – Commissioned Sales or Self-Employed
Effective Date	01 January 2019. 01 January 2014 for earnings capacity adjustments for workers subject to the maximum wage rate.
Approved Date	19 November 2018.
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 51, 81, 101
Document History	(1) POL and PRO 28/2016, Determining Long-Term Earnings Loss Benefits (effective 01 January 2017 to 31 December 2018). (2) POL and PRO 15/2014, Determination of Long-Term Loss of Earnings (effective 01 December 2014 to 31 December 2016).

- (3) POL and PRO 26/2010, Determination of Long-Term Loss of Earnings (effective 01 November 2010 to 30 November 2014).
 - (a) 01 January 2014. References updated in accordance with *The Workers' Compensation Act, 2013* (Bill 58).
- (4) POL and PRO 14/2001, Determination of Loss of Earnings (effective 01 January 2002 to 31 October 2010).
- (5) POL and PRO 09/2013, Estimating Earning Capacity – Commissioned Sales and Self-Employment (effective 01 January 2014 to 31 December 2018).
- (6) POL and PRO 14/1989, Estimating Earning Capacity – Commission and Self-Employed (effective 05 September 1989 to 31 December 2013).

Complements

POL 01/2018	Benefits – Long-Term Earnings Loss
POL 23/2016	Vocational Rehabilitation – Programs and Services
PRO 23/2016	Vocational Rehabilitation – Programs and Services
POL 02/2014	Vocational Rehabilitation – Moving Allowance
PRO 11/2014	Vocational Rehabilitation – Self-Employment Plans
POL 07/2016	Earnings Verification
POL 24/2010	Assessable Earnings
POL 07/2004	Assessable Labour Portion of Contracts
POL 15/2016	Suspension of Benefits
POL 39/2010	Expenses – Travel and Sustenance – General
POL 26/1990	Provincial Minimum Wage, Effect of Increase
POL 07/2020	Maximum Wage Rates
POL 06/2016	Establishing Initial Wage Base

Earnings Capacity – Commissioned Sales or Self-Employed

- The CM will estimate the worker's earning capacity using the average weekly wage published by Statistics Canada as of June in the year immediately preceding the year in which the loss of earnings occurs. The worker's earning capacity will be:
 - Zero for the balance of the month when the return-to-work begins plus six full months thereafter.
 - 50 percent of the average weekly wage for the following 12 months of working.
 - 75 percent of the average weekly wage for the following 12 months of working.
 - 100 percent of the average weekly wage for the following 12 months of working,
 - 125 percent of the average weekly wage for the following 12 months of working, and
 - 150 percent of the average weekly wage thereafter.
- For example:
 - On January 4, 2018 the worker begins a job in commissioned sales or becomes self-employed. The WCB estimates the worker's earning capacity to be zero until July 31, 2018.
 - August 1, 2018 to July 31, 2019 the worker's earning capacity is estimated to be 50 percent of the average weekly wage.
 - August 1, 2019 to July 31, 2020 the worker's earning capacity is estimated to be 75 percent of the average weekly wage.
 - August 1, 2020 to July 31, 2021 the worker's earning capacity is estimated to be 100 percent of the average weekly wage.
 - August 1, 2021 to July 31, 2022 the worker's earning capacity is estimated to be 125 percent of the average weekly wage.
 - August 1, 2022 and thereafter the worker's earning capacity is estimated to be 150 percent of the average weekly wage.

Policy	Earnings Verification (POL 07/2016)
Document Date	12 April 2016
Purpose	To establish guidelines for annual earnings verification for claims receiving long-term earnings loss benefits.

DEFINITION

Customer means an injured worker or surviving dependent spouse.

BACKGROUND

1. Customers entitled to compensation are required to provide any proof of claim that the WCB requires (Section 44(2) and Section 47(1)).
2. Payments made to a customer may be reviewed by request of the WCB, the worker, their dependent or the worker's employer. Upon review, the WCB may terminate, diminish or increase payments to a worker (Section 100(1)(2)).
3. Canada or Quebec Pension Plan (CDP/QPP) Disability Benefits may offset a worker's earnings loss benefits (Section 95).
4. The WCB will complete ongoing reviews of a worker's actual or estimated earnings, when they are entitled to long-term earnings loss benefits as established through POL & PRO 01/2018, Benefits – Long-Term Earnings Loss.

POLICY

1. Annually, the WCB will review wage loss benefits:
 - a. If a worker has been in receipt of wage loss benefits for a period in excess of 12 consecutive months.
 - b. A worker is unable to return to pre-injury earnings, or
 - c. Where a dependant spouse is in receipt of wage loss benefits (Section 81(6)).
 2. The WCB will review a customer's information received from the Canada Revenue Agency (CRA), to verify their:
 - a. Earnings.
 - b. Tax exemption status, and
 - c. If they receive CDP or survivor's benefits.
 3. Annual verification will ensure that the information used for calculating long-term earnings loss benefits is reflective of the actual or estimated earnings of the customer.
 4. If CRA tax information is unavailable, the WCB may use alternate means of verifying a customer's earnings and tax exemption status.
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5. The WCB will recalculate and increase or decrease long-term earnings loss benefits if it is determined that information used to calculate the benefit was incorrect.
6. The WCB will pursue all overpayments resulting from a recalculation (POL 17/2016, Overpayment Recovery – Compensation).
7. The WCB will not recalculate and retroactively adjust long-term earnings loss benefits to include salary increases or promotions effective after the day of injury that change pre-injury earnings.

Act Sec #	20, 25, 44, 47(1), 68, 81(6), 95, 100(1) and 100(2).
Effective Date	01 June 2016
Application	All claims on long-term earnings replacement.
Supersedes	POL 12/2010 Verification of Earnings
Complements	PRO 07/2016 Earnings Verification
	POL 22/2016 Offset of Canada or Quebec Pension Plan Disability Benefits
	POL 05/2017 Privacy of Information
	POL 17/2016 Overpayment Recovery – Compensation
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss

Procedure	Earnings Verification (PRO 07/2016)
Document Date	12 April 2016
Purpose	To establish guidelines for an annual earnings verification of claims receiving long-term earnings loss benefits.

BACKGROUND

POL 07/2016, Earnings Verification establishes the requirement for an annual earnings verification of claims receiving long-term earnings loss benefits.

PROCEDURE

1. Long-term earnings loss benefits will not be paid without some form of annual earnings verification.
2. An annual questionnaire with a request for tax information and a Notice of Assessment from the Canada Revenue Agency (CRA) is issued 60 days prior to the workers commencement of loss date.
3. If information from CRA is not available, Case Management Support (CMS) staff are responsible to determine what other form of earnings verification is required. This must include verifiable documentation about the customer's earnings from the previous year and would include, but is not limited to: a record of employment, T4, paystubs, bank statements, etc.
4. If a customer does not return the annual questionnaire or provide tax information and a NOA for the annual verification of earnings to be completed, the Payment Specialist (PS) may extend one month of benefits. If information is still not received, the CMS may extend a second month of benefits. After two months of benefit extensions, the file must be referred to the Case Manager who has the discretion to determine what, if any, ongoing compensation is payable.
5. Where CRA tax information is not available, verification of earnings may not be required (e.g., where a customer is living in a rehabilitation centre or where the worker is clearly unable to perform any gainful employment). The CMS must review the customer's file to determine if there is any evidence of the customer securing earnings from employment.
6. The PS will review and confirm that the information received is sufficient to continue ongoing long-term earnings loss benefits.
7. The PS will review the customer's earnings from the previous year, any changes to their tax exemption status and if they are in receipt of Canada or Quebec Pension Plan Disability (CDP/QPP) Benefits and adjust long-term earnings loss benefits accordingly.
8. If it is determined upon review of the information that a customer's long-term earnings loss benefits were calculated using incorrect earnings information, the PS will recalculate and increase or decrease the customer's long-term earnings loss benefit, as follows:

- a. Recalculations and adjustments of earnings will be made retroactively to the date the incorrect information would have affected a customer's long-term earnings loss benefits.
 - b. Any overpayments resulting from a recalculation will be pursued by the WCB (POL 17/2016, Overpayment Recovery – Compensation).
9. Changes to TD1 status and indexing of CDP benefits resulting from the annual earnings verification are effective on the anniversary of the worker's commencement of loss date.
10. Long-term earnings loss benefits will not be recalculated or retroactively adjusted to include a salary increase or promotion effective after the day of injury that change pre-injury earnings.

Act Sec #	20, 25, 44, 47(1), 68, 81(6), 95,100(1) and 100(2).
Effective Date	01 June 2016
Application	All claims on long-term earnings replacement.
Supersedes	PRO 12/2010 Verification of Earnings
Complements	POL 07/2016 Earnings Verification
	POL 22/2016 Offset of Canada or Quebec Pension Plan Disability Benefits
	POL 05/2017 Privacy of Information
	POL 17/2016 Overpayment Recovery – Compensation
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss

Fatalities – Dependants

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Fatalities	POL 05/2019	PRO 05/2019	01 October 2019
Dependent Spouses – Initial Entitlement and Re-Employment Assistance	POL 24/2016	PRO 24/2016	01 March 2017
Worker's Death Prior to the Issuance of Entitlement	POL 03/2011		03 February 2012
Compensation – Dependent Spouse after Initial Entitlement	POL 02/2015		01 March 2015
Children and Other Dependants – Benefits	POL 30/2016	PRO 30/2016	01 March 2017
Educational Allowances for Dependent Children	POL 08/2016	PRO 08/2016	01 June 2016

Policy	Fatalities (POL 05/2019)
Effective Date	01 October 2019
Application	Applies to the families of accepted fatalities on or after the effective date.
Purpose	To explain the support families may be eligible for when a work-related fatality occurs.

DEFINITION

Immediate family member, for the purpose of this policy, means a spouse, parent, legal guardian, grandparent, child, grandchild, or sibling.

BACKGROUND

1. If a worker suffers a work-related fatality, *The Workers' Compensation Act, 2013* (the "Act") directs the Workers' Compensation Board (WCB) to provide:
 - a. An amount to assist with the necessary expenses of the death of the worker, including burial expenses (Section 80(2)(a)).
 - b. An amount to cover transportation of the worker's body to his or her usual place of residence within Canada (Section 80(2)(b)), and
 - c. Benefits, re-employment assistance, and educational allowances to dependants (Sections 81-90).
2. The WCB may use its fund for any purposes to carry out the intent of the Act (Section 115(j)). Therefore, it is the Board Members' intent to extend coverage of transportation of the worker's body to his or her usual place of residence, regardless if outside Canada.
3. The Act authorizes the WCB to determine who should receive the payments (Section 92).
4. The Act directs WCB to cover the costs for specialized treatment or medical aid that may be required as a result of a work injury (Sections 19(1)(b), 31(1), 103(1) and 115(c)).
5. Health care providers examining or treating injured workers are expected to furnish any reports the WCB may require. These reports must be furnished at the times and in the form that the WCB may require (Sections 55, 56 and 94).

POLICY

1. An injured worker is entitled to benefits and services if their injury arises out of and in the course of employment. If a worker suffers a work-related fatality, the worker's dependents and immediate family may be eligible for benefits, allowances and other support.
2. WCB will provide an immediate lump sum to assist with the necessary expenses of the death of the worker, including burial.

3. Benefits (e.g., earnings loss, educational allowances, etc.) may be provided to dependent spouses, dependent children or other dependants. Additional information about dependants and their eligibility for benefits is covered in the Fatalities – Dependants section of WCB's Policy and Procedure Manual.
4. WCB may also provide:
 - a. An amount to cover the necessary expenses to transport the worker's body to his or her usual place of residence (i.e., the community or location in the province or territory where the worker's family resides). A worker's usual place of residence is not necessarily the community or location where he or she was working.
 - b. Counselling for immediate family members, including any costs to travel if outside the family's home community.
 - c. Other support as determined on a case by case basis (e.g., travel, lodging, meals, childcare, etc.).
5. If a worker receives medical assistance in dying (MAID) as a result of a compensable injury or disease, and if such assistance is provided in accordance with federal law and provincial regulatory organizations (i.e., [College of Physicians and Surgeons of Saskatchewan](#)), WCB will consider the worker to have died as a result of the compensable injury or disease for which the worker received the medical assistance. The worker's dependants and immediate family will be eligible for support and/or benefits and allowances.

Effective Date 01 October 2019

Approved Date 19 August 2019

Legislative Authority [The Workers' Compensation Act, 2013](#)
Sections 2(1)(y), 19(1)(a), 20(1)(a), 23(1), 55, 56, 80, 92, 94, 115(j)
[Criminal Code \(Canada\)](#)
Sections 241.1

Document History

- (1) POL and PRO 19/2016, Support – Families of Seriously and Fatally Injured Workers (effective 23 August 2016 to 30 September 2019).
- (2) POL and PRO 06/2014, Support – Family of Seriously Injured Workers (effective 29 April 2014 to 23 August 2016).
- (3) POL 11/2001, Family Support in Exceptional Circumstances (effective 30 November 2001 to 29 April 2014).

Complements

PRO 05/2019	Fatalities
POL 06/2019	Family Support – Seriously Injured Workers
PRO 06/2019	Family Support – Seriously Injured Workers
POL 24/2016	Dependent Spouses – Initial Entitlement and Re-Employment Assistance
POL 02/2015	Compensation – Dependent Spouse after Initial Entitlement
POL 30/2016	Benefits – Children and Other Dependants
POL 08/2016	Educational Allowances for Dependent Children
POL 03/2017	Arising Out Of and In the Course of Employment

Procedure	Fatalities (PRO 05/2019)
Effective Date	01 October 2019
Application	Applies to the families of accepted fatalities on or after the effective date.
Purpose	To explain the support families may be eligible for when a work-related fatality occurs.

BACKGROUND

POL 05/2019, Fatalities, establishes guidelines for providing support to the families of fatally injured workers.

PROCEDURE

Claim Decision and Benefits

1. How do Operations staff determine if a fatality claim is work related?
 - a. Operations staff will determine if a fatality arose out of and in the course of employment (POL 03/2017, Arising Out of and In the Course of Employment; POL 04/2014 Fatalities, Presumption). Other policies that relate to determining claim acceptability can be found in the Decision Making – Principles and Injuries section of WCB's Policy and Procedure Manual.
 - b. Upon request, Operations staff may request the worker's:
 - i. Government-issued death certificate from eHealth Saskatchewan's Vital Statistics registry, and/or
 - ii. Autopsy report from the Office of the Chief Coroner.
2. How are benefits determined for dependants of a fatally injured worker?
 - a. If Operations staff determine that a fatality has arisen out of and in the course of employment, benefits may be provided to dependent spouses, children or other dependants.
 - b. Additional information about dependants and their eligibility for benefits is covered in the Fatalities – Dependents section of WCB's Policy and Procedure Manual.

Necessary Expenses including Burial

3. Are burial costs covered if a fatality is work related?
 - a. Operations staff will pay a lump sum to assist with the necessary expenses of the death of the worker, including burial.
 - i. The amount will be paid to the worker's estate.

- ii. If it is determined that payment should be made to someone other than the worker's estate, Operations staff have the ability to determine to whom necessary expenses should be paid (Section 92).
- b. The lump sum amount is set through PRO 15/2020, Consumer Price Index (CPI) – Annual Increase.

Transportation of a Deceased Worker

- 4. If Operations staff determine that a fatality has arisen out of and in the course of employment, are the costs for the transportation of a deceased worker covered?
 - a. Costs for the transportation of a body to their usual place of residence will be paid.
 - b. If a fatality occurs in a different community or location from where the worker's family lives, at the family's request, Operations staff will pay to transport the worker's body to his or her usual place of residence.
 - c. Reimbursement for the transportation costs will be made to the worker's estate, to the person who paid the transportation costs or directly to the funeral home. A copy of the original receipt is required.

Medical Assistance in Dying (MAID)

- 5. What happens when a worker receives medical assistance in dying?
 - a. Operations staff will determine if a worker received medical assistance in dying as a result of a compensable injury or disease, and if such assistance was provided in accordance with federal law and provincial regulatory organizations (i.e., College of Physicians and Surgeons of Saskatchewan).
 - b. If Operations staff determine that the worker received medical assistance in dying as a result of a compensable injury or disease, Operations staff will consider the fatality to have arisen out of and in the course of employment.
 - c. If a worker is legally eligible for medical assistance in dying, but has a non-work-related condition(s) in addition to his or her work-related injury or disease that contributed to the need for MAID, Operations staff will determine whether the work-related injury or disease significantly contributed to the worker becoming legally eligible for medical assistance in dying. If so, the fatality will be considered to have arisen out of and in the course of employment.
 - d. Operations staff may request an opinion from a WCB Medical Officer in cases where MAID is involved.

Contact with Families

- 6. How does Extended Services staff assist the family of a fatally injured worker?
 - a. The Extended Services Department provides personalized care to individuals and families impacted by workplace fatalities.
 - b. Extended Services staff will offer to arrange face to face meetings with the families of fatally injured workers. The purpose of these meetings is to:
 - i. Discuss the overall WCB process.

- ii. Discuss the benefits and support the WCB may provide.
- iii. Provide information packages.
- iv. If required, obtain information needed for adjudication purposes.
- c. Staff will document on workers' claim files:
 - i. Offers for in person meetings, and
 - ii. The results or summaries of the in person meetings.
 - iii. Any other correspondence with family members.

Counselling

7. If immediate family members of a fatally injured worker need help coping, does WCB provide coverage for counselling services?
 - a. WCB will offer and arrange counselling sessions for immediate family members who need assistance coping with a worker's fatal injury.
 - b. Staff will offer to pay up to five counselling sessions (one initial assessment and four follow-up visits). On a case by case basis, counselling support may extend past five sessions.
 - c. Staff will reimburse travel costs to family members that need to travel outside their home community for counselling sessions. Travel, lodging and meal rates are subject to WCB travel rates (PRO 01/2019, Expenses – Travel Expense Rates).
 - d. Staff will document on workers' claim files:
 - i. Offers for counselling, and
 - ii. The family members that attend counselling.

Other Support

8. What other benefits are available to the immediate family members of a fatally injured worker?
 - a. Operations staff may provide support to a worker's immediate family that need to attend a treatment facility in relation to the worker's death.
 - b. Operation staff will determine needed support on a case by case basis (e.g., travel, lodging, meals, childcare, etc.).
 - c. If the family does not live in Saskatchewan, staff may limit travel support to one immediate family member.

Effective Date 01 October 2019

Approved Date 19 August 2019

Legislative Authority [The Workers' Compensation Act, 2013](#)
Sections 2(1)(y), 19(1)(a), 20(1)(a), 23(1), 55, 56, 80, 92, 94, 115(j)
[Criminal Code \(Canada\)](#)
Sections 241.1

Document History

- (1) POL and PRO 19/2016, Support – Families of Seriously and Fatally Injured Workers (effective 23 August 2016 to 30 September 2019).
- (2) POL and PRO 06/2014, Support – Family of Seriously Injured Workers (effective 29 April 2014 to 23 August 2016).
- (3) POL 11/2001, Family Support in Exceptional Circumstances (effective 30 November 2001 to 29 April 2014).

Complements

- [POL 05/2019](#) Fatalities
- [POL 06/2019](#) Family Support – Seriously Injured Workers
- [PRO 06/2019](#) Family Support – Seriously Injured Workers
- [POL 24/2016](#) Dependent Spouses – Initial Entitlement and Re-Employment Assistance
- [POL 02/2015](#) Compensation – Dependent Spouse after Initial Entitlement
- [POL 30/2016](#) Benefits – Children and Other Dependants
- [POL 08/2016](#) Educational Allowances for Dependent Children
- [POL 03/2017](#) Arising Out Of and In the Course of Employment

Policy	Dependent Spouses – Initial Entitlement and Re-Employment Assistance (POL 24/2016)
Document Date	20 October 2016
Purpose	To establish guidelines for providing initial benefits and re-employment assistance to dependent spouses.

DEFINITION

Re-employment assistance includes, but may not be limited to, the following:

- Job search assistance.
- Moving allowance.
- Academic or vocational training.
- Temporary modified work programs.
- Workplace modifications.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") authorizes the WCB to provide spousal benefits and re-employment assistance (Sections 19(1)(d), 81, 93, 111(c) and 115(f)).
2. Section 81(1)(a) directs that the percentage of the deceased worker's average weekly earnings the dependent spouse will receive is based on when the worker "sustained an injury." However, dependent spouses are only eligible to receive benefits from the date of the worker's death. As a result, it is fair and reasonable to conclude that it was the legislation drafters' intent to have Section 81(1)(a) benefits based on the worker's date of death.

POLICY

General

1. The combination of all benefits for spouses (not including retraining and counselling services, or benefits for children or children with disabilities) will not exceed the equivalent of full spousal benefits.
2. When establishing initial entitlement, the tax exemption level for the payment of compensation to the spouse will be the same as the tax exemption level recorded for the worker at the time of death. The exemption status for the spouse will not change for the initial entitlement period. Compensation after the initial entitlement period will be calculated in accordance with POL 02/2015, Compensation – Dependent Spouse after Initial Entitlement.

Spousal benefits – eligibility

3. The WCB will pay benefits to a spouse if he or she is:
 - a. Legally married to and living with the worker on the date of death, or
 - b. Living with the worker as a spouse on the date of death or injury and:
 - i. The person had lived with the worker as a spouse continuously for a period of at least one year, or
 - ii. The person and the worker are parents of a child.
4. The WCB will pay benefits to former spouses that are not living with the worker at the time of death when:
 - a. The worker is providing the former spouse some form of regular financial support, or
 - b. The former spouse is actively pursuing (i.e., verifiable attempt within one year prior to the worker's death) a court order or a similar agreement for financial support at the time of the worker's death.
5. If survived by a spouse that lived with the worker on the date of death or injury and a partially dependent former spouse, the WCB will pay spousal benefits in an amount proportionate to the dependants':
 - a. Financial loss, or
 - b. Loss of valuable services.
6. If there is a dependent spouse and one or more additional dependants of the worker and they do not live together as a family unit, the WCB may divide the spousal benefits among those dependants in any manner that it considers just and equitable.

Death of the worker is due to a work injury

7. If the worker's death is due to a work injury, the WCB will initially pay benefits to the spouse until the end of the month in which the:
 - a. Fifth anniversary of the worker's date of death occurs, if he or she has no dependent children.
 - b. Youngest child reaches age 16, or age 18 if attending school full time.
8. If the worker's death is due to a work injury, the WCB may provide the spouse with re-employment assistance.
9. Following the initial benefit period noted in Point 7, the WCB will provide benefits to the spouse in accordance with POL 02/2015, Compensation – Dependent Spouse after Initial Entitlement.

Death of worker is not due to a work injury

10. If the worker's death is not due to a work injury and the worker was receiving benefits for:
 - a. 24 consecutive months or less at the time of death, the WCB:

- i. Will pay benefits to the spouse until the end of the month in which the three month anniversary of the worker's date of death occurs.
- ii. Will not provide the spouse with re-employment assistance.
- b. More than 24 consecutive months at the time of death, the WCB:
 - i. Will pay benefits to the spouse until the end of the month in which the 12 month anniversary of the worker's date of death occurs.
 - ii. May provide the spouse with re-employment assistance.

Act Sec #	19(1)(d), 69(2), 80, 81, 82, 87, 93, 101, 111, 115(f)
Effective Date	01 March 2017
Application	All dependent spouses on and after the effective date
Supersedes	POL 33/2010 Dependent Spouses – Initial Entitlement and Re-Employment Assistance
Complements	PRO 24/2016 Dependent Spouses – Initial Entitlement and Re-Employment Assistance
	POL 05/2019 Fatalities
	PRO 05/2019 Fatalities
	POL 30/2016 Children and Other Dependants – Benefits
	POL 02/2015 Compensation – Dependent Spouse After Initial Entitlement
	PRO 15/2020 Consumer Price Index (CPI) – Annual Increase
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss
	POL 05/2020 Annuities
	POL 39/2010 Expenses – Travel and Sustenance – General
	POL 23/2016 Vocational Rehabilitation – Programs and Services

Procedure	Dependent Spouses – Initial Entitlement and Re-Employment Assistance (PRO 24/2016)
Document Date	20 October 2016
Purpose	To establish the process for providing initial benefits and re-employment assistance to dependent spouses.

BACKGROUND

POL 24/2016, Dependent Spouses – Initial Entitlement and Re-Employment Assistance establishes guidelines for providing benefits and re-employment assistance to dependent spouses.

PROCEDURE

Spousal benefits – eligibility

1. Operations staff will gather information to verify spousal status.
2. If the worker leaves a former spouse who is not living with the worker at the time of death, Operations staff will gather information to verify if he or she is wholly or partly dependent on the worker's earnings. Such information could include, but may not be limited to, the following:
 - a. Financial records.
 - b. Divorce agreements.
 - c. Separation agreements.
3. If the former spouse is actively pursuing (i.e., verifiable attempt within one year prior to the worker's death) to gain a court order or a similar agreement for financial support at the time of the worker's death, Operations staff will issue payment in accordance with the terms of the agreement, subject to the maximum amount payable under *The Workers' Compensation Act, 2013*. The WCB will not pay former spouses support payments that are in arrears at the time of death.
4. If the worker leaves a spouse and one or more additional dependants that do not live together as a family unit, Operations staff will calculate the apportioned amount of spousal benefits payable to those dependants.
5. In accordance with POL 30/2016, Children and Other Dependants – Benefits, Operations staff will reduce spousal benefits if the:
 - a. WCB provides a child an additional amount until he or she reaches age 18.
 - b. Spouse is neglecting or has abandoned any of the worker's children (e.g., the Ministry of Social Services, Advocate for Children and Youth, or other source notifies the WCB), and the WCB pay's the children's benefits to a person other than the spouse for the benefit of the children (e.g., caregiver).

Delay in determining benefits

6. If it is not initially apparent as to which benefits the dependent spouse may be entitled (i.e., benefits differ based on whether or not the worker's death is due to a work injury), Operations staff will provide benefits to the dependent spouse, for at least three months, until a decision is made.

Death of the worker is due to a work injury

7. If the worker's death is due to a work injury, Operations staff will provide benefits to the spouse on a monthly basis for at least five years.
8. The WCB will adjust dependent spouse benefits by the percentage increase in the Consumer Price Index (CPI) on the anniversary date of the worker's loss of earnings. If there is no change in the CPI, or it decreases, benefits will not be adjusted for that year.

Death of worker is not due to a work injury

9. If the worker's death is not due to a work injury and the worker was receiving benefits for:
 - a. 24 consecutive months or less at the time of death, Operations staff will ask the spouse to choose:
 - i. Monthly payments, or
 - ii. A lump-sum payment.
 - b. More than 24 consecutive months at the time of death, Operations staff will provide benefits to the spouse on a monthly basis.
10. If the worker's death is not due to a work injury, Operations staff will provide benefits in the amount the worker was receiving at the time of death.
11. Benefits will not be adjusted for percentage increases in the CPI.

Re-employment assistance

12. In accordance with Points 8 and 10 of POL 24/2016, Operations staff will determine if the spouse is eligible for and needs re-employment assistance.
13. If the spouse is eligible for and needs re-employment assistance, Operations staff will develop an Individual Vocational Plan in accordance with POL 23/2016, Vocational Rehabilitation – Programs and Services.

Act Sec #	19(1)(d), 69(2), 80, 81, 82, 87, 93, 101, 111, 115(f)
Effective Date	01 March 2017
Application	All dependent spouses on and after the effective date
Supersedes	PRO 33/2010 Initial Entitlement & (Re)Employment Assistance – Dependent Spouses
Complements	POL 24/2016 Dependent Spouses – Initial Entitlement and Re-Employment Assistance
	POL 05/2019 Fatalities
	PRO 05/2019 Fatalities

<u>POL 30/2016</u>	<u>Children and Other Dependants – Benefits</u>
<u>POL 02/2015</u>	<u>Compensation – Dependent Spouse After Initial Entitlement</u>
<u>PRO 15/2020</u>	<u>Consumer Price Index (CPI) – Annual Increase</u>
<u>POL 01/2018</u>	<u>Benefits – Long-Term Earnings Loss</u>
<u>PRO 01/2018</u>	<u>Benefits – Long-Term Earnings Loss</u>
<u>POL 05/2020</u>	<u>Annuities</u>
<u>POL 39/2010</u>	<u>Expenses – Travel and Sustenance – General</u>
<u>POL 23/2016</u>	<u>Vocational Rehabilitation – Programs and Services</u>

Policy	Worker's Death Prior to the Issuance of Entitlement (POL 03/2011)
Document Date	24 January 2011
Purpose	To provide guidelines for determining and issuing compensation for a worker who dies prior to the issuance of entitlement under <i>The Workers' Compensation Act, 2013</i> .

DEFINITION

Entitlement, for the purpose of this policy, includes, but is not limited to, allowances, awards, wage loss payments and expense reimbursements.

BACKGROUND

1. Section 81 of *The Workers' Compensation Act, 2013* (the "Act") outlines entitlement and (re) employment assistance payable to dependent spouses (and dependent children) where the death of the worker was due to a compensable injury.
2. Section 93(1) and (2) directs that on the death of a worker who was or would have been entitled to compensation under this Act at the time of death, the Workers' Compensation Board (WCB) shall, if no compensation is payable under Sections 80 to 86, pay to the dependent spouse or, if the worker died leaving no dependent spouse, to the worker's dependent children or any other persons recognized by the WCB as being dependants, in any share that the WCB may determine, an amount equal to the compensation the worker received or would have been entitled to receive, as the case may be, in respect of a period of three months.
3. Section 93(3) of the Act states that if a worker dies of a condition for which no benefits are payable pursuant to Sections 80 to 86 and that worker received compensation for a period exceeding 24 consecutive months before the day of the worker's death, the WCB shall pay to the worker's dependent spouse a monthly allowance, equal to the monthly amount of compensation that was being paid to the worker, for 12 months following the day of the death of the worker and, in addition the WCB may provide retraining services to assist the dependent spouse to enter the labour force.
4. The following policy will address how the WCB will provide payment in the event a worker dies prior to the issuance of entitlement.
5. The intent of the following policy is to provide direction for instances where the Act does not dictate that benefits are to be paid to a dependant as called for by Sections 81 and 93 of the Act.

POLICY

1. Where a worker dies and it is evident that the worker would have been eligible for entitlement, payment shall be made to the worker's estate except where Sections 81 and 93 of the Act apply.
2. Entitlement for a PFI award will reflect an estimation of the PFI rating that would have been awarded to the worker had an assessment been completed prior to the worker's death.

Act Sec #	80, 81, 82, 83, 84, 85, 86, 93
Effective Date	03 February 2012 (effective as of implementation date of new claims system).
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claims where death occurs on or after the effective date
Supersedes	POL 06/78 PFI – Fatal Claims
Complements	POL 24/2016 Dependent Spouses – Initial Entitlement and Re-Employment Assistance
	POL 23/2010 Permanent Functional Impairment (PFI) – General

Policy	Compensation – Dependent Spouse after Initial Entitlement (POL 02/2015)
Document Date	22 January 2015
Purpose	To establish guidelines for estimating earning capacity of dependent spouses.

BACKGROUND

1. Under Section 2(1)(k) of *The Workers' Compensation Act, 2013* (the "Act") earnings means:
 - a. in the case of a worker who sustained an injury before September 1, 1985, the worker's gross earnings from employment; or
 - b. in the case of a worker who sustained an injury on or after September 1, 1985, the worker's gross earnings from employment less the probable deductions for:
 - i. the probable income tax payable by the worker calculated by using only the worker's earnings from employment as their income, and using only the worker's basic personal exemption, exemption for dependents and employment-related tax credits, as at the date of the worker's injury and each anniversary date, as the worker's deductions;
 - ii. the probable *Canada Pension Plan* premiums payable by the worker; and
 - iii. the probable employment insurance premiums payable by the worker.
2. Section 81(1) of the Act provides the surviving dependent spouse of a deceased worker a monthly allowance based on the greater of the deceased worker's compensation at the time of death or one-half of the average weekly wage. The allowance is paid for an initial period of five years and under certain conditions may be paid for longer periods.
3. Section 81(2) of the Act provides that where the surviving dependent spouse has dependent children of the worker, the compensation payable pursuant to Section 81(1) is to be extended until the youngest child reaches the age of 16 years, or 18 years where any dependent child is attending school full-time.
4. Section 81(6) of the Act directs that following the expiration of entitlement to compensation pursuant to Sections 81(1) and 81(2) and subject to Section 101, a surviving dependent spouse of a deceased worker is entitled to compensation, until the surviving dependent spouse reaches the age of 65 years, equal to the difference between:
 - a. the amount of the monthly allowance that would be payable pursuant to Section 81(1) if the surviving dependent spouse were entitled to that allowance; and
 - b. the earnings that the surviving dependent spouse is earning from employment.
5. Sections 101(1) and 101(2) of the Act indicate the circumstances when it may be necessary to terminate or reduce benefits to a dependent spouse after their entitlement under Sections 81(1) and 81(2) of the Act comes to an end. If the spouse has little or no earnings from

employment, the amount by which benefits are to be reduced may be determined by estimating their earning capacity.

POLICY

Initial Compensation

1. Initial compensation and (re)employment assistance to dependent spouses will be established as per the provisions outlined in POL 24/2016, Dependent Spouses – Initial Entitlement and Re-Employment Assistance.
2. When establishing initial entitlement, the tax exemption level for the payment of compensation to the dependent spouse will be the same as the tax exemption level recorded for the worker at the time of death. The exemption status for the dependent spouse will not change for the initial entitlement period as referenced in Section 81(1) or Section 81(2) of the Act.

Additional Compensation

3. On the expiration of initial entitlement, a dependent spouse may be eligible to receive additional compensation equal to the difference between the initial compensation amount and the earnings that the dependent spouse is earning from employment. The deductions for earnings from employment will be based on the calculation of earnings defined in Section 2(1)(k). The additional compensation will be calculated using the dependent spouse's current exemption status.
4. If a surviving dependent spouse is eligible to receive additional compensation, benefits will continue until the end of the month in which the dependent spouse reaches the age of 65 years.
5. Where the dependent spouse does not have any earnings, the dependent spouse's earning capacity will be estimated as follows:
 - a. Health or any other factors that preclude the dependent spouse from entering the workforce or that impairs their ability to earn are to be taken into account in the determination of their earning capacity.
 - b. The provisions of POL 01/2018, Benefits – Long-Term Earnings Loss, will apply.
 - c. The WCB will consider the dependent spouse's exemption status to be single unless the spouse can provide substantiation supporting an alternate exemption status.

Act Sec #	2(1)(k), 2(1)(gg), 19(1)(a), 81(1), 81(2), 81(6), 87, 89, 93, 95, and 101
Effective Date	01 March 2015
Application	All claims where dependent spouses are receiving benefits under Section 81(6) of the Act beginning at their next annual review.
Supersedes	POL 10/2009 Compensation – Dependent Spouse After Initial Entitlement
Complements	POL 24/2016 Dependent Spouses – Initial Entitlement and Re-Employment Assistance POL 03/2007 Calculation of Probable Compensation POL 01/2018 Benefits – Long-Term Earnings Loss PRO 01/2018 Benefits – Long-Term Earnings Loss POL 30/2016 Children and Other Dependants – Benefits

Policy Children and Other Dependants – Benefits (POL 30/2016)

Document Date 19 December 2016

Purpose To establish guidelines for providing benefits to children and other dependants.

BACKGROUND

1. When a worker/parent is fatally injured, *The Workers' Compensation Act, 2013* authorizes the WCB to provide benefits to:
 - a. Children who do not live with their parents (Sections 82, 84, 85, 90 and 93).
 - b. Children from 18 to 25 years old that attend school (Section 83).
 - c. Children with disabilities (Section 85).
 - d. Other Dependants (Section 82, 86, 87 and 93).
2. Benefits payable under Sections 84 (benefits to adopting/foster parents or legal guardian) and 85 (benefits to a child) will not be paid concurrently.

POLICY

Benefits for children

1. Benefits are not paid to children who live with the fatally injured worker's spouse, where the spouse is deemed by the WCB to be a dependent spouse (refer to POL 24/2016, *Dependent Spouses – Initial Entitlement and Re-Employment Assistance*).
2. The WCB will pay a monthly allowance, adjusted annually by the percentage increase in the Consumer Price Index (CPI), to children who are not living with the worker at the time of death.
3. If the worker is survived by a child and there is no spouse or the spouse subsequently dies, the WCB will pay the child's benefits to the adopting/foster parents or legal guardian until the end of the month in which the child reaches age 16, or age 18 if attending school full time. The WCB may, on a case by case basis, also provide an additional amount until the child reaches age 18.
4. The WCB will provide educational allowance to a dependent child if he or she is age 18 to 25 and attending school full time (POL 08/2016, *Educational Allowances for Dependent Children*).
5. If the WCB is made aware that the spouse is neglecting or has abandoned any of the worker's children (e.g., the Ministry of Social Services, Advocate for Children and Youth, or other source notifies the WCB), the WCB may pay the children's benefits to a person other than the spouse for the benefit of the children (e.g., caregiver):

- a. The WCB will deduct the amount payable for the children from the amount payable to the spouse.
 - b. Generally, for children to be neglected/abandoned, the spouse would not be providing the children with the necessities of life, which could include, but may not be limited to, the following:
 - i. Failure to provide clothing, food, shelter, medical attendance or education.
 - ii. Placing the children in dangerous or harmful circumstances, including exposing the children to a violent, abusive or sexually predatory person.
6. If the children's benefit is payable directly to a child, pursuant to this policy, the WCB will determine if the child was appointed a guardian or trustee:
- a. If there is a guardian or trustee, the WCB will contact that person regarding the payment of benefits.
 - b. If there is no guardian or trustee, or there is some dispute as to who should receive the benefits, the WCB may seek assistance from the Office of the Public Guardian and Trustee.

Benefits for children with disabilities

7. If a child with a disability is physically or mentally restricted in their ability to earn a livelihood on the date of the worker's death, the WCB will pay benefits to the child until he or she is no longer restricted by the disability.
8. If a child is not physically or mentally restricted by a disability on the date of the worker's death, but becomes physically or mentally restricted before reaching age 18, the WCB will pay benefits to the child until he or she is no longer restricted by the disability.
9. The WCB will stop paying the child benefits if, after reaching age 18, he or she can:
 - a. Maintain full time employment (i.e., 40 hours per week), and
 - b. Earn minimum wage or more.
10. The WCB may also provide employment assistance, if required, to help the child reach a position of financial independence.

Benefits for other dependants

11. If there is a dependent spouse and one or more additional dependants of the worker and they do not live together as a family unit, the WCB may divide the spousal benefits among those dependants in any manner that it considers just and equitable.
12. The WCB may recognize persons other than a spouse or children as dependants of a deceased worker and may award a payment in recognition of their financial loss.
13. The WCB may pay other dependants for as long as, in the opinion of the WCB, it might have reasonably been expected that, had the worker lived, the worker would have continued to financially support the dependants.

14. The combination of all benefits for other dependants (not including retraining and counselling services, or benefits for children or children with disabilities) will:
- Be deducted from the amount payable to the spouse, or
 - Not exceed the equivalent of full spousal benefits if there is no spouse.

Death of worker not due to a work injury

15. If the worker's death is not due to a work injury and the worker was receiving benefits for:
- 24 consecutive months or less at the time of death, the WCB will pay benefits until the end of the month in which the three month anniversary of the worker's date of death occurs to their.
 - Children, or
 - Other dependants if there is no spouse.
 - More than 24 consecutive months at the time of death, the WCB will not provide benefits to the worker's children or other dependants.

Act Sec #	2(1)(j), 2(1)(gg), 25, 55, 81, 82, 83, 84, 85, 86, 87, 88, 90, 93
Effective Date	01 March 2017
Application	All new fatality claims on and after the effective date
Supersedes	POL 03/2010 Dependent Spouses, Children with a Disability and Other Dependents of Fatally Injured Workers
Complements	PRO 30/2016 Children and Other Dependents – Benefits POL 08/2016 Educational Allowances for Dependent Children POL 03/2016 Temporary Foreign Workers PRO 15/2020 Consumer Price Index (CPI) – Annual Increase POL 23/2016 Vocational Rehabilitation – Programs and Services POL 24/2016 Dependent Spouses – Initial Entitlement and Re-Employment Assistance POL 04/2010 Attachment of Compensation POL 02/2015 Compensation – Dependent Spouse After Initial Entitlement

Procedure **Children and Other Dependants – Benefits (PRO 30/2016)**

Document Date 20 December 2016

Purpose To establish the process for providing benefits to children and other dependants.

BACKGROUND

POL 30/2016, Children and Other Dependants – Benefits establishes guidelines for providing benefits to children and other dependants.

PROCEDURE

Benefits for children

1. The WCB will pay a monthly allowance to children who are not living with the worker at the time of death.
2. Benefits are not paid to children who live with the worker's spouse.
3. Operations staff will reduce spousal benefits if the:
 - a. WCB provides a child an additional amount until he or she reaches age 18.
 - b. Spouse is neglecting or has abandoned any of the worker's children (e.g., the Ministry of Social Services, Advocate for Children and Youth, or other source notifies the WCB), and the WCB pay's the children's benefits to a person other than the spouse for the benefit of the children (e.g., caregiver).
4. The WCB will not investigate allegations of child neglect/abandonment. Rather, Operations staff will determine if a portion of the spousal benefits should be paid for children based on information provided by the Ministry of Social Services, Advocate for Children and Youth, or other sources.
5. Operations staff will determine if a trustee or guardian should be contacted and consulted when establishing benefits payable to a child. WCB Legal Services may also be consulted.

Benefits for children with disabilities

6. Annually, once a child with a disability reaches age 18, Operations staff will gather information regarding the medical restrictions associated with the child's disability. Such information could include, but may not be limited to, the following:
 - a. Medical reports.
 - b. Information from care givers regarding the child's situation.
 - c. Employability assessment.

7. If the child is no longer restricted by the disability (e.g., the child can maintain full time employment and earn minimum wage or more), Operations staff will send a letter to the child or child's representative stating:
 - a. The child is no longer eligible for WCB benefits.
 - b. When WCB benefits will stop.
8. Operations staff will determine if children with disabilities are eligible for employment assistance.
9. If children with disabilities are eligible for employment assistance, Operations staff will develop an Individual Vocational Plan in accordance with POL 23/2016, Vocational Rehabilitation – Programs and Services.

Benefits for other dependants

10. Operations staff will gather information to determine if other dependants (e.g., parents, grandparents) are eligible to receive benefits from the WCB. Such information could include, but may not be limited to, the following:
 - a. Financial records.
 - b. Support agreements/arrangements.
11. Operations staff will reduce the amount payable to the spouse by the amount payable to the other dependants.
12. The amount of benefits and method of payment by the WCB will reflect the financial support being provided by the worker to the other dependants at the time of the worker's death.

Death of worker not due to a work injury

13. If the worker's death is not due to a work injury and the worker was receiving benefits for 24 consecutive months or less at the time of death, Operations staff will ask the worker's children or other dependants (only if there is no spouse) to choose between:
 - a. Monthly payments, and
 - b. A lump-sum payment.

Annual Adjustments

14. The WCB will adjust benefits annually by the percentage increase to the Consumer Price Index (CPI) as follows:
 - a. January 1:
 - i. Adopting/foster parents or legal guardians of dependent children.
 - b. Anniversary date of the worker's loss of earnings:
 - i. Sole dependent children.
 - ii. Children with disabilities.
 - iii. Other dependants.

Act Sec #	2(1)(j), 2(1)(gg), 25, 55, 81, 82, 83, 84, 85, 86, 87, 88, 90, 93
Effective Date	01 March 2017
Application	All new fatality claims on and after the effective date
Supersedes	PRO 03/2010 Dependent Spouses, Children with a Disability and Other Dependents of Fatally Injured Workers
Complements	POL 30/2016 Children and Other Dependents – Benefits POL 08/2016 Educational Allowances for Dependent Children POL 03/2016 Temporary Foreign Workers PRO 15/2020 Consumer Price Index (CPI) – Annual Increase POL 23/2016 Vocational Rehabilitation – Programs and Services POL 24/2016 Dependent Spouses – Initial Entitlement and Re- Employment Assistance POL 04/2010 Attachment of Compensation POL 02/2015 Compensation – Dependent Spouse After Initial Entitlement

Policy **Educational Allowances for Dependent Children (POL 08/2016)**

Document Date 12 April 2016

Purpose To establish guidelines for educational allowances for dependent children.

DEFINITION

Secondary institution, for the purpose of this policy, means high school.

Post-secondary institution means, as defined by Section 2(1)(ff) of *The Workers' Compensation Act, 2013* (the "Act"), "a regional college, institute, private vocational school, university and any other educational institution that is not administered pursuant to *The Education Act, 1995*."

Full-time attendance means the dependent child is taking at least 60 per cent of a full-time instructional load for each semester (40 per cent for dependent children with permanent disabilities) or school term as directed by the educational institution at which the child is enrolled, unless otherwise specified.

BACKGROUND

1. Section 83(1) of the Act directs that "subject to subsections (2) to (7), each dependent child of a deceased worker who is at least 18 years of age and in full-time attendance at a secondary or post-secondary institution is to be paid:
 - (a) a monthly allowance in an amount determined in accordance with subsections (4) and (5);
 - (b) in the case of attendance at a post-secondary institution, the cost of tuition and other required fees; and
 - (c) the cost of any required books."
2. Section 83(2) of the Act directs that "no amount is payable pursuant to subsection (1) after the later of:
 - (a) the day on which the dependent child attains the age of 25 years; and
 - (b) the last month in the school term in which the dependent child reaches the age of 25 years."
3. Section 83(3) of the Act directs that "the amounts described in subsection (1) are payable for a maximum of three years."
4. Section 83(4) of the Act provides that "subject to subsection (5), the amount of the monthly allowance mentioned in clause (1)(a) is \$376.61 in 2013 adjusted annually by the percentage increase in the Consumer Price Index."

5. Section 83(6) of the Act directs that “if the board is paying an allowance pursuant to subsection (1), the board may increase the monthly allowance to an amount that it considers fair and just.”
6. Section 83(7) directs that “notwithstanding subsection (1), if the amount of compensation currently payable pursuant to Section 85 with respect to any child to whom subsection (1) applies is greater than the amount payable pursuant to subsection (1), the board shall pay that greater amount.”

POLICY

1. In accordance with Section 83(1) of the Act, educational allowance is payable to dependent children of a deceased worker that are at least 18 years of age and are in full-time attendance at a secondary or post-secondary institution.
2. Where the dependent child is in full-time attendance at a post-secondary institution, the Workers' Compensation Board (WCB) will provide an amount equal to the cost of tuition, required books, and other required fees.
3. Educational allowance is payable for a maximum of 36 cumulative months.
4. Educational allowance is not payable after the child attains the age of 25. However, if the dependent child is attending school full-time when they attain age 25, the allowance will be extended, subject to Point 3 above, until the last month of the school semester or term.
5. Where a dependent child attends a post-secondary institution outside Canada, and similar programs are available in Canada, WCB sponsorship will be limited to the average costs associated with the domestic programs.
6. Where a dependent child attends a post-secondary institution outside Canada, and there is no comparable program available in Canada, the WCB may provide sponsorship, subject to the limits in Point 7 below.
7. Where the desired educational program involves excessive costs, and the costs associated with the completion of such a program are seen to be significantly greater than the vast majority of other post-secondary educational programs (e.g., helicopter pilots licence), the WCB may deny or limit sponsorship of the program.

Act Sec #	2(1)(ff), 83
Effective Date	01 June 2016
Application	All dependent children over age 18 on and after the effective date.
Supersedes	POL 03/97 Allowances – Educational
Complements	PRO 08/2016 Educational Allowance for Dependent Children PRO 15/2020 Consumer Price Index (CPI) – Annual Increase

Procedure **Educational Allowances for Dependent Children (PRO 08/2016)**

Document Date 12 April 2016

Purpose To establish guidelines for educational allowances for dependent children.

BACKGROUND

The Workers' Compensation Board (WCB) has approved POL 08/2016, Educational Allowances for Dependent Children. The following procedure provides guidance for the implementation of POL 08/2016.

PROCEDURE

1. The Vocational Rehabilitation Specialist is responsible for administering educational allowances, and providing educational sponsorship to dependent children.
2. Where the dependent child is at least 18 years of age and is in full-time attendance at a secondary or post-secondary institution, the WCB will provide the dependent child with a monthly allowance in an amount equal to that noted in Section 83 (4) of *The Workers' Compensation Act, 2013* (the "Act").
3. The Vocational Rehabilitation Specialist will obtain periodic attendance reports from the institution to confirm the child's attendance. Where attendance reports are not available, the Vocational Rehabilitation Specialist may speak with school officials.
4. Subject to Section 83(3) of the Act, monthly educational allowance is payable for a maximum of 36 cumulative months. Monthly allowance is only payable when the dependent child is in full-time attendance at the institution. Allowance is not payable for extended absences (e.g., summer months). Periods where the dependent child is not in receipt of monthly allowance will not be considered as part of the 36 cumulative month maximum in which educational allowance is payable.
5. To maximize the benefit of educational allowance, a dependent child may delay receipt of the allowance. The Vocational Rehabilitation Specialist will act as a counselling resource in order to assist the child in this determination.
6. Where receipt of the allowance is delayed, and the 36 cumulative months of sponsorship are not subsequently utilized, the dependent child may receive payment for the period where the allowance was delayed.
7. The WCB will provide sponsorship payments on behalf of dependent children to post-secondary institutions. Where the dependent child pays for tuition, required books, and other required fees, the Vocational Rehabilitation Specialist will obtain receipts and reimburse the child.

8. The following are not considered to be other required fees, and therefore are not to be reimbursed by the WCB:
 - a. Purchase, lease or rental of machines, equipment, or vehicles;
 - b. Uniforms;
 - c. Residence;
 - d. Club memberships; or
 - e. Intramural activities.
9. Requests for additional funding under Section 83(6) of the Act will be determined by the Board Members.
10. Where monthly educational allowance expires in accordance with Section 83(3) of the Act during a school semester or term in which the dependent child is attending, the WCB will continue sponsorship for tuition, required books, and other required fees, until the end of that semester or term.
11. In accordance with Section 83(2) of the Act, educational allowance is to be discontinued when the dependent child reaches the age of 25. However, if the dependent child is attending school full-time when they attain age 25, educational allowance will be extended, subject to Point 3 above, until the last month of the school semester or term.
12. Where educational allowance is to end, the Vocational Rehabilitation Specialist will provide the dependent child with advance notice.

Act Sec #	2(1)(ff), 83
Effective Date	01 June 2016
Application	All dependent children over age 18 on and after the effective date.
Supersedes	PRO 19/96 Dependent Children Attending School
Complements	POL 08/2016 Educational Allowance for Dependent Children
	PRO 15/2020 Consumer Price Index (CPI) – Annual Increase
	POL 07/2007 Voluntary Relocation Outside Canada

Allowances and Expenses

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Expenses – Travel & Sustenance – General	POL 39/2010	PRO 39/2010	03 February 2012
Travel Expense Rates	POL 01/2019	PRO 01/2019	01 January 2019 <i>Meal rates updated March 1, 2020</i> <i>Mileage rate updated November 1, 2020</i>
Medication Coverage	POL 11/2019	PRO 11/2019	01 January 2020
Temporary Additional Allowance	POL 15/2008	PRO 15/2008	01 December 2008
Allowance – Personal Care	POL 10/2014	PRO 10/2014	01 August 2014
Allowance – Clothing	POL 19/2010	PRO 10/2012	03 February 2012
Expenses – Orthotics/Appliances – Provision, Replacement and Repair	POL 11/2016		01 August 2016
Family Support – Seriously Injured Workers	POL 06/2019	PRO 06/2019	01 October 2019
Translation Services		PRO 04/2012	01 February 2012

Policy	Expenses – Travel and Sustenance – General (POL 39/2010)
Document Date	09 December 2010
Purpose	To establish guidelines for the reimbursement of travel and sustenance requirements.

DEFINITION

Additional travel requirement means the portion of travel outside the resident community exceeding the worker's normal pre-injury employment travel requirement.

Complete work cycle means the number of work days and rest days the worker has over a specific period of time (e.g., there are 28 days in a complete work cycle where the worker works 3 weeks in a row, and has 1 week off).

Normal pre-injury employment travel requirement means the average weekly expenses workers are responsible for or incur prior to a work-related injury (e.g., commuting from their resident community and workplace, meals, accommodation and parking).

Resident community means limits of the city, town, or village in which the worker's permanent place of residence is located.

BACKGROUND

1. The purpose of the travel and sustenance reimbursement is to ensure workers are reimbursed for additional travel requirements when required to travel outside the resident community to attend medical treatment, vocational programs or other appointments or hearings.
2. The Workers' Compensation Board (WCB) endorses the principle of equally reimbursing injured workers and WCB employees at Public Service Commission (PSC) rates for travel costs.
3. Section 103(1)(d) of *The Workers' Compensation Act, 2013* (the "Act") obligates the Board to cover travel and sustenance costs associated with receiving medical treatment for a work-related injury. Further, Section 111 of the Act provides the Board with the authority to provide whatever support it considers necessary in assisting the injured worker in the recovery and return to work process. Accordingly, it is the Board's policy that it will cover the travel and sustenance costs incurred by an injured worker in attending medical or other appointments required for their recovery and return to work.
4. Section 19(1)(a) requires that the Board treat workers in a fair and reasonable manner. This applies to the individual injured worker as well as all workers in a broad sense and the Board endeavours to create policy that is fair, equitable and reasonable to all workers covered by the Act. It is for this reason that only travel and sustenance costs in excess of travel expenses normally incurred in daily employment activities are covered by this policy.

5. Subject to the following policy, travel for the purpose of medical treatment or vocational training will be reimbursed for the portion exceeding the worker's normal pre-injury employment travel requirement.
6. Average weekly expenses that a worker normally incurs prior to a work-related injury are determined by totalling a worker's normal pre-injury employment travel requirement over a complete work cycle, and averaging the sum into a weekly amount.

POLICY

1. All travel reimbursements must be pre-approved by the WCB. Workers will be advised in advance of the travel requirements that will be reimbursed. Where the approved reimbursement is less than the amount claimed by the worker, the WCB will provide the worker with a written explanation.
2. Reimbursement will be determined on the basis of whether the worker has additional travel requirements when travelling outside the resident community for medical treatment or vocational rehabilitation programming.
3. Travel requirements incurred by workers attending medical review panels and appeal hearings are reimbursed in full without deduction for normal pre-injury employment travel requirements.
4. Wherever possible, workers must attend the closest available treatment facility or training center. Where the worker chooses to bypass the nearest available treatment facility or training center, only travel to the closest available location will be reimbursed.
5. Unless specialized transportation (e.g., taxi) is required due to medical or other circumstances (e.g., the worker is unable to travel in a private vehicle or use public transit due to injury), no reimbursements will be paid where the place of medical treatment is located in the worker's resident community. Where the worker does not normally pay for parking to attend pre-injury employment, the WCB may reimburse parking receipts.
6. Where the worker's normal pre-injury employment travel requirement is solely within the resident community, no deduction will be made from reimbursements for travel requirements outside the resident community.
7. Subject to Point 2, where required to travel outside the resident community, but within Saskatchewan, workers will be reimbursed for additional travel requirements:
 - a. Kilometres for private vehicles at PSC rates calculated between city center and city center, or the actual cost of public transportation (e.g., STC bus) plus return taxi from the terminal to medical treatment;
 - b. Meal per diems at PSC rates where workers are required to be away from home over normal meal times;
 - c. Reimbursement for hotel accommodation supported by copies of original receipts where required to be away from the resident community for a 24-hour period. Where private lodging is preferred, the PSC rate for staying at a private home will be reimbursed;

- d. Copies of original parking receipts, where not considered a normal pre-injury employment travel requirement.
- 8. Where off work following an injury, the worker changes their place of residence and required travel results in:
 - a. Greater travel requirement than their previous entitlement, an amount equivalent to the original sum remains payable; if lesser travel requirement, the amount payable is reduced accordingly;
 - b. The exception to (a) above is where, as a result of the compensable injury, the worker relocates for the purpose of new employment and is still undergoing medical treatment; travel and sustenance is payable from the new place of residence to the treatment facility.
- 9. Where a worker resumes work following a work-related injury, then changes place of residence and a recurrence requires the worker to travel for medical attention once again, whether or not the worker continues to work after the relapse, the worker's new place of residence is to replace the original resident community in determining whether additional travel requirement will be reimbursed.
- 10. Decisions for out of province travel will be based on need and or availability of the required medical treatment or vocational training program within the province.

Out of Province Medical Treatment

- 11. Where a worker is required to travel out of province to expedite treatment, attend specialist appointments, diagnostics (e.g., MRI and CT scans) and or undergo surgery, the following will apply:
 - a. The most economical means of transportation (typically airfare) will normally be reimbursed, plus the actual cost of taxi or specialized transportation to and from airports and hotels, along with travel to and from medical facilities;
 - b. Where the compensable injury precludes travel by public transportation, PSC kilometre rates for private vehicles will apply; and
 - c. Meals, accommodation and, where applicable, parking, will be reimbursed in accordance with Point 7.

Captive Employees

- 12. Captive employees in work camps, or workers temporarily residing in employer paid accommodation near a work site, can incur additional travel requirement over the worker's normal pre-injury employment travel requirement in two circumstances:
 - a. Round trips from the camp or place of temporary residence to the nearest medical treatment facility will be covered as an additional travel requirement;
 - b. Where the worker returns to the permanent place of residence to recuperate, travel to the nearest medical center may be covered only where the nearest medical center is not in the resident community.

13. No responsibility will be accepted for the cost of bringing the worker from the camp or work site back to the resident community to recuperate, nor returning the worker to the camp or work site where fit to resume work, as this is a normal employment travel requirement.

Donors

14. Effective treatment of a serious injury may require a donor (e.g., organ transplant). Where necessary, reasonable transportation and sustenance will be authorized on behalf of the donor, subject to the requirements of the emergency.
15. The donor will be compensated on the basis of actual loss of earnings or the equivalent of minimum compensation whichever is greater, for a period not exceeding four weeks. The WCB may grant additional time by which compensation is payable.

Attendants

16. The WCB may pre-approve travel and sustenance for attendants other than qualified medical personnel where it is considered essential by reason of the worker's injury and confirmed by the treating physician and or WCB staff.
17. An attendant will be reimbursed on the basis of actual salary loss, but only for the period of time that such attendance was necessary and at a rate not to exceed the maximum wage rate (Section 37 of the Act). No salary loss will be paid where the worker is in receipt of a Personal Care Allowance (PCA).

Vocational Rehabilitation

Commuting to Programs

18. Vocational training programs are typically longer in duration than medical treatment and often located outside the worker's resident community. To ensure the worker is reimbursed for additional travel requirements, the following will be provided:
- a. For travel within a 75 km radius from the resident community (considered a reasonable commute), the following will be provided:
 - i. PSC kilometre rates up to a maximum of \$190 per week for private vehicles;
 - ii. Where public transportation is used, actual costs.
 - b. At the discretion of the WCB, where a worker's individual circumstances make commuting a hardship, travel requirements (e.g., meals, accommodations, parking) will be reimbursed. This is normally restricted to short-term programs where relocation is not considered.

Relocation

19. Where the commuting distance exceeds a radius of 75 km and it is cost effective, relocation will be considered (POL 02/2014, Vocational Rehabilitation – Moving Allowance). Where the worker relocates, the following will be provided:
- a. A travel and sustenance allowance up to the per month maximum referenced in PRO 15/2020, Consumer Price Index – Annual Increase (includes travel and room/board); and

- b. One trip to the resident community per month at PSC mileage rates or the actual cost of public transportation.
20. Should the worker choose to commute rather than relocate, only an amount up to the maximum monthly living allowance (referenced in PRO 15/2020) will be paid.
21. Where the commuting distance is less than a radius of 75 km, workers may be relocated outside of their resident community based on their individual circumstances. Determining factors may include expected duration of the program and or whether the worker's physical restrictions make commuting a hardship.

Act Sec #	19(1)(a), 37, 103(1)(d), 111
Effective Date	03 February 2012
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All new and existing claims on and after the effective date
Supersedes	POL 12/2008 Expenses – Travel and Sustenance – General
Complements	PRO 39/2010 Expenses – Travel and Sustenance – General
	PRO 15/2020 Consumer Price Index (CPI) – Annual Increase
	PRO 01/2019 Travel Expense Rates
	POL 02/2014 Vocational Rehabilitation – Moving Allowance

Procedure	Expenses – Travel and Sustenance – General (PRO 39/2010)
Document Date	21 December 2010
Purpose	To establish guidelines for the reimbursement of travel and sustenance requirements.

DEFINITION

Authorizing Agent means a Claims Entitlement Specialist (CES), Case Manager or Vocational Rehabilitation Specialist who is authorized to approve travel and sustenance requirements for injured workers on behalf of the Workers' Compensation Board (WCB).

BACKGROUND

1. The WCB has approved POL 39/2010, Expenses – Travel and Sustenance – General, which establishes guidelines for the reimbursement of travel and sustenance requirements.
2. The following provides detailed guidance for implementation of the policy.

PROCEDURE

1. Case Management Support (CMS) or the CES is responsible for identifying the worker's normal pre-injury employment travel requirement that occurs outside the resident community. The following formula allows CMS or the CES to determine the worker's normal pre-injury employment travel requirement over a complete work cycle, and average the sum into a weekly amount:

$$\frac{\text{Total Number of Kilometres Traveled in Complete Work Cycle}}{\text{Total Number of Days in Complete Work Cycle}} \times 7 = \text{Normal Pre-Injury Employment Travel Requirement}$$

CMS will provide the Payment Specialist (PS) with the calculated normal pre-injury employment travel requirement.

2. CMS or the CES will be responsible to communicate to the worker that depending on the worker's average weekly expenses normally incurred prior to the work-related injury, the worker may not be eligible for any reimbursement for travel unless the travel required for medical care exceeds the worker's normal pre-injury employment travel requirements outside the resident community.
3. Where the worker's travel for medical care outside the resident community exceeds the worker's normal pre-injury employment travel requirements outside the resident community, the PS or CES will calculate entitlement by subtracting the worker's normal pre-injury employment travel requirement, over an average seven day week, from the travel requirements associated with the worker's medical care for the corresponding period of time.

4. An authorizing agent will advise the worker of the travel requirements that the WCB will reimburse. Where the reimbursements are less than the amount claimed by the worker, an authorizing agent will provide the worker with a written explanation.
5. Where necessary, an authorizing agent may grant reasonable transportation and sustenance on the behalf of a donor.
6. An authorizing agent may pre-approve travel and sustenance for attendants other than qualified medical personnel where it is considered essential by reason of the worker's injury and confirmed by the treating physician and or the WCB Medical Consultant. The maximum hourly rate of reimbursement payable to an attendant will be calculated as follows:

Current maximum annual wage base (defined by Section 38.1 of the Act) / 52 weeks
40 hours per week

ATTACHMENTS

Kilometre Entitlement Examples

Act Sec #	37, 103(1)(d)
Effective Date	03 February 2012
Amended	References updated 01 January 2014 in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All new and existing claims on and after the effective date
Supersedes	n/a
Complements	POL 39/2010 Expenses – Travel and Sustenance – General POL 02/2012 Expenses – Travel & Sustenance – PSC Rates PRO 01/2019 Travel Expense Rates POL 07/2007 Voluntary Relocation Outside Canada PRO 07/2007 Voluntary Relocation Outside Canada POL 02/2014 Vocational Rehabilitation – Moving Allowance

Kilometre Entitlement Examples

Example A

Where the worker's normal pre-injury employment travel requirement outside of the resident community over a 5 day work week (5 working days and 2 rest days) is 250 km, and the worker has to travel 300km for medical care over a 7 day week, the worker would be reimbursed 50km for additional travel entitlement.

Accordingly, where the worker's normal pre-injury employment travel requirement outside the resident community over a 7 day week is 250km, but the worker makes three 60km trips over a 7 day week for medical treatment (180km – 250km), no entitlement will be paid to the worker because the worker's medical treatment travel requirement is less than what the worker would experience over an average 7 day week.

Example B

Where a worker resumes work and their travel requirements for employment outside of the resident community match their normal pre-injury employment travel requirements, and they travel for medical care outside the resident community in addition to traveling to and from work, the worker will be reimbursed for the travel over and above the travel for work.

For example, where a worker returns to pre-injury employment outside the resident community, working their normal number of days over an average 7 day week, and the worker is required to travel from work to medical treatment, the distance traveled from work to the treatment center and back to work should be reimbursed.

Example C

Where a worker's return-to-work does not match the normal pre-injury employment travel requirement, a combination of travel for work and travel for medical care should be compared with the normal pre-injury employment travel requirements for an average 7 day work week.

For example, a worker was working outside of the resident community 5 days per week pre-injury and now is working outside the resident community 3 days per week and traveling outside the resident community 2 days per week for medical care. The total amount traveled should be compared with the travel required outside of the resident community in an average 7 day week. If the post injury travel exceeds the pre-injury distance, reimbursement should be provided.

Example D

Where the worker's normal pre-injury employment travel requirement over an average 7 day week is within the resident community, and the worker has to travel outside of the resident community for medical care, the worker would be reimbursed in full, with no deduction for normal pre-injury employment travel requirement, for the additional travel entitlement.

Example E

Where the worker's normal employment travel requirement over an average 7 day week is within the resident community, and the worker travels within the resident community for medical care, no entitlement will be paid to the worker.

Policy	Travel Expense Rates (POL 01/2019)
Effective Date	01 January 2019
Application	Applies to all travel expenses incurred by an injured worker, dependant and WCB staff.
Purpose	To allow for updates to WCB travel expense rates.

BACKGROUND

1. The Workers' Compensation Board (WCB) will cover travel expenses incurred:
 - a. By an injured worker and/or a dependant (POL 39/2010, Expenses – Travel and Sustenance – General), and
 - b. WCB staff when travelling to conduct WCB business.
2. Travel expenses include:
 - a. Mileage, if a personal vehicle is used.
 - b. Meals.
 - c. Lodging (i.e., hotel and private), and
 - d. Airfare.
3. The WCB has historically followed travel expense rates set by the Saskatchewan Public Service Commission (PSC).
4. The Chief Executive Officer (CEO) has the authority to approve updates to travel expense rates on the Board Members behalf. As the WCB follows rates set by the PSC, automatic updates to WCB's travel expense rates will be made by the Manager of Corporate Policy, generally one month following the PSC rates being updated.

POLICY

1. The WCB will cover travel expenses incurred by an injured worker and/or a dependant and WCB staff based on travel expense rates outlined within PRO 01/2019, Travel Expense Rates.
2. Travel expense will be covered based on the rates in effect on the date of travel.
3. The WCB will update travel expense rates once it becomes aware that the PSC has updated their rates. WCB rates may not be effective the same date as the PSC rates.
4. WCB travel expense rates will be rounded to the nearest cent.

Effective Date	01 January 2019
Approved Date	14 January 2019
Legislative Authority	<u>The Workers' Compensation Act, 2013</u> Sections 16, 18, 115
Document History	(1) POL 02/2012, Expenses – Travel and Sustenance – PSC Rate (effective January 10, 2012 to December 31, 2018) (2) POL 16/96, Expenses – Travel and Sustenance – PSC Rate (effective December 1, 1996 to January 9, 2012)
Complements	<u>PRO 01/2019</u> Travel Expense Rates <u>POL 39/2010</u> Expenses – Travel and Sustenance – General

Procedure	Travel Expense Rates (PRO 01/2019)
Effective Date	January 1, 2019 Effective dates for specific rates noted in Appendix .
Application	Applies to all travel expenses incurred by an injured worker, dependant and WCB staff.
Purpose	To establish rates for covering travel expenses.

BACKGROUND

1. POL 01/2019, Travel Expense Rates, authorizes the Manager of Corporate Policy to revise travel expense rates automatically following changes to the Saskatchewan Public Service Commission (PSC) rates.
2. The Workers' Compensation Board (WCB) travel expense rates are rounded to the nearest cent (POL 01/2019, Travel Expense Rates).

PROCEDURE

1. Travel expenses are covered based on the rates in effect on the date of travel. These rates are applicable to injured workers, dependants and WCB staff.
2. For travel expenses where actual costs will be reimbursed (i.e., public transportation, hotels, taxis) and not a pre-determined travel rate, copies of original receipts must be submitted for reimbursement. Original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

Travel and Meal Expenses

3. If a personal vehicle is used, travel coverage will not exceed the rates outlined in [Appendix A – Private Vehicle Travel Rates](#).
4. If travel outside of the province is required, the most economical means of public transportation (e.g., airfare) will be covered, if appropriate. This includes the actual cost of a taxi or specialized transportation to and from airports and hotels (POL 39/2010, Expenses – Travel and Sustenance – General).
5. Coverage of meal expenses for travel within Saskatchewan and outside of Saskatchewan will not exceed the rates outlined in [Appendix B – Meal Rates](#).

Lodging

6. Hotel accommodations are covered based on actual and reasonable costs.
7. Coverage of hotel accommodations will be authorized for:

- a. An injured worker and/or a dependant requiring accommodation in order to attend WCB authorized medical treatment or vocational programming.
 - b. WCB staff travelling on WCB business. WCB staff are encouraged to use businesses that have established competitive government rates or to request government rates, wherever possible.
8. The rate for private accommodations is outlined in [Appendix C – Private Accommodation](#).
9. If an injured worker or WCB staff travel out of country:
- a. Actual costs in another currency (e.g., USD) will be paid in Canadian currency.
 - b. The per diem out-of-province meal rate in effect at the time of travel will apply, but will be paid in Canadian currency.

For example, if an injured worker travels to the United States for treatment on November 1, 2018, a per diem meal rate of \$51(USD) will apply and paid in Canadian currency.

Attachments	Appendix A: Private Vehicle Travel Rates Appendix B: Meal Rates Appendix C: Private Accommodations
Effective Date	January 1, 2019 Meal rates amended effective March 1, 2020. Mileage rates amended effective November 1, 2020.
Approved Date	January 14, 2019
Legislative Authority	The Workers' Compensation Act, 2013 Sections 16, 18, 115
Document History	<ol style="list-style-type: none"> (1) November 1, 2020. Ordinary per km mileage rate decreased from 46¢ to 45¢ and premium mileage rate (north of the 54th parallel) decreased from 50¢ to 49¢. (2) May 1, 2020. Mileage rate for north of the 54th parallel updated from 49¢ to 50¢. (3) March 1, 2020. Meal rates updated. (4) November 1, 2019. Ordinary per km mileage rate updated from 45¢ to 46¢. (5) January 1, 2019. Corporate Policy Manager authorized to revise travel expense rates following changes to the Saskatchewan Public Service Commission (PSC) rates. (6) POL 02/2012, Expenses – Travel and Sustenance – PSC Rate (effective January 10, 2012 to December 31, 2018).. (7) PRO 50/2018, Expenses – Travel and Sustenance – PSC Rates (effective May 1, 2018 to December 31, 2018). (8) PRO 53/2017, Expenses – Travel and Sustenance – PSC Rates (effective June 1, 2017 to May 1, 2018). (9) PRO 56/2016, Expenses – Travel and Sustenance – PSC Rates (effective November 1, 2016 to June 1, 2017).

Complements

[POL 01/2019](#)

Travel Expense Rates

[POL 39/2010](#)

Expenses – Travel and Sustenance – General

Appendix A: Private Vehicle Travel Rates		
Effective November 1, 2020		
Coverage if a private vehicle is used for travel will be based on the higher of:		
A per kilometer rate.	Ordinary	45¢ per kilometer
	Premium (North of the 54 th Parallel)	49¢ per kilometer
A minimum daily rate.	\$5.00 per day	
A per hour rate.	\$1.50 per hour. Up to a maximum of \$6.00 per day.	

Appendix B: Meal Rates¹		
Effective March 1, 2020		
	In Province	Out-of-Province
Per Diem If travel is for a full day (7:30 am or earlier until 6:30 pm or later).	\$51.00	\$61.00
Breakfast If the departure time is 7:30 am or earlier, or the return time is 8:30 am or later.	\$10.00	\$13.00
Lunch If the departure time is 11:30 am or earlier, or the return time is 12:30 pm or later.	\$18.00	\$20.00
Supper If the departure time is 5:30 pm or earlier, or the return time is 6:30 pm or later.	\$23.00	\$28.00

¹ All meal rates include payment of gratuities and any applicable taxes.

Appendix C: Private Accommodations
Effective July 1, 2007
\$35.00 per night

Policy	Medication Coverage (POL 11/2019)
Effective Date	January 1, 2020
Application	All medication purchases and approvals made on or after the effective date.
Purpose	Establish guidelines for covering medication costs for the treatment of an accepted work injury.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") defines medical aid as "the provision of medical and surgical aid, of hospital and professional nursing services, of chiropractic and other treatment and of prosthetics or apparatus." (Section 2(1)(v)). Medical aid, also referred to as health care, includes the provision of prescription and non-prescription medications necessary, appropriate and sufficient for the treatment of an accepted work injury.
2. The Act directs the Workers' Compensation Board (WCB) to arrange to provide and/or fund health care that may be required as a result of a work injury and that the WCB considers necessary (Sections 19(1)(b), 31(1), 103(1) and 115(c)).
3. Any health care provider who provides health care services to an injured worker will provide WCB with any reports that are relevant to the injury for which compensation is claimed (Section 55).
4. The WCB is authorized to gather information needed to determine all matter or questions arising under the Act (Sections 20 and 25). This information may be disclosed to health care providers for the purpose of providing any health care or treatment that may be required as a result of a work injury.

POLICY

1. The WCB has the authority to determine the necessity, appropriateness, and sufficiency of medical aid provided to injured workers including medications. WCB will ensure that injured workers receive appropriate medications that are required to effectively treat, or facilitate recovery from, an accepted work injury or disease.
2. To be reimbursed for medications, a worker must submit copies of receipts to the WCB. The WCB may also authorize a pharmacy or licensed producer/seller to direct bill the WCB.

Medications – General

3. The cost of a prescription medication (i.e., other than opioids, pharmaceutical cannabinoids or medical cannabis) will be covered if:
 - a. It is prescribed by the injured worker's treating health care provider.
 - b. It is appropriate and needed to treat an accepted work injury or disease, and

- c. The use of the medication either:
 - i. Corresponds to the indications listed in *The Saskatchewan Formulary* or *The Compendium of Pharmaceuticals and Specialties*, or
 - ii. It is approved by a WCB Medical Officer (MO) for off-label use (i.e., the use of a medication beyond what is indicated on the product label).
4. The WCB may also cover the costs of non-prescription medications, such as over-the-counter medications and alternative health products.

Opioids

5. An opioid, also referred to as an analgesic or narcotic, means a prescribed medication that acts on the central nervous system to decrease the sensation of pain (e.g., codeine, morphine, hydrocodone, or oxycodone).
6. The WCB will cover the cost of an opioid medication when prescribed:
 - a. By the injured worker's treating health care provider.
 - b. In accordance with the guidelines of the College of Physicians and Surgeons of Saskatchewan's *General Principles of Appropriate Pain Management with Opioids*, and
 - c. For the treatment of pain only (i.e., for pain related conditions such as, but not limited to pre-operation situations, palliative care, chronic bowel conditions, opioid addiction treatment with methadone or suboxone, etc.).
7. The WCB will monitor claims for potential issues of drug overuse or abuse.
 - a. The costs of an opioid drug treatment program or strategy may be covered if it is determined that an addiction or dependency resulted from the treatment of an accepted work injury.

Pharmaceutical Cannabinoids and Medical Cannabis

8. Pharmaceutical cannabinoids refer to manufactured medications that are based on the active chemical components found in the cannabis plant (e.g., tetrahydrocannabinol (THC) and cannabidiol (CBD)). These are approved by Health Canada, have drug identification numbers (DIN) and have known strengths and recommended dose ranges.
9. Medical cannabis refers to forms of cannabis authorized to treat a medical condition and can only be obtained from a Health Canada licensed producer/seller. It is the non-pharmaceutical form of cannabis without a drug identification number (DIN) or a natural product number (NPN).
10. The WCB may approve, on a case by case basis, the use of pharmaceutical cannabinoids or medical cannabis to treat one of the following conditions where the condition is clinically associated with a work-related injury or disease or its treatment:
 - a. Chronic neuropathic pain (i.e., pain caused by damage or disease affecting the somatosensory system).
 - b. As a form of opioid harm reduction.
 - c. Spasticity due to spinal cord injuries.

- d. Chemo-induced nausea and vomiting.
 - e. Loss of appetite during cancer treatment or because of AIDS.
 - f. Palliative end of life care.
11. The WCB may cover costs related to pharmaceutical cannabinoids or medical cannabis if all of the following requirements are met:
- a. The injured worker has a listed condition noted above and the condition is clinically associated with a work-related injury or disease or its treatment.
 - b. The worker's treating health care provider has authorized pharmaceutical cannabinoids or medical cannabis to treat the condition.
 - c. Other lines of treatment have been tried and were not successful in treating the condition.
 - d. In the opinion of the WCB MO, the pharmaceutical cannabinoid or medical cannabis recommended by the treating health care provider:
 - i. Meets currently published guidelines for safe and effective use.
 - ii. Will benefit the injured worker's medical condition related to the work injury or will facilitate their recovery, and
 - iii. Meets appropriate dosage and route of administration.
12. All requests for coverage of pharmaceutical cannabinoids or medical cannabis must be reviewed by a WCB MO and recommended for cost reimbursement.
13. Preference will be given to the approval of pharmaceutical cannabinoids (i.e., approved by Health Canada with drug identification numbers (DIN)) over medical cannabis.
14. If a pharmaceutical cannabinoid product is prescribed, it must also either:
- a. Correspond to the indication listed in *The Compendium of Pharmaceuticals and Specialties*, or
 - b. Be approved by a WCB MO for off-label use.
15. If medical cannabis is authorized, the following requirements must also be met:
- a. A copy of the care provider's [written order or medical document](#) must be provided to WCB, which will include clear administration and dosage guidelines.
 - b. A copy of the licensed producer/seller's invoice must be provided to WCB, which will include a description of the product and the amount/quantity.
 - c. The product must:
 - i. Be obtained from a Health Canada licensed producer/seller with whom the worker is registered (i.e., [license holder authorized to sell to registered clients](#)).
 - ii. Be oil drops for oral administration.
 - iii. Clearly identify the proportion of the active ingredients (e.g., a tetrahydrocannabinol (THC) and cannabidiol (CBD) per cent ratio of 1:20), and
 - iv. Contain an appropriate per cent of active ingredients as approved by a WCB MO.

16. The WCB will not cover the costs where the worker obtains, or seeks to obtain, cannabis from any other source (e.g., designated production, personal production such as growing cannabis plants, or a recreational cannabis retailer).
17. The WCB may suspend or discontinue payment for medical cannabis where there is evidence it is no longer necessary, appropriate, or sufficient treatment.

Effective Date	January 1, 2020
Approved Date	November 19, 2019
Legislative Authority	The Workers' Compensation Act, 2013 Sections 2(1)(v), 19(1)(b), 20, 25, 31(1), 55, 103, 104, 109, 111, 115(c)
References	Cannabis Regulations , S.O.R./2018-144 Health Canada College of Physicians and Surgeons of Saskatchewan The College of Family Physicians of Canada
Document History	<ol style="list-style-type: none"> (1) POL and PRO 10/2011, Reimbursement for Medications (effective October 1, 2011 to December 31, 2019). (2) November 1, 2017. Requirement for original receipts updated to copies of original receipts; however, original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes. (3) POL and PRO 10/2011 reviewed November 2, 2012 and no updates recommended. (4) POL and PRO 09/2001, Reimbursement for Medications (effective November 1, 2001 to September 30, 2011)
Complements	PRO 11/2019 Medication Coverage PRO 53/2006 Medical Aid Billings – Payment POL 18/2016 Health Care Services

Procedure	Medication Coverage (PRO 11/2019)
Effective Date	January 1, 2020
Application	All medication purchases and approvals made on or after the effective date.
Purpose	Establish guidelines for covering medication costs.

BACKGROUND

POL 11/2019, Medication Coverage outlines when the WCB will cover prescription and non-prescription medications required to effectively treat, or facilitate recovery from, an accepted work injury or disease. The following procedure outlines the steps followed for the approval and payment process.

PROCEDURE

Medications – General

1. Who authorizes coverage of prescription or non-prescription medications?
 - a. A Case Manager (CM), Case Manager Support (CMS) or Claims Entitlement Specialist (CES) will authorize the coverage and payment of prescription and non-prescription medications prescribed or authorized by the worker's health care provider.
 - b. If it is not clear that the medication is required or appropriate to treat the work injury, staff will refer the claim to a WCB Medical Officer (MO) for review and approval.
 - i. This includes, but is not limited to, the following situations:
 - (a) A new prescription not in *The Saskatchewan Formulary*.
 - (b) An alternative health product.
 - (c) A pharmaceutical cannabinoid product or medical cannabis, or
 - (d) The medication is approved for off-label use by a WCB MO (i.e., the use of a medication beyond what is indicated on the product label).
 - c. The CM, CMS, or CES will communicate all medication coverage decisions to the worker.
2. When are non-prescription medications covered?
 - a. Operations staff will authorize payment for over-the-counter (OTC) medications if recommended by the health care provider to treat a work injury or as an alternative to prescription medications.
 - i. Examples include, but are not limited to, analgesics (e.g., Tylenol, Advil, etc.) and topical ointments (e.g., polysporin for burns or hydrocortisone (half per cent) for dermatitis, etc.).
 - b. Operations staff will authorize payment for alternative health products if recommended by the treating health care provider.

- i. Examples include, but are not limited to, vitamins, nutritional supplements, or herbal remedies that are recommended to improve the worker's quality of life, which may have been compromised by the work injury.
 - ii. For example, supplementary vitamins may be recommended to improve the energy and well-being of customers with some types of cancer.
3. Operations staff may request that a WCB MO review the health care provider's recommendation for an OTC medication or alternative health product if:
 - a. It is not clear that the product is required or appropriate to treat the work injury, or
 - b. The dosage or quantity appears excessive.

Medications – Payment

4. Will costs for medications be reimbursed if a worker has already paid for a medication(s)?
 - a. If a medication has been authorized for coverage, a worker must submit copies of the receipts to the WCB for medications they have already paid for.
 - b. The worker must retain original receipts for 12 months from the date of submission as the WCB may request the originals for audit purposes.
5. Can a pharmacy direct bill the WCB?
 - a. A CMS or CES may authorize a pharmacy to direct bill the WCB. They will notify the pharmacy what medications will be covered and document all medications authorized to be direct billed on the claim.
 - b. A Medical Payment Specialist will complete payment directly to a pharmacy based on a review of the authorization provided by the CMS/CES on the claim.
6. What if a medication is not approved?
 - a. The CMS/CES will notify the injured worker directly if they determine a medication is not related to the treatment of a work injury, and therefore not eligible for coverage.
 - b. If a medication is not approved and payment to a pharmacy is made in error, the CMS/CES will request a Medical Payment Specialist to cancel the payment and notify the pharmacy of the cancelled payment.
 - c. If coverage for a medication is denied following a WCB MO's review, the CMS/CES will provide the injured worker and the treating health care provider written reasons for the decision.
 - d. A WCB MO may reconsider a decision to deny coverage of a medication if the worker's health care provider provides additional information or explanation to accept coverage of the medication.

Opioid Treatment Management

7. If an opioid is prescribed (i.e., for pain related conditions such as, but not limited to pre-operation situations, palliative care, chronic bowel conditions, opioid addiction treatment with methadone or suboxone, etc.), is there a limit to coverage?

- a. If the WCB is providing payment for an opioid, treatment will be monitored to ensure the opioid continues to be effective in improving function and reducing pain.
- b. Opioid treatment will be monitored as follows:
 - i. The CES/CM will document on the claim the date opioids were first prescribed and the name of the prescribing health care provider.
 - ii. Opioid use 6 weeks past the date of injury or post-surgery will require a Case Management review and may require a referral for a multidisciplinary assessment by a pain management specialist and psychologist.
 - iii. Operations staff may request a WCB MO review.

Pharmaceutical Cannabinoids and Medical Cannabis

8. The WCB may approve, on a case by case basis, the use of pharmaceutical cannabinoids or medical cannabis when requirements noted in POL 11/2019, Medication Coverage are met.
9. In what situations could the cost of a pharmaceutical cannabinoid product or medical cannabis be covered?
 - a. The injured worker has a listed condition noted in POL 11/2019, Medication Coverage and the condition is clinically associated with a work-related injury or disease or its treatment.
 - b. The worker's treating health care provider has prescribed pharmaceutical cannabinoids or authorized medical cannabis to treat the condition.
 - c. Other lines of treatment have been tried and were not successful in treating the worker's condition or illness.
 - d. In the opinion of the WCB MO, the pharmaceutical cannabinoid or medical cannabis prescribed or authorized by the treating health care provider:
 - i. Meets currently published guidelines for safe and effective use.
 - ii. Will benefit the injured worker's medical condition related to the work injury or will facilitate their recovery, and
 - iii. Meets appropriate dosage and route of administration, and
 - iv. It is recommended by a WCB MO for cost reimbursement.
10. The CES/CMS will confirm the following information:
 - a. The worker has a listed condition, which is clinically associated with a work injury or disease or its treatment.
 - b. The health care provider who has [prescribed or authorized the product](#) is the care provider responsible for managing the ongoing care of the worker including assessing the worker's response to the treatment.
 - c. A copy of the health care provider's prescription (for pharmaceutical cannabinoid), written order or medical document (for medical cannabis) is obtained.
 - d. If medical cannabis was authorized by the worker's health care provider:
 - i. The cannabis authorized must be oil drops for oral administration.

- ii. The written order must include detailed information regarding authorized daily allowance, equivalency factor, dosing guidelines, and active ingredients (i.e., percentage of tetrahydrocannabinol (THC) and cannabidiol (CBD)), and
 - iii. It will be confirmed the product was obtained, or will be obtained, from a [licensed producer/seller](#) and the product matches the treating health care provider's recommended per cent of active ingredients, dosage and route of administration.
11. Once this information is confirmed, the CES/CMS must refer the claim to a WCB MO for review and recommendations prior to approving coverage.
12. What information does a WCB MO consider during their review?
 - a. The WCB MO will confirm that the treating health care provider's recommendation is based on current medical research and any published guidelines from medical associations.
 - b. The WCB MO will confirm that:
 - i. The health care provider has tried other lines of conventional treatment, which were found to be ineffective or not tolerated.
 - ii. Pharmaceutical cannabinoids or medical cannabis is an appropriate treatment for the worker's injury (i.e., will lessen the injured worker's medical condition related to the work injury or will facilitate their recovery).
 - iii. The recommended product is considered safe and effective, and
 - iv. The recommended dosage and the per cent of active ingredients in the authorized product are appropriate (e.g., THC and CBD).
13. Once the information has been reviewed, the WCB MO will determine if use of a pharmaceutical cannabinoid product or medical cannabis is appropriate and will provide their medical opinion to the CM/CMS/CES.
14. The CM/CMS/CES will notify the worker if coverage for the pharmaceutical cannabinoid product or medical cannabis has been approved.
15. When medical cannabis is recommended and approved, what information is considered before costs are covered?
 - a. Only cannabis oil drops for oral administration may be covered.
 - b. A copy of the licensed producer/seller's itemized invoice must be provided (i.e., must include a description and the quantity of the product).
 - c. WCB staff will review the invoice to ensure the products are in alignment with the [health care provider's medical document or written order](#):
 - i. Coverage will not be approved where the product does not align with the care provider's recommendation.
 - ii. To be covered, the product amount on the invoice must align with the amount specified in the health care provider's dosing instructions or authorized quantity.
 - (a) For example, specific millilitres (ml) of oil multiplied by 30 days should equal invoiced product amount.
 - iii. WCB staff may restrict coverage to a preapproved limited supply (e.g., one month) to ensure alignment with the health care provider's written order.

- d. Costs of the authorized and approved product, any associated shipping costs, and taxes invoiced by the licensed producer/seller will be covered.
16. If a request for coverage of a pharmaceutical cannabinoid product or medical cannabis is received for a condition or illness not listed in POL 11/2019, Medication Coverage, a WCB MO and the Chief Medical Officer will provide recommendations on coverage based on current medical research and guidelines. The Chief Medical Officer will determine if updates to the policy are required.
17. WCB staff will advise workers to:
- a. Discuss possible work and driving restrictions with their treating care provider, and
 - b. Ensure they are aware of their employer's policy on impairment in the workplace.

Overuse or Abuse

18. Who monitors for overuse and abuse of medications?
- a. The CMS/CES will monitor what medications the WCB is reimbursing and possible overuse/abuse or interactions. This includes overuse/abuse of a controlled drug (i.e., opioids) or identifying if several medications or a single medication is being used in large quantities.
 - b. The CMS/CES may consult with a WCB MO before making this determination.
19. What happens if overuse or abuse is suspected?
- a. The CMS/CES will refer the claim to a WCB MO who may:
 - i. Request that the treating health care provider limit the use of the drug.
 - ii. Recommend authorizing payment for a restricted or limited amount, or
 - iii. Recommend that payment authorization be denied.
20. What services are covered if a worker develops an addiction to a prescribed or authorized medication?
- a. In some situations, even when used appropriately, medications can lead to addiction.
 - b. If medical evidence supports that the addiction is the result of treatment of an accepted work injury, the cost of a medication dependency treatment program or strategy will be covered.

Effective Date	January 1, 2020
Approved Date	November 19, 2019
Legislative Authority	The Workers' Compensation Act, 2013 Sections 2(1)(v), 19(1)(b), 20, 25, 31(1), 55, 103, 104, 109, 111, 115(c)
References	Cannabis Regulations , S.O.R./2018-144 Health Canada College of Physicians and Surgeons of Saskatchewan The College of Family Physicians of Canada

Document History

- (1) POL and PRO 10/2011, Reimbursement for Medications (effective October 1, 2011 to December 31, 2019).
- (2) November 1, 2017. Requirement for original receipts updated to copies of original receipts; however, original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.
- (3) POL and PRO 10/2011 reviewed November 2, 2012 and no updates recommended.
- (4) POL and PRO 09/2001, Reimbursement for Medications (effective November 1, 2001 to September 30, 2011)

Complements

- [POL 11/2019](#) Medication Coverage
- [PRO 53/2006](#) Medical Aid Billings – Payment
- [POL 18/2016](#) Health Care Services

Policy	Allowance – Temporary Additional Expense (POL 15/2008)
Document Date	04 November 2008
Purpose	To establish guidelines for paying additional, incidental expenses related to the work injury.

DEFINITION

Additional expense is that portion of expense which is over and above what a customer incurred while working (pre-injury) and is not covered elsewhere by WCB policy. These expenses may include the following: child-care, care of a family member incapacitated by injury or illness, transportation costs, meal preparation, housecleaning or other general day-to-day home maintenance (e.g., lawn care or snow removal). Home maintenance does not include major renovations to a property or home.

BACKGROUND

1. Section 111(b) of *The Workers' Compensation Act, 2013* (the "Act") enables the Workers' Compensation Board (WCB) to authorize assistance to the injured worker not specifically covered elsewhere in the Act that will lessen or remove "any barriers resulting from the worker's injury." Section 115 of the Act authorizes the WCB to "expend moneys from the [Injury] fund for any expenses incurred in the administration of this Act".
2. The purpose of this policy is to assist a worker in maintaining their pre-injury status (not to improve upon it). As a result of a work injury and ensuing medical treatment or return-to-work (RTW) programming, customers sometimes incur temporary additional expenses that are over and above what they would normally have paid while working.
3. The eligibility period for customers is usually short-term and based on the nature and severity of the injury. However, additional expenses may be reimbursed where the effects of the injury may be temporary (full recovery is expected) or permanent (a PFI may be awarded in the future).

POLICY

1. Workers may be reimbursed for those additional expenses that arise out of any of the following injury-related circumstances:
 - a. The severity of the injury makes it impossible to perform these tasks (e.g., bilateral casts or confinement to a wheelchair);
 - b. While convalescing following surgery;
 - c. While attending secondary or tertiary treatment centres;
 - d. While travelling for medical or other appointments;
 - e. While hospitalized;
 - f. While participating in RTW programs;

- g. While the customer requires an attendant for transportation between health care facilities.
2. Only expense(s) that exceed what a worker paid pre-injury is eligible and only to maintain the current standard of living. For example, expenses paid by a worker during their normal working hours, such as child care, will not be eligible for reimbursement. However, child care needed during the worker's non-working hours (e.g., evenings while hospitalized) would be considered an additional expense.
3. While there is no maximum, the amount and duration of reimbursement will not exceed what is reasonable in the circumstances and determined by medical evidence.
4. If the additional expense items identified under this policy are reimbursed through a personal care allowance (POL 10/2014) or independence allowance (POL 31/2016) reimbursement under this policy will be discontinued.

Act Sec #	111, 115
Effective Date	01 December 2008
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All injured workers who as a result of a temporary work injury, as well as those waiting for a PFI assessment, incur additional expenses not covered by any other WCB policy.
Supersedes	POL 04/2000 Allowance – Temporary Additional Expense (Child Care, etc.)
Complements	PRO 15/2008 Allowance – Temporary Additional Expense POL 31/2016 Allowance – Independence POL 10/2014 Allowance – Personal Care POL 23/2010 Permanent Functional Impairment (PFI) – General

Procedure	Allowance – Temporary Additional Expense (PRO 15/2008)
Document Date	04 November 2008
Purpose	To establish guidelines for paying additional, incidental expenses related to the work injury.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved guidelines for reimbursement of temporary additional expenses.
2. The following procedure is the implementation of the provisions under POL 15/2008, Allowance – Temporary Additional Expense.

PROCEDURE

1. The Operations staff responsible for managing the worker's file will review the circumstances with the worker to identify their entitlement to temporary additional expenses under POL 15/2008. The expense must be reasonable to maintain a worker's pre-injury or current standard of living, not to improve upon it.
2. Expenses must be preauthorized and confirmed in writing. The worker will be required to provide copies of original receipts for any additional expenses. Original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.
3. These expenses are temporary and will not be reimbursed for expenses incurred outside of the time periods during which the eligible circumstances occur. Therefore, a worker may no longer be eligible for this allowance when:
 - a. Recovered sufficiently such that the need and circumstances covered by Point 1 of POL 15/2008 are no longer applicable; and/or,
 - b. Eligibility for Independence Allowance (IA) (POL 31/2016) has been established. Should there be any duplication of payments for expenses under POL 15/2008 and IA, deduction from future entitlement to IA will be made.
 - c. Where applicable, Personal Care Allowance (POL 10/2014) may be paid at the same time as temporary additional expense, but staff will ensure there is no duplication of payments under POL 10/2014 and POL 15/2008.

Act Sec #	111, 115
Effective Date	01 December 2008
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> 01 November 2017. Requirement for original receipts updated to copies of original receipts; however, original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.
Application	All injured workers who as a result of a temporary work injury, as well as those waiting for a PFI assessment, incur additional expenses not covered by any other WCB policy.
Supersedes	PRO 04/2000 Allowance – Temporary Additional Expense (Child Care, etc.)
Complements	POL 15/2008 Allowance – Temporary Additional Expense POL 31/2016 Allowance – Independence POL 10/2014 Allowance – Personal Care POL 23/2010 Permanent Functional Impairment (PFI) – General

Policy **Allowance – Personal Care (POL 10/2014)**

Document Date 25 June 2014

Purpose To establish personal care allowances (PCA).

DEFINITION

Personal care means the care a worker needs in relation to:

- Hygiene.
- Dressing.
- Mobility.
- Feeding, and
- Supervision.

BACKGROUND

1. The *Workers' Compensation Act, 2013* allows the WCB to provide personal care allowances (PCA) to injured workers (Section 79).
2. The WCB can take any measures necessary to (Section 111):
 - a. Help workers return-to-work.
 - b. Lessen work-related disabilities.
 - c. Help dependent spouses become self-sufficient.
3. The WCB may pay for any medical aid or treatment that the worker needs because of an injury (Section 115).

POLICY

1. The WCB provides PCAs to workers that have temporary or permanent physical or cognitive needs because of a work injury.
 2. All decisions concerning PCA will be confirmed in writing.
 3. If the worker's personal care requirements are serious or unique enough, additional special care costs may be considered. If a family member of the injured worker is qualified to provide the needed care and the health care provider has no objection to this, the WCB will acknowledge them as able.
 4. The WCB will annually adjust PCAs by yearly changes to the Consumer Price Index (CPI). POL 07/2013, CPI – Annual Indexing and PRO 15/2020, CPI – Annual Increase will apply.
 5. If the worker is in the hospital, the WCB will suspend PCA if the worker stays for more than 30 consecutive days.
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Act Sec #	79, 111, 115
Effective Date	01 August 2014
Application	All claims on and after the effective date
Supersedes	POL 05/2000 Allowance – Personal Care
Complements	PRO 10/2014 Allowance – Personal Care
	PRO 15/2020 Consumer Price Index (CPI) – Annual Increase
	POL 07/2013 Consumer Price Index (CPI) – Annual Indexing
	POL 39/2010 Expenses – Travel and Sustenance – General
	PRO 39/2010 Expenses – Travel and Sustenance – General
	POL 31/2016 Allowance – Independence
	POL 15/2008 Allowance – Temporary Additional Expense
	PRO 01/2019 Travel Expense Rates

Procedure	Allowance – Personal Care (PRO 10/2014)
Document Date	25 June 2014
Purpose	To establish administrative guidelines for determining and providing personal care allowances (PCA).

BACKGROUND

The WCB has approved POL 10/2014, Allowance – Personal Care, which establishes personal care allowances (PCA).

PROCEDURE

General

1. When it becomes apparent that the worker needs personal care, the Case Manager (CM) will refer the worker to the Vocational Rehabilitation Specialist (VRS) for a personal care assessment. The CM will:
 - a. Tell the VRS if the worker is to be assessed for a temporary or permanent PCA, and
 - b. Give the VRS any relevant medical information.
2. The VRS will recommend the:
 - a. Level of PCA.
 - b. Recipient of PCA.
 - c. Duration of PCA, and
 - d. Effective date of PCA.

The VRS will use the criteria noted in the appendix to determine the level of PCA. If the VRS is uncertain about the level or duration of PCA needs, the VRS can get help from the Medical Officer.

3. The VRS will confirm all decisions about PCA in writing.
4. PCA will not provide payment for services associated with the following allowances:
 - a. POL 15/2008, Allowance – Temporary Additional Expense, and
 - b. POL 31/2016, Allowance – Independence.

Temporary Need for Personal Care

5. The VRS will base the temporary care assessment on:
 - a. The medical information on file.
 - b. An in-person visit with the worker (when possible), and

- c. Other inquiries that may be necessary (e.g., the worker's doctor, family members, Medical Officer).
6. The VRS will review the amount of PCA the WCB pays based on medical reports confirming the worker's progress and recovery.

Permanent Need for Personal Care

7. If the worker needs permanent care, the VRS will ask a homecare agency in the worker's local health region to assess the worker's needs. If a local agency cannot assess the worker's needs, the VRS will ask an agency from another health region to do the assessment. The WCB will pay for the assessor's travel and meals (PRO 01/2019, Travel Expense Rates).
8. The VRS will give the agency any medical information it needs to do the assessment (e.g., extent of the worker's injury, other conditions that may affect personal care needs).
9. Agencies will use the tool that is approved by the Saskatchewan Ministry of Health for doing assessments (currently MDS-Home Care).
10. In addition to the assessment, the VRS may make more inquiries about the worker's personal care needs when necessary (e.g., the worker's doctor, family members, Medical Officer).
11. The VRS will review the amount of PCA the WCB pays based on medical reports confirming the worker's progress and recovery. If the worker's recovery plateaus, the VRS will review the PCA (e.g., level, eligibility) at the end of December each year.

Payment for Personal Care

12. The WCB will pay PCA on a monthly basis to the:
 - a. Individual or agency providing care, or
 - b. Worker (i.e., if there are multiple care providers).
13. Homecare agencies will direct bill the WCB.
14. The VRS will review bills and authorize payments. The WCB will only pay for reasonable costs. If the VRS pays less than the amount billed, the VRS will give a written explanation.
15. If the worker does not need certified nursing care, the WCB will pay PCA in accordance with PRO 15/2020, CPI – Annual Increase.
16. There can be cases where the worker's care need is serious or unique enough that additional special care costs may be considered. PCA above level IV will require approval by a Team Leader.

Provisions for Individuals Providing Personal Care

17. If the worker gets care from a person (not a business) that becomes unavailable, the VRS will suspend PCA if worker does not get care for more than 30 consecutive days.

18. Individuals providing care may take up to 30 days of vacation per year without an interruption to their PCA. The VRS may suspend PCA if the person is away for more than 30 days.
19. The VRS will pay someone else to provide care while the individual is away.

ATTACHMENTS

Levels of Personal Care Allowance

Act Sec #	79, 111, 115
Effective Date	01 August 2014
Application	All claims on and after the effective date
Supersedes	PRO 05/2000 Allowance – Personal Care
Complements	POL 10/2014 Allowance – Personal Care
	PRO 15/2020 Consumer Price Index (CPI) – Annual Increase
	PRO 01/2019 Travel Expense Rates
	POL 07/2013 Consumer Price Index (CPI) – Annual Indexing
	POL 39/2010 Expenses – Travel and Sustenance – General
	PRO 39/2010 Expenses – Travel and Sustenance – General
	POL 31/2016 Allowance – Independence
	POL 15/2008 Allowance – Temporary Additional Expense

Levels of Personal Care Allowance (PCA)

The WCB will provide the worker with the level of PCA that best describes the worker's needs.

Level I

- i. The worker needs care at specific times (e.g., putting on an appliance or clothing once or twice daily).
- ii. The worker needs cleaning or laundry services because of fecal or urinary incontinence.
- iii. The worker uses but is not confined to a wheelchair.
- iv. The worker has a loss of vision in both eyes requiring occasional assistance.
- v. Supervision is required.

Level II

- i. The worker needs care because of bowel or bladder malfunction.
- ii. The worker is confined to a wheelchair and requires assistance to get in and out of the bathtub or bed.
- iii. The worker has double arm amputations below the elbow requiring additional help due to limited use of prostheses.
- iv. The worker has a loss of vision in both eyes, as well as another work-related disability (e.g., hearing loss, amputation, etc.), requiring a need for assistance.

Level III

- i. The worker has quadriplegia with limited mobility and impairment of bowel and bladder function.
- ii. The worker needs custodial care due to a cognitive disability, cannot be left alone at any time, and needs assistance with washing, shaving, dressing and feeding.
- iii. The worker has double arm amputations above the elbow.
- iv. The worker is confined to a wheelchair and requires assistance to get in and out of the bathtub or bed, with additional needs due to pressure sores, severe spasticity, or other complications.

Level IV

- i. The worker is periodically placed in a wheelchair, and requires assistance for dressing, feeding, enemas and bladder care, and requires constant supervision (e.g., a worker with high lesion quadriplegia).
- ii. The worker is completely bedridden requiring constant attendance and nursing care.

Policy	Allowance – Clothing (POL 19/2010)
Document Date	16 June 2010
Purpose	To establish guidelines for providing clothing allowances for eligible workers under <i>The Workers' Compensation Act, 2013</i> .

BACKGROUND

Section 79 of *The Workers' Compensation Act, 2013* (the "Act") states that the Workers' Compensation Board (WCB) may pay a worker an allowance in any amount that the WCB considers appropriate for the replacement or repair of clothing worn or damaged by reason of the worker wearing an artificial limb or appliance supplied by the WCB with respect of the worker's injury and to provide for personal care required as a result of their injury.

POLICY

1. Workers are eligible for an allowance for damaged clothing provided for by Section 79 of the Act as the result of:
 - a. a prosthetic device for upper, lower or both upper and lower limb amputations;
 - b. a rigid back, neck, leg or full-length brace or similar rigid supportive device; or
 - c. confinement to a wheelchair as the result of a compensable injury.
2. Initial eligibility for clothing allowance begins as of the date of the provision of the prosthesis, brace or wheelchair. Initial eligibility does not require proof of repair or damage to clothing. Payment in the case of rigid braces or supports is contingent on confirmation of need and the continued wearing of the device.
3. Where the worker requires a rigid brace or support on a temporary basis due to a work injury, clothing allowance will be issued monthly. Payment of clothing allowance on a monthly basis will continue until the brace or support is no longer required.
4. Where the worker permanently requires an appliance, clothing allowance will be paid on an annual basis.
5. Payment of clothing allowance will continue as long as the worker continues to meet the eligibility criteria for an allowance for damaged clothing noted in Point 1. Eligibility for clothing allowance will be reviewed annually on the anniversary date of the commencement of loss.
6. Since both the upper and lower body clothing of workers confined to wheelchairs are susceptible to damage, clothing allowance in such instances will be considered equivalent to upper and lower limb amputations.
7. The annual indexing of clothing allowances is based upon increases in the Regina-Saskatoon All Items Consumer Price Index as of November 30 (rounded to the nearest

dollar). Increases are indicated in the Clothing Allowances schedule in the Consumer Price Index procedure, for that applicable year.

8. Where a worker dies after the issuance of an annual clothing allowance payment, and the payment made extends for a period beyond the date of death, no recovery efforts will be made by the WCB.

Act Sec #	79
Effective Date	03 February 2012
Amended	01 January 2014. References updated in accordance with the <i>Worker's Compensation Act, 2013</i>
Application	All workers eligible under Section 79 for the clothing allowance on and after the effective date
Supersedes	POL 02/2001 Allowance – Clothing
Complements	PRO 10/2012 Allowance – Clothing PRO 15/2020 Consumer Price Index (CPI) – Annual Increase

Procedure Allowance – Clothing (PRO 10/2012)

Document Date 16 October 2012

Purpose To establish guidelines for providing clothing allowances.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 19/2010, Allowance – Clothing, which establishes guidelines for providing clothing allowances for eligible workers under *The Workers' Compensation Act, 2013* (the "Act").
2. The following provides detailed guidance for the implementation of the policy.

PROCEDURE

1. The Case Manager will identify clothing allowance eligibility in accordance with the following criteria:
 - a. The worker requires a prosthetic device for upper, lower or both upper and lower limb amputations;
 - b. The worker requires a rigid back, neck, leg or full-length brace or similar rigid supportive device; or
 - c. The worker is confined to a wheelchair as the result of a compensable injury.
2. Initial eligibility for clothing allowance begins as of the date of the provision of the prosthesis, brace or wheelchair, and does not require proof of repair or damage to clothing.
3. Payment for rigid braces or supports is contingent on the identification of need provided by the attending physician, and periodic confirmation that the worker continues to wear the device.

Temporary Allowance

4. Where the worker requires rigid braces or supports on a temporary basis, the WCB will issue clothing allowance monthly. Where the worker initially qualifies for clothing allowance, entitlement will begin on the date the worker starts wearing the device. Following initial qualification, monthly payments will continue until the device is no longer required, or medical evidence shows that the worker permanently requires the use of the device.

For example, the worker begins wearing the device August 13, 2010. The worker is paid from August 13 to 31, 2010 ($\frac{18}{31} \times$ monthly clothing allowance). Thereafter, the worker is paid monthly until the device is no longer required.

5. For temporary clothing allowance, the Case Manager will provide authorization for payment. The authorization will indicate the type of allowance payable (e.g., upper limb) and the duration for monthly payments. The Case Manager will diarize the claim for the end of the authorization period to determine if there is a need to extend the duration of payment for clothing allowance.
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Permanent Allowance

6. Where the attending physician directs that the worker permanently requires an appliance, the WCB will issue clothing allowance on an annual basis. Where the worker initially qualifies for clothing allowance, entitlement will begin on the date the worker starts wearing the device, and continue for the period up to the end of the year (December 31). Beginning the following January and in January of every year thereafter, the worker will receive an annual clothing allowance payment covering a period of 12 months.

For example, the worker begins wearing the device August 13, 2011. The worker is paid from August 13, 2011 to December 31, 2011 ($[\frac{18}{31} \times \text{monthly clothing allowance}] + [4 \text{ months of clothing allowance}]$). In January 2012, and in January of each year thereafter, the worker receives an annual clothing allowance payment covering a period of 12 months.

7. Annual indexing of clothing allowance will be applied in January of each year (increases effective January 1st).
8. The Case Manager will review the worker's eligibility for clothing allowance annually. If eligibility continues, authorization will be provided and 12 months of clothing allowance will be issued by the end of January.

Act Sec #	79
Effective Date	01 January 2012
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All workers eligible under Section 79 for the clothing
Supersedes	PRO 19/2010 Allowance – Clothing
Complements	POL 19/2010 Allowance – Clothing PRO 15/2020 Consumer Price Index (CPI) – Annual Increase

Policy	Expenses – Orthotics and Appliances – Provision, Replacement and Repair (POL 11/2016)
Document Date	28 June 2016
Purpose	To establish eligibility guidelines for the provision, repair and replacement of orthotics/appliances.

DEFINITION

Additional expense, for the purpose of this policy, means an out-of-pocket expense incurred by a worker for the provision, repair or replacement of an orthotic/appliance.

Orthotics/Appliances include, but are not limited to, orthopaedic footwear, eyewear, hearing aids, dentures, artificial limbs, artificial eyes, belts, braces and supports.

Orthopaedic footwear means footwear prescribed by a health care professional and is specifically manufactured or custom-made as a functional aid. Ordinary good quality footwear that is designed for everyday use and can be purchased in a retail store is not considered orthopaedic footwear.

Authorizing Agent means a Claims Entitlement Specialist, Case Manager, Case Management Support, or Vocational Rehabilitation Specialist who is authorized to approve orthotic/appliance expenses for injured workers on behalf of the Workers' Compensation Board (WCB).

BACKGROUND

1. The purpose of reimbursing orthotic/appliance expenses is to ensure workers do not incur additional expenses arising out of a work injury or incident for the provision, repair and replacement of such devices.
2. Section 103(1)(a) of *The Workers' Compensation Act, 2013* (the "Act") directs that every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to "any prosthetics or apparatus that may be necessary as a result of the injury, and to have any prosthetic limbs and eyes and any surgical appliances such as belts, braces, supports and orthopaedic shoes repaired, maintained and renewed when necessary by reason of accident or ordinary wear and tear."
3. Section 109(a) of the Act states that in addition to any other compensation, the WCB may assume the expense of "replacing or repairing any prosthetics or apparatus, including broken dentures, eye glasses, artificial eyes or prosthetic limbs when breakage is caused by an accident or injury in the course of the worker's employment". In this context, the WCB interprets 'accident' as an 'incident,' not necessarily resulting in an injury.
4. Personal responsibility for ordinary maintenance (e.g., cleaning, proper fitting, storage) does not end while the worker is engaged in their employment duties.

POLICY

Originating from the Work Injury

1. The WCB will provide payment for the purchase of an orthotic/appliance, where the following criteria are met:
 - a. The original need for the orthotic/appliance was caused by the compensable work injury;
 - b. The orthotic/appliance is prescribed or recommended by the worker's treating physician or a licensed health care professional.
2. Based on the above criteria, the WCB will also be responsible for any repair or replacement due to ordinary wear and tear, loss or accidental damage, whether work-related or not, as long as the worker requires the device because of the injury, and providing the expense is not the result of wilful destructive conduct by the worker.

Not Originating from the Work Injury

3. Where orthotics/appliances are required for reasons other than the compensable injury, entitlement is based on whether the incident causing damage or loss occurred in the course of employment versus personal responsibility (e.g., cleaning, proper storage).
4. Where the original orthotic/appliance is required for reasons other than a compensable injury and a work injury or incident prompts the need for repair, modification or replacement of the orthotic/appliance, the WCB will cover the associated costs.

General

5. Providing reimbursement or payment for orthotic/appliance expenses is subject to approval by the authorizing agent. Where possible, workers will be advised in advance of the expenses that will be allowed. In all instances, where the approved expense is less than the amount claimed by the worker, reasons will be provided in writing.

Coverage – Replacement/Repair

6. Entitlement is based on reasonable repair or replacement of the orthotic/appliance that is in the worker's possession at the time of the injury or incident. The WCB is not responsible for additional costs based on the worker's preference (e.g., the worker requests to have a protective coating put on their lenses, but the damaged or lost pair of glasses did not have a protective coating).
7. Entitlement for repair or replacement expenses covers the cost of medical examinations including refraction.
8. The following examples set out WCB principles for the adjudication of claims for damage or loss to orthotics/appliances:
 - a. The worker removes a non-work injury related orthotic/appliance to perform routine maintenance. The orthotic/appliance is damaged or lost as a result of the worker's actions (e.g., worker drops the orthotic/appliance on the floor) rather than an intervening

work-related cause. This is ordinary maintenance, a personal responsibility, with no work-related injury or incident. Claim for reimbursement is denied.

- b. An injury or incident occurs during the course of employment (e.g., the worker is struck by a falling object and sustains damage to his glasses). The orthotic/appliance is lost or damaged. Independent of whether the loss or damage is accompanied by personal injury, the loss or damage is work caused. The claim is acceptable.

Eyewear

9. Where a work injury or incident requires the worker to wear prescription lenses or requires a change in the worker's current prescription, entitlement is to include the actual costs of the prescription lenses and up to the maximum allowable for frames as set out in PRO 15/2020, Consumer Price Index – Annual Increase, as well as replacement or repair necessitated by normal wear and tear.
10. Where the worker wore prescription lenses prior to the injury, which are subsequently damaged or lost as a result of a work injury or incident, entitlement is to include the actual costs of the prescription lenses (based on the features of the actual lost or damaged pair) and up to the maximum allowable for frames as set out in PRO 15/2020, Consumer Price Index – Annual Increase.

Footwear

11. The decision to provide orthopaedic footwear or to modify the worker's existing footwear will be assessed on a case-by-case basis with reasonable input from the worker.
12. Where modification of existing footwear is required due to the effects of a work injury (e.g., to accommodate a brace), the WCB will cover the cost of the initial and subsequent modifications. If there is no need for orthopaedic footwear, the cost of the footwear will continue to be the worker's responsibility and the payment made by the WCB will be limited to the costs of the modifications.
13. Where the worker's existing footwear is of insufficient quality to accommodate modifications, the WCB will cover the full cost of one pair of footwear sufficient for modification. Where existing footwear becomes prematurely worn due to the use of an orthotic/appliance, the WCB will also cover the costs for the repair or replacement of the footwear.
14. Where a work injury has prompted the need for modified footwear and the modified footwear requires repair or adjustment, if the worker is unable to work without this footwear (e.g., while the footwear is being modified), the WCB will cover the full cost of an extra pair of footwear to be used in the interim.
15. Where a work injury creates the need for orthopaedic footwear, the WCB will be responsible for the initial cost, repair and replacement of orthopaedic footwear prescribed by the worker's treating physician or a licensed health care professional.
16. Where a worker is unable to wear shoes of the same size (e.g., one foot is larger than the other) as a result of a work place injury (e.g., crushed foot, burns, severed toes, etc.), the WCB will cover the full cost of both pairs of footwear at the initial purchase. When replacement shoes are required, coverage is limited to reimbursement for one pair of shoes.

17. Where the work injury has necessitated a job change and the worker's existing footwear is of insufficient quality to assist in return to meaningful employment, the WCB may consider reimbursement of the purchase of one good quality pair of footwear available at a retail store.

Leisure/Sports Footwear and Prostheses

18. In situations where a worker requires orthopaedic or modified work footwear due to the effects of a work injury and the footwear is not suitable for casual or leisure wear, coverage for the costs of the second pair will be provided.

19. Requests for specialized sports prosthesis (e.g., for skiing, swimming) will be considered on a case-by-case basis in accordance with Section 111 of the Act.

Act Sec #	103, 109, 111
Effective Date	01 August 2016
Application	All workers requiring orthotics/appliances.
Supersedes	POL 17/2008 Expenses – Orthotics/Appliances – Provision, Replacement and Repair
Complements	PRO 15/2020 Consumer Price Index (CPI) – Annual Increase PRO 57/2017 Hearing Services

Policy	Family Support – Seriously Injured Workers (POL 06/2019)
Effective Date	01 October 2019
Application	Applies to the families of seriously injured workers on or after the effective date.
Purpose	To support families by reimbursing reasonable expenses resulting from the family's attendance at a treatment facility for a seriously injured worker.

DEFINITION

Immediate family member, for the purpose of this policy, means a spouse, parent, legal guardian, grandparent, child, grandchild, or sibling.

BACKGROUND

The Workers' Compensation Act, 2013 authorizes the WCB to provide support to the dependants of workers who are seriously injured (Sections 19(1)(a), 20(1)(a) and 115(j)). It is the WCB's intent to extend this support to immediate family members defined above, even if they are not considered financially dependent on the worker's earnings.

POLICY

1. For the purpose of this policy, a seriously injured worker is someone who sustains a life-threatening injury, or an injury that results in a permanent loss of function or significant disfigurement. These types of injuries can be both physical and/or psychological in nature. Such injuries may include, but are not limited to, quad or paraplegia, upper or lower limb amputation, severe head injury, severe burns, blindness.
2. When a worker becomes seriously injured, immediate family members may attend the treating facility and remain with the worker immediately following the injury/diagnosis. The WCB will provide support by reimbursing reasonable expenses resulting from the family's attendance at a treatment facility.
3. This support could include, but is not limited to, the following:
 - a. Travel.
 - b. Child care.
 - c. Family member earnings loss benefits.
 - d. Counselling.

Effective Date	01 October 2019
Approved Date	19 August 2019
Legislative Authority	<u>The Workers' Compensation Act, 2013</u> Sections 2(1)(y), 19(1)(a), 20(1)(a), 23(1), 115(j)
Document History	<ul style="list-style-type: none"> (1) POL and PRO 19/2016, Support – Families of Seriously and Fatally Injured Workers (effective 23 August 2016 to 30 September 2019). (2) POL and PRO 06/2014, Support – Family of Seriously Injured Workers (effective 29 April 2014 to 23 August 2016). (3) POL 11/2001, Family Support in Exceptional Circumstances (effective 30 November 2001 to 29 April 2014).
Complements	<p><u>PRO 06/2019</u> Family Support – Seriously Injured Workers</p> <p><u>PRO 01/2019</u> Travel Expense Rates</p> <p><u>POL 15/2008</u> Allowance – Temporary Additional Expense</p>

Procedure	Family Support – Seriously Injured Workers (PRO 06/2019)
Effective Date	01 October 2019
Application	Applies to the families of seriously injured workers on or after the effective date.
Purpose	To support families by reimbursing reasonable expenses resulting from the family's attendance at a treatment facility for a seriously injured worker.

BACKGROUND

POL 06/2019, Family Support – Seriously Injured Workers establishes guidelines for providing support to the families of seriously injured workers.

PROCEDURE

Contact with Families

1. How does WCB assist families of seriously injured workers?
 - a. The Extended Services Department provides personalized care to individuals and families impacted by serious injuries.
 - b. Extended Services staff will offer to arrange face to face meetings with the families of seriously injured workers. The purpose of these meetings is to:
 - i. Discuss the overall WCB process.
 - ii. Discuss the benefits and support the WCB may provide.
 - iii. Provide information packages.
 - iv. If required, obtain information needed for adjudication purposes.
 - c. Staff will document on the workers' claim files:
 - i. Offers for in person meetings.
 - ii. Results and summaries of in person meetings, and
 - iii. Any other correspondence with family members.
2. If immediate family members are required to travel to attend a treatment facility, what expenses may be covered?
 - a. Staff will make decisions to fund expenses on a case-by-case basis. This support may include:
 - i. Travel.
 - ii. Child care.
 - iii. Earnings loss benefits.

- b. This support may be provided to immediate family members for up to seven calendar days. If a life-threatening condition persists, staff may extend this support past seven days.

Travel

- 3. What benefits are covered for the travel support of immediate family members and how are they calculated?
 - a. Travel support includes, but may not be limited to, reimbursement for:
 - i. Actual travel expenses to and from the treatment facility using the most practical means of travel from the family members' home.
 - ii. Lodging.
 - iii. Meals.
 - iv. Laundry.
 - v. Parking.
 - b. Travel, lodging and meal rates are subject to WCB travel rates (PRO 01/2019, Travel Expense Rates).
 - c. If the worker's family does not live in Saskatchewan, staff may limit travel support to one immediate family member.

Child Care

- 4. Will WCB cover child care costs when a worker is seriously injured?
 - a. If additional child care costs are incurred resulting from an immediate family member travelling to see a worker in a treatment facility, staff will reimburse child care costs that exceed what the family paid prior to the worker's injury.

Earnings Loss for Family Members

- 5. Will WCB cover earnings loss for immediate family members when they miss time from their employment to attend a seriously injured worker at a treatment facility?
 - a. Staff may provide earnings loss payments to family members if their employers do not provide paid leave to visit the seriously injured worker.
 - b. Earnings loss benefits for a family member will be based on actual salary loss and at a rate not to exceed the maximum wage rate.

Counselling

- 6. If immediate family members of a seriously injured worker need help coping, does WCB provide coverage for counselling services?
 - a. WCB will offer and arrange counselling sessions for immediate family members who need assistance coping with a seriously injured worker.

- b. Staff will offer to pay up to five counselling sessions (i.e., one initial assessment and four follow-up visits). On a case by case basis, counselling support may extend past five sessions.
- c. Staff will pay travel support to family members that need to travel outside their home community for counselling sessions. Travel, lodging and meal rates are subject to WCB travel rates (PRO 01/2019, Expenses - Travel Expense Rates).
- d. Staff will document on workers' claim files:
 - i. Offers for counselling, and
 - ii. The family members that attend counselling.

Effective Date	01 October 2019
Approved Date	19 August 2019
Legislative Authority	<u>The Workers' Compensation Act, 2013</u> Sections 2(1)(y), 19(1)(a), 20(1)(a), 23(1), 115(j)
Document History	<ul style="list-style-type: none"> (1) POL and PRO 19/2016, Support – Families of Seriously and Fatally Injured Workers (effective 23 August 2016 to 30 September 2019). (2) POL and PRO 06/2014, Support – Family of Seriously Injured Workers (effective 29 April 2014 to 23 August 2016). (3) POL 11/2001, Family Support in Exceptional Circumstances (effective 30 November 2001 to 29 April 2014).
Complements	<u>POL 06/2019</u> Family Support – Seriously Injured Workers <u>PRO 01/2019</u> Travel Expense Rates <u>POL 15/2008</u> Allowance – Temporary Additional Expense

Procedure	Translation Services (PRO 04/2012)
Document Date	18 January 2012
Purpose	To remove communication barriers with non-English speaking workers and employers.

DEFINITION

Translation is defined as accurate written, oral or visual rendition in one language of what is expressed in another language.

BACKGROUND

1. In February 2008, the Association of Workers' Compensation Boards of Canada (AWCBC) National Compensation and Benefits Committee proposed a number of principles for each Canadian jurisdiction to follow when addressing how to provide workers' compensation to migrant workers. These principles were endorsed by the AWCBC Executive Committee.
2. The following procedure will adhere to the AWCBC principle of allowing all injured workers access to translation services. With this procedure, the Workers' Compensation Board (WCB) will work to remove communication barriers with all non-English speaking workers and employers (customers).
3. The WCB may enter into an agreement with an external translation service provider. The terms and conditions of the agreement should take precedence over the translation services guidelines noted below.

PROCEDURE

1. All workers as defined by Section 2(1)(ii) and employers as defined by Section 2(1)(l) of *The Workers' Compensation Act, 2013* (the "Act") are entitled to and will be provided free translation services where a communication barrier exists between the customer and the WCB. The exception being where the worker voluntarily relocates out of Canada, the cost of translation services necessary for the management of the claim, regardless of whether the WCB makes arrangements, will be the responsibility of the worker (POL 07/2007, Voluntary Relocation Outside Canada).
2. Translation services required by customers may be provided by internal WCB staff fluent in the customer's language. Where WCB staff are unable to provide appropriate translation services, the WCB will arrange for external translation services. The type of services arranged by the WCB will be dependent on the requirements of the customer (e.g., written, oral or visual translation).
3. Where required, WCB staff may arrange for a customer to be accompanied by a translator when attending an appointment at a medical treatment facility or with a health care provider.
4. Where the customer prefers to provide their own translator (e.g., family member), and the translator has a salary loss due to attendance, the translator may be reimbursed on the

basis of actual salary loss at a rate not to exceed the maximum wage rate (as defined by Section 37 of the Act).

5. Travel and sustenance expenses that result from the translator's attendance will be reimbursed in accordance with PRO 01/2019, Travel Expense Rates. No additional recognition for translation services will be provided.
6. Since translators will participate in the exchange of personal information, translators (other than internal WCB staff) may be asked to sign a confidentiality agreement where necessary.

ATTACHMENTS

[Translation Services Instructions for WCB Staff](#)

Act Sec #	2(1)(ii), 2(1)(l), 37
Effective Date	01 February 2012
Amended	01 January 2014. References updated in accordance with <i>The Worker's Compensation Act, 2013</i>
Application	Injured workers, employers and WCB staff
Supersedes	PRO 08/2009 Translation Services
Complements	<u>PRO 01/2019 Travel Expense Rates</u>
	<u>POL 03/2016 Temporary Foreign Workers</u>
	<u>PRO 03/2016 Temporary Foreign Workers</u>
	<u>POL 07/2007 Voluntary Relocation Outside Canada</u>
	<u>PRO 07/2007 Voluntary Relocation Outside Canada</u>

Permanent Functional Impairment (PFI)

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Permanent Functional Impairment (PFI) - General	POL 23/2010	PRO 23/2010	01 September 2010
Disfigurement Award Assessments		PRO 01/2015	01 February 2015
Allowance – Independence	POL 31/2016	PRO 31/2016	01 February 2017

Policy	Permanent Functional Impairment (PFI) – General (POL 23/2010)
Document Date	26 August 2010
Purpose	To establish guidelines for assessing Permanent Functional Impairment (PFI) awards.

DEFINITION

Functional Impairment means any adverse reaction in a worker as a result of a work injury which interferes with the normal performance of the worker's body or mind.

Disfigurement means a conspicuous alteration or abnormal change in the features of the face, neck, hands, torso, and upper and lower extremities and/or substantial and permanent scarring of these areas. It is related to the cosmetic appearance of the body and not the loss of bodily function.

BACKGROUND

1. Section 66 of *The Workers' Compensation Act, 2013* (the "Act") authorizes the Workers' Compensation Board (WCB) to establish a rating schedule to calculate a Permanent Functional Impairment (PFI) award.
2. Section 66 also establishes the minimum and maximum awards payable for PFI, subject to the legislation in effect on the date of the determination of the award. For those decisions made:
 - a. Prior to January 1, 2003, Section 66(2)(a) states the minimum amount awarded will be at least \$1,100 and the maximum not more than \$22,600; and
 - b. On or after January 1, 2003, Section 66(2)(b) states the minimum award will be no less than \$2,200 and the maximum not more than \$45,200.
3. Section 66(4) of the Act dictates that a PFI benefit will not be awarded to a worker who suffers a fatal injury. This legislation does not exclude a worker from receiving an award in situations where an occupational disease, although ultimately fatal, results in a period of permanent impairment prior to death.
4. Section 76(1) declares that "a permanent award established pursuant to any former *Workers' Compensation Act* must not be reduced except pursuant to that Act".

POLICY

1. In the past, impairment evaluations were determined using a rating schedule constructed by the Workers' Compensation Board (WCB). However, to be consistent with other jurisdictions and the most current practices in impairment evaluation, the WCB has established *The American Medical Association Guides to the Evaluation of Permanent Impairment (AMA Guides)* as its new rating schedule.

2. PFI will be assessed when the WCB consultant determines it is medically appropriate.
3. The WCB provides a PFI award to a worker for any measurable permanent functional impairment or disfigurement resulting from a compensable injury arising out of and in the course of employment.
4. A worker will receive a single lump sum PFI award based on a percentage rating applied to the maximum award. Section 66 of the Act defines the minimum and maximum PFI awards.
5. No PFI award is payable until it exceeds the minimum rating percentage applicable. Ratings of 0.5% to 4.87% are eligible for the minimum payment.
6. In accordance with the *AMA Guides*, an injury will be assessed alone or as part of a multiple injury rating that considers the overall whole person impairment (WPI).
 - a. In a situation where a worker suffers multiple injuries or disfigurement from one incident, a PFI will be assessed as a multiple injury rating using the *AMA Guides'* Combined Values Chart (CVC).
 - b. Where a worker suffers multiple injuries or disfigurement from various incidents, the *AMA Guides'* CVC will be applied, despite there being separate claim numbers and potentially many years between each injury.
 - c. The application of the CVC will not reduce a previous impairment rating.
7. Canada Disability Plan payments are not taken into account when determining this award.
8. Workers awarded a PFI for functional impairment may qualify for an Independence Allowance (POL 31/2016). PFI awards for hearing loss will not be considered when establishing entitlement to the Independence Allowance.
9. In the case of a terminal occupational disease, the maximum PFI award will be granted once it is medically confirmed that the disease has resulted in any degree of functional impairment. POL 04/2017, Injuries – Occupational Disease will apply.
10. Where a worker dies prior to entitlement, the PFI award will be paid to the worker's estate except where Sections 81 and 93 of the Act apply. In these situations benefits are to be paid to a dependent.
11. A PFI assessed prior to the adoption of the *AMA Guides* will have any reassessment rated according to the most advantageous methodology for the injured worker from either the *AMA Guides* or the previously utilized WCB rating schedule.
12. No further PFI award for functional impairment is payable unless, following reassessment, there is an increase in the original level of impairment awarded.
13. Where upon re-assessment, the PFI award is reduced (e.g., the worker's condition has improved), WCB will review qualification for other entitlements such as Independence Allowance on a prospective basis. Retroactive recovery of the prior PFI will not be made. However, when it is applicable, Independence Allowance will be reduced or discontinued effective the first of the month following the date of re-assessment.

14. Where the PFI award is the result of the acceleration of a prior measurable impairment, cost relief under POL 11/2017, Second Injury and Re-employment Reserve, is to be considered.
15. PFI awards for injuries are to be made in accordance with the established legislation at the time of assessment.

Act Sec #	19(1), 20, 66, 76(1), 81, 93
Effective Date	01 September 2010
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All (re) assessments for PFI on or after the effective date.
Supersedes	POL 05/2007 PFI - General POL 10/2007 Disfigurement Awards POL 13/2010 PFI – Occupational Disease POL 04/2008 PFI – Occupational Disease POL 25/90 PFI Award for Substance Allergy or Sensitization POL 07/2000 PFI – Raynaud's Phenomenon
Complements	PRO 23/2010 Permanent Functional Impairment (PFI) – General POL 31/2016 Allowance – Independence PRO 31/2016 Allowance – Independence PRO 01/2015 Disfigurement Award Assessment POL 15/2008 Allowance – Temporary Additional Expense POL 11/2012 Injuries – Hearing Loss PRO 11/2012 Injuries – Hearing Loss POL 11/2017 Second Injury and Re-Employment Reserve PRO 11/2017 Second Injury and Re-Employment Reserve POL 04/2017 Injuries – Occupational Disease PRO 04/2017 Injuries – Occupational Disease POL 02/2017 Injuries – Psychological POL 03/2011 Worker's Death Prior to Issuance of Entitlement

Procedure	Permanent Functional Impairment (PFI) – General (PRO 23/2010)
Document Date	01 September 2010
Purpose	To establish guidelines for assessing Permanent Functional Impairment (PFI) awards.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 23/2010, Permanent Functional Impairment – General.
2. The following procedure provides guidelines for assessing Permanent Functional Impairment (PFI) awards.

PROCEDURE

1. Medical Services will provide PFI evaluations based on the most current edition of *The American Medical Association Guides to the Evaluation of Permanent Impairment* (AMA Guides).
2. Where medical reports in the claimant's file are inadequate to determine a PFI rating, Medical Services will first request that updated medical, including recent examination results, be provided by the attending caregiver(s). If updated medical reports are still inadequate to evaluate the permanent impairment, Medical Services will request that an examination be arranged by either:
 - a. a WCB accredited community caregiver familiar with conducting injury related physical or mental health examinations; or
 - b. a WCB consultant.

In all cases, the whole person impairment will be reviewed and rated by an experienced WCB consultant trained in the use of the *AMA Guides*.
3. For disfigurement evaluation, the worker may be requested to provide color photographs of the affected areas. All reasonable costs associated with providing these photographs will be reimbursed to the worker.
4. Payment of a PFI award is based on a percentage rating applied to the maximum award. As per points 3 and 4 of POL 23/2010, PFI – General, the amount payable is determined by the thresholds in effect at the time of the determination of the award.
5. In a situation where a worker suffers multiple injuries from a single incident, the WCB consultant will apply the *AMA Guides'* Combined Values Chart (CVC) to rate the impact of the injuries on the overall whole person impairment (WPI).
6. Workers with a PFI rating of 10 per cent or greater are to be considered for the Independence Allowance. PFI awards for hearing loss will not be eligible. POL 31/2016, Allowance – Independence will apply.

7. In cases of progressive impairment due to disease or repetitive trauma (e.g., progressive post traumatic osteoarthritis or post-surgical fibrosis), each stage of development of the impairment will not be compensated. These situations are to be handled as increases to the original injury rather than as new injuries. As a result, the difference between the former rating and the recent rating will be calculated according to the established legislation at the time of assessment.
8. Where a rating falls within the minimum range and a minimum lump sum award is provided, no further award shall be paid until the condition exceeds the minimum percentage applicable.
9. The lump sum award is to be expressed to the worker in terms of both dollars and percentage.
10. Workers are to be informed as to how their PFI award has been calculated and that the amount they receive may differ from others with the same PFI. The amount payable is dependent on the legislation in effect when a decision is made to pay an award. This also applies in cases of a minimum award, where workers with apparently more, or less, functional impairment may have received different amounts.
11. The Chief Medical Officer (CMO) will review POL 23/2010, PFI – General, and this procedure on an annual basis to ensure the correct edition of the *AMA Guides* is being used to determine PFI awards.

Act Sec #	19(1), 20, 66, 76(1), 81, 93
Effective Date	01 September 2010
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All (re) assessments for PFI or disfigurement on or after the effective date.
Supersedes	PRO 05/2007 PFI - General PRO 10/2007 Disfigurement Awards
Complements	POL 23/2010 Permanent Functional Impairment (PFI) – General POL 31/2016 Allowance – Independence PRO 01/2015 Disfigurement Award Assessment POL 15/2008 Allowance – Temporary Additional Expense POL 11/2012 Injuries – Hearing Loss POL 11/2017 Second Injury and Re-Employment Reserve POL 04/2017 Injuries – Occupational Disease POL 02/2017 Injuries – Psychological POL 03/2011 Worker's Death Prior to Issuance of Entitlement

Procedure	Disfigurement Award Assessments (PRO 01/2015)
Document Date	14 January 2015
Purpose	To establish the process for acquiring photographs from injured workers for the purpose of assessing and rating disfigurement.

DEFINITION

Disfigurement means a conspicuous alteration or abnormal change in the features of the face, neck, hands, torso, and upper and lower extremities and or substantial and permanent scarring of these areas. Disfigurement is related to the cosmetic appearance of the body and not the loss of bodily function.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 23/2010, Permanent Functional Impairment (PFI) – General.
2. In accordance with POL 23/2010 and the most current edition of *The American Medical Association: Guides to the Evaluation of Permanent Impairment*, Medical Officers will provide PFI evaluations for disfigurement awards.

PROCEDURE

1. Linear scarring that is caused by surgical intervention or work-related injuries (e.g., lacerations) may not qualify for a PFI award unless the scarring is on the front of the worker's neck or face. Where there is frontal neck or facial scarring, the worker should submit digital colour photographs of the disfigurement to the WCB.
2. The worker should also submit colour digital photographs where, as the result of a work-related injury, the worker has:
 - a. extensive scarring from a burn, pigment change or permanent rash;
 - b. surgical skin graft (photographs should be taken of the graft and donor site); or
 - c. severe skin deformity;
 on any part of their body. Such disfigurements may be acceptable for a PFI award.
3. Scarring that is caused by an amputation will not qualify for a separate cosmetic PFI award because the PFI rating for amputations already includes a cosmetic factor.
4. Where colour digital photographs are required, the photographs must be taken and provided to the Case Manager two years from the date of injury or the worker's most current surgery. It is recommended that the photographs be provided as:
 - a. Email photo attachment;
 - b. Compact disk;

- c. Portable flash drive; or
- d. Other electronic method.

Colour photographs on photographic paper may be acceptable in some situations. The WCB will reimburse all reasonable costs associated with providing photographs.

5. The Case Manager will attach colour digital photographs to the worker's electronic claim file. Once the photographs are attached, the Case Manager will send a referral to the Medical Officer, who will complete a PFI rating.
6. Where the disfigurement involves body parts of a sensitive nature, the Case Manager will contact the Medical Officer to determine if colour digital photographs of the disfigurement are required. Sensitive photographs will be delivered directly and securely to the Medical Officer.

Act Sec #	20, 66, 115(j)
Effective Date	01 February 2015
Application	Claims for disfigurement assessed on or after the effective date
Supersedes	N/A
Complements	POL 23/2010 Permanent Functional Impairment (PFI) – General PRO 23/2010 Permanent Functional Impairment (PFI) – General

Policy	Allowance – Independence (POL 31/2016)
Document Date	19 December 2016
Purpose	To establish guidelines for issuing independence allowance.

BACKGROUND

The Workers' Compensation Act, 2013 authorizes the Workers' Compensation Board (WCB) to provide independence allowance (IA) to workers who have severe Permanent Functional Impairment (PFI) (Section 67).

POLICY

General

1. The WCB may provide Independence Allowance (IA) to workers with severe PFI to help the worker maintain independence.
2. IA may help cover:
 - a. Routine home maintenance (e.g., daily, weekly, seasonal). Examples include, but are not limited to, hiring someone to:
 - i. Cut grass.
 - ii. Clear snow.
 - iii. Clean rain gutters.
 - b. Fees that a landlord charges for property maintenance.
 - c. Taxis or other transportation services (e.g., Paratransit).
3. IA is not intended for major home projects or renovations (e.g., house painting, shingle replacement).

Eligibility

4. IA is based on the worker's:
 - a. PFI rating, and
 - b. Physical need.
5. PFI awards for hearing loss will not be considered when determining IA entitlement.
6. The WCB may consider PFI awards for psychological injuries or disfigurements when determining IA entitlement if the impairment limits the worker's independence. Such barriers include, but may not be limited to, the following:
 - a. Joint mobility.
 - b. Cold sensitivity.

- c. Social avoidance.
- d. Diminished energy/motivation.

7. The worker's income, including any other WCB benefits, will not affect IA eligibility.

Calculation

8. If the worker has a PFI rating of:

- a. Less than 10 per cent from all eligible claims, the WCB will not provide any IA.
- b. 10 to 39 per cent from all eligible claims, the WCB will calculate IA as follows:

$$\frac{\text{Actual PFI Per cent}}{40 \text{ per cent}} \times 5 \text{ per cent of PFI maximum}$$

- c. 40 per cent or more from all eligible claims, the WCB will calculate IA as follows:
Five per cent of PFI maximum.

Payment

- 9. The WCB will pay IA annually, first of the month following the anniversary of the worker's first earnings loss. The WCB will prorate the worker's first IA payment from the first of the month after the PFI rating to the anniversary of their first earnings loss.
- 10. The WCB will pay IA to the worker for life, unless he or she no longer needs IA (e.g., the worker sells their home after moving to a long-term care facility).
- 11. If the worker dies after the WCB issues IA, and the payment extends for a period beyond the date of death, WCB staff will not calculate or pursue an overpayment of the IA payment extending beyond the date of death.

Act Sec #	66, 67
Effective Date	01 February 2017
Application	All workers eligible for independence allowance on and after the effective date.
Supersedes	POL 27/2010 Allowance – Independence
Complements	PRO 31/2016 Allowance – Independence
	POL 23/2010 Permanent Functional Impairment (PFI) – General
	POL 11/2017 Second Injury and Re-Employment Reserve
	PRO 11/2017 Second Injury and Re-Employment Reserve
	POL 15/2008 Allowance – Temporary Additional Expense
	POL 04/2015 Modifications – Home, Vehicle, and Work

Procedure	Allowance – Independence (PRO 31/2016)
Effective Date	01 February 2017
Application	Applies to all workers eligible for independence allowance on and after the effective date.
Purpose	To establish guidelines for issuing independence allowance.

BACKGROUND

POL 31/2016, Allowance – Independence establishes guidelines for providing independence allowance (IA).

PROCEDURE

Permanent Functional Impairment (PFI) Evaluations

1. Medical and Health Care Services (MHCS) will provide PFI evaluations in accordance with the most current edition of the American Medical Association: Guides to the Evaluation of Permanent Impairment (POL 23/2010, Permanent Functional Impairment (PFI) – General).

Reviewing Eligibility

2. If the worker has a PFI rating of 10 percent or more from all eligible claims, Operations will send a questionnaire to determine if the worker is eligible for IA.
3. The questionnaire will allow Operations staff to determine if the worker:
 - a. Continues to live in their home, rental unit or condominium.
 - b. Needs to move from their home, rental unit or condominium because of the injury.
 - c. Is able to continue maintaining their home, rental unit or condominium (e.g., interior and exterior).
 - d. Requires help maintaining their home, rental unit or condominium because of the injury.
 - e. Needs special transportation services (e.g., taxi, Paratransit) because of the injury.
4. After reviewing the questionnaire, Operations staff will review the claim to determine if the worker's needs are a result of the work injury.
5. Workers living in nursing homes, extended care facilities or other special care facilities do not normally need IA. However, Operations staff may issue IA to the worker's spouse or children if they maintain the worker's home.
6. If the worker's needs are a result of the work injury, Operations staff will issue IA to the worker.

7. Operations staff will issue IA to the customer annually on the first of the month following the anniversary of their commencement of earnings loss date. A customer is eligible to receive IA if they continue to have a severe PFI and require IA to maintain their independence.

Multiple PFI Awards

8. If the worker has more than one PFI award from a number of claims, the Operations staff member responsible for the claim with the largest PFI will send the PFI10 letter and review the questionnaire.
9. If the worker receives a new PFI award after the WCB issues IA, Operations staff will determine if the worker should receive more IA. If IA should increase, Operations staff will issue a prorated payment to the worker, for the period beginning the first of the month after the new PFI award to the anniversary of the worker's first earnings loss. Thereafter, the WCB will issue the adjusted amount annually.
10. If the worker has more than one PFI award from a number of claims, Operations staff will divide the cost of IA based on the PFI rating attributable to each claim.

Reassessments

11. If a reassessment results in a decreased PFI rating, Operations staff will determine the impact on IA qualification at the worker's next annual review. Operations staff will not calculate and recover overpayments on previously awarded IA.

Effective Date	01 February 2017 01 January 2019, Requirement for annual IA questionnaire removed.
Approved Date	20 December 2016 11 October 2018, requirement for annual IA questionnaire removed.
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 66, 67
Document History	<ol style="list-style-type: none"> (1) 11 October 2018. PRO 23/2016, Allowance - Independence amended to remove reference to annual IA reviews. (2) PRO 23/2010, Allowance – Independence (effective 01 January 2011 to 31 January 2017). (3) PRO 09/2004, Allowance – Independence (effective 01 January 2003 to 31 December 2010). (4) PRO 01/1999, Allowance – Independent (effective 01 February 1999 to 31 December 2002).
Complements	POL 31/2016 Allowance – Independence POL 23/2010 Permanent Functional Impairment (PFI) – General POL 11/2017 Second Injury and Re-Employment Reserve POL 15/2008 Allowance – Temporary Additional Expense POL 04/2015 Modifications – Home, Vehicle, and Work

Annuities and Pensions

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Annuities	POL 05/2020	PRO 05/2020	01 January 2021
Pension Commutation (<i>The Workers' Compensation Act, 1974</i>)	POL 13/2016	PRO 13/2016	01 August 2016
Deducting Commuted Permanent Disability Pensions	POL 12/2016		01 August 2016
Retroactive Pensions (<i>The Workers' Compensation Act, 1974</i>)	POL 61/1974		01 January 1975

Policy	Annuities (POL 05/2020)
Effective Date	January 1, 2021
Application	Applies to workers injured on or after January 1, 1980 and dependent spouses of injured workers on or after January 1, 1989.
Purpose	To establish guidelines for providing annuities to compensate for the reduction of retirement income caused by a workplace injury.

DEFINITION

Eligible compensation is the amount paid to compensate for earnings loss, which includes benefit payments made to:

- The worker or dependent spouse.
- The employer on behalf of the worker (salary continuance), and
- A third party on behalf of the worker (e.g., Employment Insurance, Maintenance Enforcement or Canada Revenue Agency).

Life annuity is a financial product that provides an individual with a monthly payment for the rest of their life. The amount of this monthly payment is based on the amount invested and the interest rates at the time the life annuity is purchased.

Qualifying period means a period exceeding 24 consecutive months in which the worker or dependent spouse receives eligible compensation for any portion of the month prior to reaching age 65. A single qualifying period may result from eligible compensation paid on more than one injury claim.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") directs the Workers' Compensation Board (WCB) to set aside an amount equal to 10 per cent of the compensation paid to a worker who received earnings loss benefits for more than 24 consecutive months (Section 73(3)).
2. The amount set aside with accrued interest must be used to provide an annuity for the worker at age 65 (Section 73(4)). It is the WCB's intent to compensate for a reduction of retirement income caused by a workplace injury.
3. The minimum annuity amount is \$25,000, adjusted annually by the percentage increase in the Consumer Price Index (CPI) (Section 73(1)).
4. The annuity amount may be set aside in the reserves of the WCB or paid into an established superannuation plan (registered pension plan) at the request of the worker. (Section 73(5)).
5. If the Board Members determine that the impact of the injury on the retirement income of the worker is inadequately compensated by the annuity payments and causes an undue hardship to the worker, the WCB may provide an annuity supplement (Section 74).

6. A dependent spouse who has been in receipt of eligible compensation for a period exceeding 24 consecutive months will be provided an annuity at age 65. An amount equal to 10 per cent of eligible compensation paid is set aside to provide for the annuity (Sections 81(1), 81(3), and 81(6)).

POLICY

1. If a worker or dependent spouse receives eligible compensation for more than 24 consecutive months, the WCB will set aside an amount equal to 10 per cent of eligible compensation paid:
 - a. During the qualifying period, and
 - b. After the qualifying period up to the end of the month the worker or dependent spouse turns age 65.
2. An annuity amount will not be set aside on eligible compensation paid on any other work-related injury claim(s) that does not form part of the qualifying period.
3. The amount will be set aside until the last day of the month in which the worker reaches age 65, and together with accrued interest, will be used to provide an annuity for the worker or dependent spouse.
4. The minimum annuity amount is adjusted each year by the percentage increase as noted in the Consumer Price Index (CPI) – Annual Increase procedure, and rounded up to the nearest \$100.

Salary Continuance

5. Payments made to the employer on behalf of the worker (salary continuance) will be considered for the annuities qualifying period.
6. An amount will not be set aside on payments made to the employer while the worker is on salary continuance, unless it has been confirmed that the employer is not contributing to the Canada Pension Plan (CPP) and/or an employer-sponsored pension plan on behalf of the worker.

Suspension of Benefits

7. If the suspension of benefits is a result of acceptable or unacceptable circumstances, or pregnancy, as outlined in POL 15/2016, Suspension of Benefits, the qualifying period will:
 - a. Pause regardless of the duration of the suspension, and
 - b. Resume on the day of the first payment following the suspension.
8. Suspension of benefits as a result of incarceration as outlined in POL 10/2016, Suspension of Benefits – While Incarcerated, will impact the qualifying period as follows:
 - a. If the suspension is less than a full calendar month and the worker still receives compensation in a month (even for a period of less than a day), that month still counts as part of the qualifying period, or

- b. If the suspension is for a full calendar month, the qualifying period will restart on the day of the first payment following the suspension.

Interest

- 9. The annual interest rate is based on the internally calculated smoothed rate of return earned by the WCB's investment portfolio. Interest will annually accrue:
 - a. Beginning on the first day of the month following the qualifying period, and
 - b. On the amount (principal and interest accrued from previous years) set aside to provide an annuity.
- 10. Interest will accrue on the current year at an estimated rate equal to the interest rate used for the immediately preceding year. After the end of each year, the WCB will calculate the actual annual interest rate and adjust the estimated accrued interest to the actual amount for any balances still set aside.
- 11. Accrual of interest will cease:
 - a. Six months after the later of:
 - i. The worker or dependent spouse reaching age 65, or
 - ii. The worker or dependent spouse being contacted by the WCB to purchase an annuity.
 - b. Six months after the worker or dependent spouse turns 65, if the WCB has been unable to contact the worker or dependent spouse, or
 - c. Six months after the death of a worker or dependent spouse.
- 12. If a worker's earnings loss benefits are retroactively adjusted, interest on the annuity may be retroactively adjusted to the first of the month in which interest on the annuity would have accrued. The following criteria must be met before interest is adjusted:
 - a. The decision to adjust compensation is made on or after January 1, 2003 (adjustments of compensation prior to January 1, 2003 are not eligible for annuity interest adjustments).
 - b. The retroactive adjustment to compensation results in a net annuity change (increase or decrease) greater than \$100, and
 - c. The retroactive compensation adjustment period begins more than six months prior to the end of the month in which the adjustment is made.

Recurrence of a Work-Related Injury

- 13. If the worker has already qualified for an annuity, then returns to work and subsequently suffers a recurrence of the original injury, the WCB will continue to set aside annuity amounts in the month the worker is off work again as a result the recurrence of the original injury.
- 14. If the qualifying period was not met prior to a return to work and the worker returns to work and later suffers a recurrence of the original injury:

- a. The initial months the worker was in receipt of compensation will not be used to establish entitlement to an annuity, and
- b. The qualifying period restarts.

Death before Age 65

15. If the worker or dependent spouse passes away prior to reaching 65 years of age, the principal sum with accrued interest will be paid to the worker's or dependent spouse's estate upon receipt of the death certificate or other proof of death.
16. If the worker's death was a result of the work-related injury for which they were receiving earnings loss benefits, annuity payouts will not reduce compensation payable to dependants.

Purchase of an Annuity

17. If the total amount set aside on all claims that have qualified for annuity contributions (even if those amounts relate to different injuries and different qualifying periods) as of the last day of the month in which the worker or dependent spouse reaches age 65 is equal to or greater than the minimum annuity amount, the worker or dependent spouse will be required to purchase a life annuity, which must be:
 - a. Non-registered.
 - b. Guaranteed to return the purchase price, and
 - c. Payable in equal installments.
18. If the total amount set aside on all claims that have qualified for annuity contributions (even if those amounts relate to different injuries and different qualifying periods) as of the last day of the month in which the worker or dependent spouse reaches age 65 is less than the minimum annuity amount, they may choose a lump sum payout of the accumulated principal and interest in lieu of an annuity.
19. The minimum annuity amount will be based on the year the worker or dependent spouse reaches age 65 outlined in the Consumer Price Index (CPI) – Annual Increase procedure.
20. Upon evidence that the worker or dependent spouse has entered into a contract to purchase an annuity, the amount set aside will be paid to the annuity provider/company on behalf of the worker or dependent spouse.

Qualifying for Annuities after Age 65

21. If an annuity is payable as a result of an adjustment to previous earnings loss benefits for a worker or a dependent spouse over the age of 65:
 - a. The worker or dependent spouse will be required to purchase an annuity if the principal and any retroactive interest is over the minimum annuity amount, or
 - b. The worker or dependent spouse will receive a lump sum payout, in lieu of an annuity, if the principal and any retroactive interest is under the minimum amount.

22. If a worker has been previously paid annuity funds and an additional annuity amount is awarded after age 65, there will be no cumulative effect when determining if the amount payable is below the minimum.

Special Considerations

Alternate Annuities

23. In recognition of unusual circumstances where a life annuity would not sufficiently meet the objective of replacing the worker's or dependent spouse's reduction of retirement income, the WCB will consider requests for an alternate form of annuity on or after the worker or dependent spouse reaches age 65. The alternate annuity must:
- a. Be for the purpose of providing retirement income.
 - b. Detail the terms, conditions and carrier of the alternate annuity.
 - c. Guarantee the alternate annuity will:
 - i. Return the principal portion of the annuity.
 - ii. Be payable from a non-registered fund, and
 - iii. Be payable for equal installments over a period of at least 10 years.
24. If the alternate annuity does not meet the criteria above, Finance will make a decision on a case-by-case basis. If the request is accepted, a Final Release form will be required.

Lump Sum Payouts

25. The WCB will consider requests for a lump sum payout due to terminal illness or foreign residency on a case-by-case basis.

Reconsideration of Decisions

26. Reconsideration of a decision will only be made by the Board Members and is not subject to the regular appeal process.

Annuity Supplement

27. At the request of the worker or dependent spouse, the WCB may supplement their income on or after age 65 to increase the amount to the minimum amount of compensation then payable if:
- a. The worker or dependent spouse is already receiving annuity payments.
 - b. The Board Members determine that the impact of the injury on the retirement income of the worker or dependent spouse is greater than the annuity payments, and
 - c. The impact of the injury on the retirement income causes an undue hardship to the worker or dependent spouse.
28. The annuity supplement will be paid:
- a. On a go-forward basis from the day of the Board Members' decision to supplement, and

- b. Based on minimum compensation, as noted in the Minimum Compensation (Section 75) procedure, at the time of the Board Members' decision to supplement.

Overpayment

29. Claim overpayments may be recovered from any amounts payable to the worker or dependent spouse from the annuity account in accordance with POL and PRO 17/2016, Overpayment Recovery – Compensation.

Enforcement Measures

30. Annuity funds will normally become payable at the time the worker or dependent spouse turns age 65 or passes away. Annuity funds will be subject to garnishment (Creditor or Judgment enforcement measures) if the notice or order is in effect at the time the annuity is payable or at any time any applicable legislation prescribes for the application of the enforcement measure, in accordance with POL and PRO 04/2010, Attachment of Compensation.

Effective Date	January 1, 2021
Approved Date	October 20, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(h), 73, 74, 75, 81
Document History	<p>(1) POL and PRO 13/2013, Annuities (effective January 1, 2014 to December 31, 2020).</p> <p>(2) Bill 58, an amendment to <i>The Workers' Compensation Act, 2013</i>, to set the minimum annuity amount at \$25,000 (effective January 1, 2014).</p> <p>(3) POL 10/2008, Annuities (effective January 1, 2003 to December 31, 2013).</p> <p>(4) PRO 04/2005, Annuities (effective January 1, 2003 to December 31, 2013).</p> <p>(5) POL 04/2005, Annuities (effective January 1, 2003; however superseded by POL 10/2008 which was approved August 5, 2008 and made effective January 1, 2003).</p> <p>(6) POL and PRO 04/2003, Annuities (effective January 1, 2003; however superseded by POL and PRO 04/2005 which was approved September 22, 2005 and made effective January 1, 2003).</p> <p>(7) Bill 72, an amendment to <i>The Worker's Compensation Act, 1979</i>, to state that if the amount set aside is less than \$20,000, the worker or dependent spouse may receive a lump sum, in lieu of an annuity, at age 65 (effective January 1, 2003).</p> <p>(8) POL and PRO 09/2002, Annuities (effective January 1, 2003; however superseded by POL and PRO 04/2003 which was approved May 13, 2003 and made effective as of January 1, 2003).</p> <p>(9) POL and PRO 08/2000, Annuities (effective November 14, 2000 to December 31, 2002).</p>

- (10) POL 02/1999, Annuities (effective February 1, 1999 to November 13, 2000).
- (11) POL 11/95, Modifications to Existing Policies on Annuity Provisions (effective 1995 to January 31, 1999).

Complements

PRO 05/2020	Annuities
POL 15/2016	Suspension of Benefits
PRO 09/2017	Suspension of Benefits
POL 10/2016	Suspension of Benefits – While Incarcerated
PRO 10/2016	Suspension of Benefits – While Incarcerated
POL 07/2013	Consumer Price Index (CPI) – Annual Indexing
PRO 15/2020	Consumer Price Index (CPI) – Annual Increase
POL 04/2010	Attachment of Compensation
PRO 04/2010	Attachment of Compensation
POL 17/2016	Overpayment Recovery – Compensation
PRO 17/2016	Overpayment Recovery – Compensation
PRO 10/2020	Minimum Compensation (Section 75)
POL 09/2012	Termination – Age 63 and Over, Age 65, and Retirement

Procedure	Annuities (PRO 05/2020)
Effective Date	January 1, 2021
Application	Workers injured on or after January 1, 1980 Dependent spouses on or after January 1, 1989
Purpose	To provide guidelines for the administration of annuities.

BACKGROUND

POL 05/2020 provides guidelines for providing annuities. The following procedure details the steps for its ongoing operation.

PROCEDURE

Notice of Eligibility

1. How are workers or dependent spouses notified if they are eligible for annuities?
 - a. The Annuity Management System (AMS) verifies that the qualifying period has been met and contributions are being set aside.
 - b. A letter will be sent to the worker or dependent spouse informing that they have qualified for annuity contributions.
 - c. In the first quarter of every year, Finance will forward an annual statement with the latest year-end annuity account balance, annual contributions and accrued interest earned during the year.
 - d. The worker or dependent spouse must notify the WCB of any change in address and contact information.

Section 73(5) – Superannuation Plan

2. What if the worker or dependent spouse requests that the amount set aside be paid into an established superannuation plan (registered pension plan) instead of leaving it in the Board's reserves?
 - a. The registered pension plan must:
 - i. Be an established superannuation plan (i.e., self-directed RRSP do not qualify), and
 - ii. Not allow the worker or dependent spouse to withdraw the funds before age 65.
 - b. Finance will verify with the annuity provider that the terms of the registered pension plan meets the requirements noted above.
 - c. The worker or dependent spouse must sign a Final Release that states they have received financial advice and understand the possible negative tax consequences of transferring their annuity into a registered superannuation plan.

Salary Continuance

3. What if the worker is on salary continuance?
 - a. If the worker is on salary continuance, WCB will not set aside annuity contributions unless it has been confirmed that the employer is not contributing to the Canada Pension Plan (CPP) and/or an employer-sponsored pension plan on behalf of the worker.
 - b. A letter will be sent to employers after the 24-month qualifying period to verify if they contributed CPP and other pension on the worker's behalf.

Suspension of Benefits

4. Will annuities be set aside if the worker's or dependent spouse's WCB benefits are suspended?
 - a. If the suspension of benefits is a result of acceptable or unacceptable circumstances, or pregnancy, as outlined in POL 15/2016, Suspension of Benefits or POL 01/2008, Suspension of Benefits - Pregnancy, the qualifying period will pause, regardless of the duration of the suspension, and resume on the day of the first payment following the suspension. For example:
 - i. If a suspension of three months occurs after 20 consecutive months of payment, the 21st month will be considered as that month where payment is first made following the suspension.
 - b. If the suspension of benefits is a result of incarceration as outlined in POL 10/2016, Suspension of Benefits – While Incarcerated:
 - i. If the suspension is less than a full calendar month and the worker still receives compensation in a month (even for a period of less than a day), that month still counts as part of the qualifying period, or
 - ii. If the suspension is for a full calendar month, the qualifying period will restart on the day of the first payment following the suspension. For example:
 - (a) If the worker was incarcerated for a year and then starts receiving eligible compensation again, the first payment after the suspension will count as the first month of the qualifying period (the count restarts).

Purchase of an Annuity

5. Will the worker or dependent spouse be notified prior to the annuity payment(s)?
 - a. 60 days before an annuity first becomes payable at age 65, Finance will notify the worker or dependent spouse in writing.
 - b. If Finance is unable to contact the worker or dependent spouse (e.g., no current address or phone number), Finance will hold the payment until the worker or dependent spouse is located or until they contact the WCB.
6. What if the worker or dependent spouse delayed purchasing an annuity?
 - a. The worker or dependent spouse will be advised that six months following the month in which they turn age 65:

- i. Their accounts will no longer be earning any interest, and
- ii. If no response is obtained, only annual reminders to purchase an annuity will be forwarded to workers or dependent spouses.
- b. If Finance is unable to contact the worker or dependent spouse (e.g. no current address or phone number), accrual of interest will stop six months after the worker or dependent spouse turns age 65 without notification being sent.

Qualifying for an Annuity after age 65

- 7. What if an annuity is payable as a result of an adjustment to previous compensation benefits for workers or dependent spouses over the age of 65?
 - a. If the adjustment results in additional annuity payable amount, Finance will notify the worker or dependent spouse:
 - i. The net amount payable, and
 - ii. That interest will accrue on the adjusted amount for a period of up to 6 months from the date the worker or dependent spouse is notified of the additional annuity amount payable.
 - b. If the adjustment results in a reduction of the annuity amount payable, it will be added to the total of any other annuity amounts still payable. The following outlines the possible scenarios:
 - i. If the net amount payable, after the adjustment is added, is positive and the total is above the minimum annuity amount, the worker or dependent spouse will be asked to purchase an annuity.
 - ii. If the net amount payable, after the adjustment is added, is positive and the total is below the minimum annuity amount, the worker or dependent spouse will be eligible for a lump sum payout, or
 - iii. If the net amount payable, after the adjustment is added, is negative, the worker or dependent spouse will not be required to pay back the amount regardless of any annuity amounts previously paid out.
 - c. If a worker or dependent spouse has been previously paid annuity funds and an additional annuity amount is awarded after age 65, there will be no cumulative effect when determining if the amount payable is below the minimum. For example:
 - i. A worker or dependent spouse who purchased a \$30,000 annuity in 2016 becomes entitled in 2020 to an additional annuity amount of \$5,000 (principal together with any retroactive interest). They may elect to receive a lump sum payout even though the total for the two annuity amounts (\$35,000) is greater than the minimum annuity amount.
 - ii. If the new annuity entitlement is greater than the minimum annuity amount, the worker or dependent spouse will be required to purchase an annuity.

Special Considerations – Lump Sum Payouts

Foreign Residents

8. If a worker or dependent spouse has foreign residency, are they able to request for a lump sum payout?
 - a. If the banking system in their country of residence allows for the purchase of an annuity, the worker or dependent spouse will be required to purchase an annuity. Otherwise, if efforts have been made to purchase an annuity and the worker or dependent spouse are still unable to do so, they may submit a request for a lump sum payout.
 - b. To recognize the challenges for non-residents to search for an acceptable investment vehicle, Finance will review files for non-residents and submit a lump sum payout request for Board Members' consideration on behalf of the worker or dependent spouse. Prior to submitting a request to the Board Members, Finance will:
 - i. Provide the Board Members with confirmation of the worker's non-resident status, and
 - ii. Confirm that the worker or dependent spouse has made a reasonable attempt to purchase an annuity or its equivalent (GIC or other registered/non-registered product) in Canada or in the worker's place of residence.
 - c. Where appropriate, Board Members will approve the lump sum payout request, conditional upon execution of the releases, indemnity agreement and/or other required legal documentation.

Terminal Illness

9. What if a worker or dependent spouse who is terminally ill submits a request for a lump sum payout?
 - a. Finance will obtain and review the worker's or dependent spouse's medical prognosis. If it has been determined that the terminal illness is imminent (i.e., weeks to months), the lump sum payout request will be submitted for review by the Board Members.

Annuity Supplement

10. How does the WCB assess eligibility if the worker or dependent spouse who is receiving annuity payments requests an annuity supplement?
 - a. Board Services will verify if there is a reduction in retirement income using the following three-step analysis:
 - i. Confirming whether the amount of the current monthly retirement income is below the statutory minimum compensation for the year the worker turns 65 by verifying the worker's:
 - (a) Canada Pension Plan (CPP).
 - (b) Old Age Security.
 - (c) Annuity payments that result from the purchase of an annuity with funds provided by the WCB annuity program.
 - (d) Other annuity payments, and

- (e) Other employer-related pension.
- ii. Determining whether the worker's injury has caused a reduction in retirement income. To assist Board Services in making their decision, Finance will:
 - (a) Calculate what the worker's monthly CPP income would have been if the injury did not occur using the gross earnings reported on the claim, indexed yearly for the Consumer Price Index (CPI), and the CPP Statement of Contributions, and
 - (b) Compare the calculated figure to the amount the worker is currently receiving.
- iii. Verifying whether the reduction of retirement income determined in the second step has not been adequately compensated by the annuity payments. If the monthly CPP and annuity payment is less than the estimate of what the CPP would have been had the injury not occurred, then there is a reduction in retirement income.
- b. To assess whether the reduction in retirement income causes undue hardship to the worker, Board Services may require the worker's or dependent spouse's tax returns and net worth statements. The Board Members will do an overall assessment of how the reduction in retirement income negatively impacted the worker.

Effective Date	January 1, 2021
Approved Date	October 20, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(h), 73, 74, 75, 81
Document History	<ul style="list-style-type: none"> (1) POL and PRO 13/2013, Annuities (effective January 1, 2014 to December 31, 2020). (2) Bill 58, an amendment to <i>The Workers' Compensation Act, 2013</i>, to set the minimum annuity amount at \$25,000 (effective January 1, 2014). (3) POL 10/2008, Annuities (effective January 1, 2003 to December 31, 2013). (4) PRO 04/2005, Annuities (effective January 1, 2003 to December 31, 2013). (5) POL 04/2005, Annuities (effective January 1, 2003; however superseded by POL 10/2008 which was approved August 5, 2008 and made effective January 1, 2003). (6) POL and PRO 04/2003, Annuities (effective January 1, 2003; however superseded by POL and PRO 04/2005 which was approved September 22, 2005 and made effective January 1, 2003). (7) Bill 72, an amendment to <i>The Worker's Compensation Act, 1979</i>, to state that if the amount set aside is less than \$20,000, the worker or dependent spouse may receive a lump sum, in lieu of an annuity, at age 65 (effective January 1, 2003). (8) POL and PRO 09/2002, Annuities (effective January 1, 2003; however superseded by POL and PRO 04/2003 which was approved May 13, 2003 and made effective as of January 1, 2003).

- (9) POL and PRO 08/2000, Annuities (effective November 14, 2000 to December 31, 2002).
- (10) POL 02/1999, Annuities (effective February 1, 1999 to November 13, 2000).
- (11) POL 11/95, Modifications to Existing Policies on Annuity Provisions (effective 1995 to January 31, 1999).

Complements

POL 05/2020	Annuities
POL 15/2016	Suspension of Benefits
PRO 09/2017	Suspension of Benefits
POL 10/2016	Suspension of Benefits – While Incarcerated
PRO 10/2016	Suspension of Benefits – While Incarcerated
POL 07/2013	Consumer Price Index (CPI) – Annual Indexing
PRO 15/2020	Consumer Price Index (CPI) – Annual Increase – 2020
POL 04/2010	Attachment of Compensation
PRO 04/2010	Attachment of Compensation
POL 17/2016	Overpayment Recovery – Compensation
PRO 17/2016	Overpayment Recovery – Compensation
PRO 10/2020	Minimum Compensation (Section 75)
POL 09/2012	Termination – Age 63 and Over, Age 65, and Retirement

Policy	Pension Commutation (<i>The Workers' Compensation Act, 1974</i>) (POL 13/2016)
Document Date	28 June 2016
Purpose	To establish guidelines for commuting pensions payable under <i>The Workers' Compensation Act, 1974</i> .

DEFINITION

Commutation means a lump sum payment that is made, either at the time when the permanent disability pension was first established or at a later date, in exchange for whole or part of the worker's permanent disability pension.

BACKGROUND

Section 76(1) of *The Workers' Compensation Act, 2013* (the "Act") authorizes the WCB to commute permanent disability pensions in accordance with Section 82 of *The Workers' Compensation Act, 1974*.

POLICY

1. Workers receiving periodic permanent disability pensions payable under *The Workers' Compensation Act, 1974* may request to have their benefits commuted to a lump sum (i.e., exchanged for a commutation).
2. The WCB will consider each pension commutation request on its own merits, while taking into account the following guiding principles:
 - a. Commutation is in the worker's or dependants' best interest.
 - b. Commutation is needed.
 - c. The worker has explored other sources of financial aid and counselling.
 - d. The pension accounts for less than 50 per cent of the worker's total income.
3. The WCB will not commute a worker's pension in the following situations:
 - a. The worker is currently in receipt of, or likely to receive, earnings loss benefits.
 - b. The pension accounts for 50 per cent or more of the worker's total income.
 - c. The dependent spouse is receiving the worker's pension.

Act Sec #	76(1); <i>The Workers' Compensation Act, 1974</i> 82
Effective Date	01 August 2016
Application	All requests for pension commutations under the Old Act.
Supersedes	POL 11/2010 Pension Commutation (<i>The Workers' Compensation Act, 1974</i>)
Complements	PRO 13/2016 Pension Commutation (<i>The Workers' Compensation Act, 1974</i>) POL 22/2013 Appeals – Board Appeal Tribunal

Procedure	Pension Commutations (<i>The Workers' Compensation Act, 1974</i>) (PRO 13/2016)
Document Date	28 June 2016
Purpose	To establish the process for commuting pensions payable under <i>The Workers' Compensation Act, 1974</i> .

BACKGROUND

POL 13/2016, Pension Commutations (*The Workers' Compensation Act, 1974*) establishes guidelines for commuting permanent disability pensions payable under *The Workers' Compensation Act, 1974*.

PROCEDURE

1. Annually, Case Managers (CM) will send letters to workers who are only receiving permanent disability pension benefits under *The Workers' Compensation Act, 1974*. Letters will advise eligible workers of the:
 - a. Pension commutation option.
 - b. Approval criteria for pension commutation.
 - c. Financial impact of a pension commutation.
 - d. Recommendation that the worker should seek independent financial advice before making a decision (not funded by WCB).
 - e. Current value of a full pension commutation (the value will be based on the date the pension is commuted).
 - f. Steps to request a pension commutation.
 - g. Clarification that the worker will remain eligible for other WCB benefits if he or she decides to commute the pension (e.g., medical care, medication, etc.).
2. The CM will not send letters to workers who are receiving earnings loss benefits.

Commutation Requests

3. If a worker wants the WCB to commute their pension, the worker must send a completed Commutation Qualification Review form (PCOM) to their CM. The commutation request must:
 - a. Provide reasoning for the request.
 - b. Note the amount to be commuted.
 - c. Be signed by the worker.
4. Subject to the guiding principles noted in Point 2 of POL 13/2016, the CM may approve pension commutations in situations including, but not limited to, the following.

- a. Home purchase.
 - b. Automobile purchase.
 - c. Investment in a potentially successful business.
 - d. Debt payment.
 - e. Education (aside from the educational expenses the WCB pays for).
 - f. The worker is terminally ill.
5. The CM may request additional information from the worker to help make a decision.
 6. If the worker still wants to commute their pension, the commuted pension will be issued to the worker.
 7. If the CM does not approve the pension commutation, the CM will explain to the worker their decision:
 - a. By phone, and
 - b. In writing.

Appeals

8. The Board Appeal Tribunal will review and make decisions on pension commutation appeals (POL 22/2013, Board Appeal Tribunal will apply).

Actuarial Review

9. To ensure that the information used to commute pensions is accurate, the Internal Actuary will annually update:
 - a. Current interest rates, and
 - b. Life expectancy rates.

Act Sec #	76(1); <i>The Workers' Compensation Act, 1974</i> 82
Effective Date	01 August 2016
Application	All requests for pension commutations under the 1974 Act.
Supersedes	PRO 11/2010 Pension Commutation (<i>The Workers' Compensation Act, 1974</i>)
Complements	POL 13/2016 Pension Commutation (<i>The Workers' Compensation Act, 1974</i>)
	POL 22/2013 Appeals – Board Appeal Tribunal

Policy	Deducting Commuted Permanent Disability Pensions (POL 12/2016)
Document Date	28 June 2016
Purpose	To establish guidelines for deducting commuted permanent disability pensions from current entitlements.

DEFINITION

Commutation means a lump sum payment that is made, either at the time when the permanent disability pension was first established or at a later date, in exchange for whole or part of the worker's permanent disability pension.

BACKGROUND

1. Section 72 of *The Workers' Compensation Act, 2013* (the "Act") states "if an injured worker returns to full employment and afterwards suffers a recurrence of the injury, the compensation payable to the worker must be based on the positive difference, if any, of:
 - (a) the amount that is the greater of:
 - ii. the worker's weekly earnings at the time of the commencement of the worker's loss of earnings resulting from the injury when the injury was initially sustained; and
 - iii. the worker's weekly earnings at the time of the worker's loss of earnings resulting from the recurrence of the injury; and
 - (b) any compensation the worker is already receiving in respect of that injury."
2. Section 76(3) of the Act states "this subsection and subsections (4) to (8) apply only to workers who:
 - (a) are receiving or are entitled to receive an award under any *Workers' Compensation Act* in force before to January 1, 1980; and
 - (b) on January 1, 1983, were under the age of 65."
3. Section 76(4) of the Act states "the board shall:
 - (a) review the compensation being paid to each worker mentioned in subsection (3) to determine the difference between the adjusted earnings at the time of injury and the amount that the board estimates that the worker is capable of earning in suitable employment; and
 - (b) pay 75% of that difference determine pursuant to clause (a) to the worker until the earlier of:
 - ii. the date of the next review; and
 - iii. the date that the worker attains the age of 65."
4. Section 76(7) of the Act states "in determining the amount of compensation payable to a worker mentioned in subsection (3), the board shall:

- (a) deduct the amount of the permanent award for disability; and
 - (b) determine, in accordance with Section 95, the reduction for any *Canada Pension Plan* benefits payable for the same injury.”
5. The permanent award for disability noted in Section 76(7) of the Act is a monthly pension based on the worker’s disability rating.
 6. To determine the amount of compensation payable to a worker receiving earnings loss benefits under Sections 72 and 76 of the Act, the WCB will deduct the worker’s disability pension benefits payable under legislation for injuries occurring prior to January 1, 1980.
 7. Prior to 1985, where a worker’s disability pension was commuted, pension deductions occurring subsequent to the commutation were based on the current value of the pension as if it had not been commuted. This practice changed with the approval of Board Order 01/85, *Deducting of the Amount of the Permanent Award for Disability*.

POLICY

1. In accordance with Sections 72 and 76 of the Act, the amount of disability pension benefits payable under legislation prior to January 1, 1980 will be deducted from earnings loss benefits paid to the worker.
2. In keeping with the practice initiated by Board Order 1/85, where a worker’s disability pension is commuted, the amount deducted from earnings loss benefits will be the value of the disability pension at the time of commutation.

Act Sec #	72, 76, 95
Effective Date	01 August 2016
Application	Claims described by Sections 72 and 76 on and after the effective date
Supersedes	POL 01/85 Permanent Disability Lump Sums, Deducting
Complements	POL 07/2013 Consumer Price Index (CPI) – Annual Indexing
	POL 13/2016 Pension Commutations (<i>The Workers’ Compensation Act, 1974</i>)
	PRO 13/2016 Pension Commutations (<i>The Workers’ Compensation Act, 1974</i>)
	POL 22/2016 Offset of Canada or Quebec Pension Plan Disability Benefits

Policy	Retroactive Pension (<i>The Workers' Compensation Act, 1974</i>) (POL 61/1974)
Document Date	17 December 1974
Purpose	To establish guidelines for paying retroactive permanent disability entitlement.

BACKGROUND

A number of claims have been approved with awards for Permanent Disability and with retroactive effect. In some cases, awards have included many years of retrospective compensation despite the absence of medical evidence of continuing disability or reduction in earnings. In some instances it is doubtful if permanent disability benefits would have been payable for such periods under the then-current policy of the Board.

POLICY

Retroactive entitlement to permanent disability compensation shall be granted only where there is:

- A clearly identifiable disability that has been overlooked;
- Medical evidence of persisting disability; or
- Evidence of a reduction in earnings that can be reasonably be attributed to the disability claimed.

Act Sec #	<i>The Workers' Compensation Act, 1974</i> Section 70
Effective Date	01 January 1975
Amendment	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All Claims
Supersedes	n/a
Complements	n/a

Termination, Reduction or Suspension of Benefits

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Termination of Compensation Benefits – Notice	<u>POL 17/2010</u>	<u>PRO 17/2010</u>	01 May 2010
Termination – Age 63 and Over, Age 65, and Retirement	<u>POL 09/2012</u>		01 October 2012
Bridging Program	<u>POL 11/2013</u>		01 February 2014
Suspension of Benefits	<u>POL 15/2016</u>	<u>PRO 09/2017</u>	01 October 2016 01 August 2017
Suspension of Benefits – Pregnancy	<u>POL 01/2008</u>		01 February 2008
Suspension of Benefits – While Incarcerated	<u>POL 10/2016</u>	<u>PRO 10/2016</u>	01 October 2016
Attachment of Compensation	<u>POL 04/2010</u>	<u>PRO 04/2010</u>	03 February 2012

Policy **Termination of Compensation Benefits – Notice (POL 17/2010)**

Document Date 31 March 2010

Purpose To establish guidelines for providing notice of termination of compensation benefits.

DEFINITION

Fit means, for the purpose of this policy, sufficiently recovered from the work injury to enable a resumption of pre-injury employment at the pre-injury wage.

BACKGROUND

1. Section 101(1)(a) of *The Workers' Compensation Act, 2013* (the "Act") states that the Workers' Compensation Board (WCB) may terminate or reduce payment to a worker where the worker's loss of earnings is not related to the effects of the injury.
2. The intent of this policy is to specifically deal with the "termination" of benefits outlined in Section 101(1)(a) of the Act, whereas the "suspension" and "reduction" of benefits outlined in Section 101(1)(b) of the Act are covered in POL 01/2018, Benefits – Long-Term Earnings Loss and POL 15/2016, Suspension of Benefits.
3. While compensation benefits are to be withdrawn when the effects of the injury are no longer the cause of the worker's inability to work, consideration will be given to workers who are in receipt of benefits for a prolonged period who are declared fit and their pre-injury employment is no longer available.

POLICY

1. Where the worker no longer has employment to return to when declared fit for pre-injury employment, the WCB will provide a minimum of two weeks notice of termination, commencing on the date of notice, for every 12 consecutive months a worker is in receipt of wage loss benefits, up to a maximum of six months notice.
2. In addition to providing notice of termination, the WCB may inform workers of alternative support programs.
3. Where the worker returns to employment prior to the expiry of the notification period, the WCB will terminate the compensation benefits at the earlier date.

Act Sec #	101(1)
Effective Date	01 May 2010
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claims with benefits paid 12 consecutive months or longer, deemed "fit" but with no employment to return to
Supersedes	POL 08/2001 Termination of Compensation Benefits – Notice
Complements	PRO 17/2010 Termination of Compensation Benefits – Notice
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss
	POL 15/2016 Suspension of Benefits

Procedure **Termination of Compensation Benefits – Notice (PRO 17/2010)**

Document Date 31 March 2010

Purpose To establish guidelines for providing notice of termination of compensation benefits.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved policy that establishes guidelines for providing notice of termination of compensation benefits.
2. The following procedure provides detailed guidance for implementation of the policy.

PROCEDURE

1. Operations staff will provide the worker with a minimum of two weeks notice of termination, commencing on the date of notice, for every 12 consecutive months a worker is in receipt of wage loss benefits, up to a maximum of six months notice.
2. Where Operations staff verbally notifies the worker of termination (e.g., face to face or over the phone), prior to written notification, notice of termination will commence on the date of the verbal notification. Verbal notification confirming contact with the worker must be followed by written notice and documented on the worker's file in order for the notification to be considered valid.
3. Operations staff will ensure that the written notice directs that if the worker returns to employment prior to the termination of compensation benefits, the worker must immediately notify the WCB.
4. Where the worker returns to employment prior to the expiry of the notification period, the Case Manager will terminate compensation benefits at the earlier date.
5. Operations staff may make workers aware that there may be options for the worker to access alternative support programs.

Act Sec # 101(1)(a)
Effective Date 01 May 2010
Amendment 01 January 2014. References updated in accordance with *The Workers' Compensation Act, 2013*
Application All claims with benefits paid 12 consecutive months or longer, deemed "fit" but with no employment to return to
Supersedes n/a
Complements [POL 17/2010 Termination of Compensation Benefits – Notice](#)

Policy	Termination – Age 63 and Over, Age 65, and Retirement (POL 09/2012)
Document Date	19 September 2012
Purpose	To establish guidelines for payment of compensation benefits to workers age 63 and over.

DEFINITION

Not more than two years, as referenced in Section 71 of *The Workers' Compensation Act, 2013* (the "Act"), means the worker may be entitled to earnings loss compensation for a period of not more than two years following the commencement of earnings loss date.

BACKGROUND

1. Section 68(2) of the Act states that compensation "is payable for as long as the loss of earnings continues, but the compensation is no longer payable when the worker reaches the age of 65."
2. Section 71 of the Act provides special consideration to workers injured at 63 years of age or older by extending earnings loss compensation for a period of not more than two years after the commencement of earnings loss date. This provision may extend the date of termination beyond age 65.
3. Section 73(3) and (4) of the Act state:
If compensation is paid to a worker for a period exceeding 24 consecutive months, the board shall set aside an amount equal to 10% of the compensation paid during the 24-month period and of the future compensation to be paid after the expiry of the 24-month period. The amount set aside, together with accrued interest, must be used to provide an annuity for the worker at age 65.
4. Section 2(3) of *The Saskatchewan Human Rights Code* (the "Code") states that age distinctions "permitted or required by any Act or regulation in force in Saskatchewan" are not in contravention of the Code.

POLICY

Workers Under Age 63

1. Workers under age 63 at the commencement of earnings loss are entitled to earnings loss compensation from the commencement of earnings loss date until:
 - a. The loss of earnings cease, or
 - b. The end of the month in which the injured worker reaches age 65,whichever occurs first.

2. Workers in receipt of benefits for a period exceeding 24 consecutive months are eligible for an annuity to be paid at the age of 65.

Workers Age 63 and Over

3. Workers 63 years of age or over at the commencement of earnings loss are entitled to earnings loss compensation from the commencement of earnings loss date until:
 - a. The loss of earnings cease, or
 - b. A period of two years has expired (i.e., compensation will be payable up to and including the day prior to the second anniversary of the commencement of earnings loss date), whichever occurs first.
4. Workers age 63 or over qualifying for compensation benefits under Section 71 are not entitled to annuity benefits under Section 73. To qualify for the annuity, a worker must be absent from the workforce in excess of 24 consecutive months before reaching age 65.

Effects of Retirement

5. Retirement benefits (e.g., employer sponsored pension plans, Canada Pension Plan Retirement benefits, Old Age Security Pension, etc.) will not be considered as earnings in the calculation of earnings loss compensation under the Act.

Termination of Compensation Benefits

6. When earnings loss compensation benefits are terminated, workers will be advised of the options for alternative support programs.

Other Entitlements

7. The limits outlined in Section 71 exclusively impact the provision of earnings loss compensation. Other entitlements (e.g., medical aid, personal care allowance, independence allowance, etc.) may be extended beyond the two year period.

Act Sec #	68(1), 68(2), 71, 73(3) and (4); Section 2(3) of <i>The Saskatchewan Human Rights Code</i>
Effective Date	01 October 2012
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Application	All claims with a commencement of earnings loss date on or after the effective date.
Supersedes	POL 06/2001 Termination – Age 63 & Over, Age 65, and Retirement
Complements	POL 17/2010 Termination of Compensation Benefits – Notice PRO 17/2010 Termination of Compensation Benefits – Notice

Policy **Bridging Program (POL 11/2013)**

Document Date 17 December 2013

Purpose To tell customers about other sources of support.

BACKGROUND

1. The WCB is responsible for the effects of work injuries. When the injury no longer impacts a workers ability to go back to work, the WCB will reduce or stop paying benefits.
2. WCB benefits may be a worker's only source of money. The WCB will tell workers that get WCB benefits for a long time about other sources of support before stopping benefits.

POLICY

1. If a worker gets benefits for more than 12 months, the WCB will attach a fact sheet to the worker's termination of benefits notice. The fact sheet will:
 - a. Outline other sources of support that the worker may get once WCB benefits end.
 - b. Say that the WCB will pay for up to three hours of counselling services.
2. Workers can also see the fact sheet online at www.wcbsask.com.
3. The WCB will review the fact sheet each year to make sure the information is correct.
4. WCB accredited psychologists will provide worker requested counselling services.

Act Sec # 81(6), 101, 111, 115(j)
Effective Date 01 February 2014
Amended References updated in accordance with *The Workers' Compensation Act, 2013*
Application Workers that get benefits for more than 12 months
Supersedes POL 11/2000 Bridging Program
 PRO 11/2000 Bridging Program
Complements [POL 17/2010](#) [Termination of Compensation Benefits – Notice](#)

Policy	Suspension of Benefits (POL 15/2016)
Document Date	28 June 2016
Purpose	To establish guidelines for the suspension of benefits.

DEFINITION

Customer means an injured worker or a surviving dependent spouse.

Good reason means circumstances or matters beyond the customer's control. An employer would normally find such a reason and the length of absence from work to be acceptable.

Medical aid, also referred to as health care, means "the provision of medical and surgical aid, of hospital and professional nursing services, of chiropractic and other treatment and of prosthetics or apparatus" (Section 2(1)(v) of *The Workers' Compensation Act, 2013* (the "Act")).

Individualized vocational plan (IVP) means a plan approved and signed by the Workers' Compensation Board (WCB) and signed by the customer to meet a vocational goal. The IVP outlines the short and long-term goals for a suitable return-to-work plan.

BACKGROUND

1. The Worker's Compensation Board (WCB) is required to issue compensation for injuries that result in a loss of earnings beyond the day of injury (Section 68).
2. The Act outlines that workers are required to (Section 51):
 - a. Take all reasonable action to reduce the earnings loss resulting from an injury, and
 - b. Co-operate with the WCB in a rehabilitation plan to return the worker to suitable productive employment.
3. The WCB follows an integrated partnership model of recovery and return to work with open communication between all partners (i.e., the employer, health care providers, the injured worker, etc.). This includes an awareness of the role each plays in achieving the most appropriate, timely and safe return to work (POL 08/2014, Continuum of Care).
4. The WCB may terminate or reduce benefits when the worker's loss of earnings is not related to the effects of the injury (Section 101(1)(a)).
5. The WCB may terminate or reduce benefits when "without good reasons" the customer (Section 101(1)(b)):
 - a. Declines or is unavailable for a job offer that is considered suitable for the customer, or
 - b. Fails to co-operate in, or is not available for, health care or an IVP that intends to help the customer return to employment.
6. Section 101(1) will apply to dependent spouses after the expiration of benefits provided under Sections 81(1) and 81(2) of the Act.

7. This policy does not apply to the suspension of benefits involving pregnant workers. POL 01/2008, Suspension of Benefits – Pregnancy, will apply.

POLICY

1. Benefits may be suspended if a customer is absent from health care or does not agree to participate with the development of or with an IVP.
2. The WCB will establish if an absence or non-compliance is with good reason when determining whether to suspend benefits.
3. Benefits may not be suspended where a worker is absent from treatment on the advice of their primary care provider (PCP) and where an objective medical reason for non-participation has been provided to the WCB. The corresponding procedure provides further direction for WCB staff to determine when a suspension may apply.

Absence With Good Reason

4. When the customer's absence is for good reason, the WCB may continue wage loss benefits during a notice period. This will provide opportunity for the customer to:
 - a. Return to the program, or
 - b. Access an alternate source of support, such as employer sick leave, and other private or government long or short-term disability plans.
5. For casual absences, the WCB will follow "Appendix A – Casual Absences Good Reasons Guidelines" attached to the corresponding procedure.
6. Suspension of benefits may be delayed for a maximum of four weeks or until the customer qualifies for an alternate source of support, whichever occurs first.
7. During the notice period, a customer who received partial wage loss benefits prior to an absence from health care or an IVP will continue to receive benefits in the amount paid prior to the absence.
8. Following an absence for good reason, WCB benefits will resume when the customer is medically fit or available to:
 - a. Continue health care.
 - b. Attend appointments, or
 - c. Continue an IVP.

Absence Without Good Reason

9. Where the customer's absence is without good reason benefits will be suspended. The WCB will not provide a notice period prior to the suspension and the suspension will continue until the customer:
 - a. Attends the appointments.
 - b. Returns to health care, or

- c. Resumes an IVP or participates in rehabilitation planning.

Cost Relief

10. The WCB will charge the costs for the notice period, and any additional costs for ending an IVP, to the Second Injury and Re-Employment Fund.

Act Sec #	2(1)(v), 19, 20, 35, 51, 58, 68, 81, 99, 100, and 101
Effective Date	01 October 2016
Application	All claims.
Supersedes	POL 07/2014 Suspension of Benefits
Complements	PRO 09/2017 Suspension of Benefits
	POL 01/2008 Suspension of Benefits – Pregnancy
	POL 10/2016 Suspension – While Incarcerated
	POL 06/2009 Benefits – Customers in Transition from WCB to SGI
	Benefits
	PRO 06/2009 Benefits – Customers in Transition from WCB to SGI
	Benefits
	POL 11/2013 Bridging Program
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss
	POL 08/2014 Continuum of Care
	POL 11/2017 Second Injury and Re-Employment Reserve
	PRO 11/2017 Second Injury and Re-Employment Reserve

Procedure	Suspension of Benefits (PRO 09/2017)
Document Date	27 June 2017
Purpose	To establish guidelines for the suspension of benefits.

BACKGROUND

The Saskatchewan Worker's Compensation Board (WCB) approved POL 15/2016, Suspension of Benefits. The following procedure provides specific guidelines for WCB staff when determining whether to suspend benefits under POL 15/2016.

PROCEDURE

1. The WCB will ensure that customers understand their responsibilities regarding attendance to diagnostic and specialist appointments and health care treatment plans.
2. Operations staff will provide customers with information about their responsibilities while receiving WCB benefits at the start of treatment. Customers will also be notified of WCB's suspension policy through a letter to the customer:
 - a. At the start of a recommended health care treatment plan and individual vocational plan (IVP).
 - b. After any missed appointments.
3. Customers on wait lists will be sent a letter outlining the possible consequences of missing a diagnostic appointment or surgery date.
4. Customers will provide the reason(s) for their absence to Operations staff or the health care facility.
5. Upon notice of an absence, the WCB may retroactively suspend benefits. For example, if the customer fails to provide a reason for the absence within a reasonable time, Operations staff may consider establishing an overpayment of any earnings loss benefits paid beyond the start of the customer's absence.
6. If a customer's primary care provider (PCP) does not approve their participation in a recommended health care treatment plan, it must be determined if there are medical restrictions that prevent the worker from participation.
 - a. WCB's Health Care Services (HCS) will contact the PCP to discuss the worker's medical condition(s), any options for participation in the recommended treatment plan, and if the PCP can provide an alternative treatment plan.
 - b. If the PCP confirms that a non-work related medical or physical condition(s) would prevent the customer from participating in a recommended health care treatment plan, the suspension of benefits will follow the guidelines around an absence for "good reason" due to an illness or disablement (i.e., the customer may receive earnings loss benefits during a notice period).

- c. If the PCP cannot confirm that a non-work related medical or physical condition(s) would prevent the worker from participating in treatment, and the worker does not participate, benefits will be suspended.

Illness or Disablement Guidelines

7. Customers absent from health care or IVP due to illness or disablement may receive earnings loss benefits during a notice period of up to four weeks or until they qualify for an alternate source of support, whichever occurs first.
8. The four week notice period is intended for customers who are suffering from an illness or disablement not related to the work injury (e.g., heart attack, pneumonia, hospitalization or treatment for substance abuse).
9. In cases of chronic or prolonged absences, the WCB may require medical verification of the illness or disablement.
10. Prior to determining the notice period, Operations staff will contact the employer to determine:
 - a. Benefit eligibility, and
 - b. The effective date for other forms of support (for example, employer sick leave, and other private or government long or short-term disability plans). Operations staff will not consider vacation pay as an alternate form of support.
11. When the worker's alternate form of support does not cover the entire four week notice period, Operations staff will reinstate benefits for the remaining balance of the notice period.
12. During the notice period, a customer who received partial earnings loss benefits prior to an absence from health care or an IVP will continue to receive benefits in the amount paid prior to the absence.
13. In general, the WCB will only provide a notice period once during the lifetime of a claim. However, the WCB may provide an additional notice period if the customer has a new good reason for further absence. The good reason must be unrelated to the circumstances associated with the original suspension.

Casual Absences Guidelines

14. Typically, the WCB will not suspend benefits for short term casual absences that do not serve to extend the health care or IVP (Appendix A).
15. The period of absence allowed will be equivalent to what the WCB would reasonably allow its own staff.
16. Casual absences may result in a suspension, if:
 - a. Due to casual absences, the customer will not meet health care treatment goals.
 - b. The customer shows a pattern of casual absences.

- c. The customer is absent from three or more specialist or diagnostic appointments within a 12 month period, or
 - d. The customer fails to provide verification for the reason of the absence when requested by WCB.
17. The customer may be eligible for other forms of support from their employer for casual absences (e.g., employer sick leave, short-term disability plan, pressing necessity leave, etc.). Where it has been confirmed that the employer provides coverage for casual absences, Operations staff will suspend benefits for that time period.

Absence Reviews

18. Where a customer has three or more casual absences during a health care treatment plan the Case Manager, HCS staff, the treatment team and the customer will meet to review their ongoing absenteeism.
19. The purpose of the meeting is to:
- a. Remind the customer of their responsibility to attend treatment while receiving earnings loss benefit,
 - b. Discuss issues around attendance and to help resolve ongoing absenteeism, and
 - c. Outline consequences of ongoing casual absences, which may include suspension of benefits.
20. HCS may also complete an evaluation to determine:
- a. The need for ongoing medical treatment, or
 - b. The length of the current program.
- Operations staff will provide the results of the program review to the treatment team. The treatment team will modify the treatment program in accordance with HCS's recommendation.
21. Where a customer's benefits are suspended and reinstated, further casual absences may result in immediate suspension for the day missed or discharge from the treatment program until the customer is able to participate fully.

Suspension or Reduction of Benefits

22. Before suspending benefits, Operations staff must consider if the absence was for good reason.
- a. If the absence was for a good reason, benefits will be reinstated when the customer is available for or fit to resume health care treatment(s), medical appointment, training or IVP.
 - b. If the absence was not for a good reason, benefits will be reinstated when the customer actually resumes the health care treatment(s) or IVP.
23. Operations staff may reduce benefits if it is determined the claim would involve an ongoing loss of earnings, regardless of the absence. Operations staff will:

- a. Estimate what the earnings loss would be if the customer had completed the health care or IVP, and
 - b. Arrange for payment accordingly.
24. If Operations staff cannot determine if a customer will qualify for earnings loss entitlement after the conclusion of the health care and IVP, suspension of benefits may occur in full until the customer returns to the treatment or programming.
25. Operations staff will make a retroactive adjustment when a customer with a full suspension later qualifies for a long term earnings replacement. The adjustment will reflect the worker's long term earnings capacity.
26. The WCB will not assume costs relating to an illness or disability not associated with the work injury. This includes costs for:
 - a. Health care or travel, or
 - b. The obtainment of a medical certificate.
27. When appropriate, Operations staff will provide non-financial assistance. For example:
 - a. Referral to an appropriate support agency, or
 - b. Assistance with completion of an application for an alternate source of support.
28. In the case of a lengthy suspension, Operations staff will attempt to return the customer to an acceptable program as soon as possible. This may include arranging a suitable alternate health care or IVP.
29. Operations staff will provide the customer with a written explanation for the suspension of benefits.

Evaluation

30. Team Leaders or Claims Entitlement Supervisors will approve and monitor all suspensions of benefits to ensure compliance with *The Workers' Compensation Act, 2013* (the "Act") and POL 15/2016. This includes monitoring:
 - a. The circumstances of the suspension, and
 - b. The staff involved in the suspension decisions.

ATTACHMENTS

Casual Absences – Good Reason Guidelines

Act Sec #	2(1)(v), 19, 20, 35, 51, 58, 68, 81, 99, 100, and 101	
Effective Date	01 August 2017	
Application	All claims.	
Supersedes	PRO 15/2016	Suspension of Benefits
Complements	POL 15/2016	Suspension of Benefits
	POL 01/2008	Suspension of Benefits – Pregnancy
	POL 10/2016	Suspension – While Incarcerated

<u>POL 06/2009</u>	<u>Benefits – Customers in Transition from WCB to SGI</u>
	<u>Benefits</u>
<u>PRO 06/2009</u>	<u>Benefits – Customers in Transition from WCB to SGI</u>
	<u>Benefits</u>
<u>POL 11/2013</u>	<u>Bridging Program</u>
<u>POL 01/2018</u>	<u>Benefits – Long-Term Earnings Loss</u>
<u>PRO 01/2018</u>	<u>Benefits – Long-Term Earnings Loss</u>
<u>POL 08/2014</u>	<u>Continuum of Care</u>
<u>POL 11/2017</u>	<u>Second Injury and Re-Employment Reserve</u>
<u>PRO 11/2017</u>	<u>Second Injury and Re-Employment Reserve</u>

Casual Absences – Good Reason Guidelines

GENERAL

Where possible, customers should seek approval prior to missing an appointment. An Operations staff member (e.g., Case Manager, Claims Entitlement Specialist, Vocational Rehabilitation Specialist) may grant approval if it is for a good reason. The WCB considers a good reason to be circumstances or matters beyond the customer's control. An employer would normally find such a reason and the length of absence from work to be acceptable.

GUIDELINES

The following are good reasons for casual absences and are of the same type that the WCB would accept from its own staff. Casual absences will result in benefit suspension if the customer has a pattern of absences. WCB may require verification for any casual absence.

1. Court Appearance/Jury Duty

The WCB will allow customers to miss appointments where they receive a summons or subpoena to appear in Court as a witness or for jury duty.

2. Illness

The WCB will allow customers to miss appointments for less severe illness (for example, flu). If such an illness extends for three or more days, medical verification may be required from a health care provider.

3. Voting

The WCB will allow customers to miss appointments to vote in either a provincial or federal election.

4. Severe Weather Restricting Travel

5. Reasons of Pressing Necessity

6. The WCB will allow customers to miss appointments for other urgent matters requiring their personal attendance. Examples include:

- Sickness, grave illness or death of an immediate family member (for example, the customer's spouse, parent, grandparent, child, sister, brother, mother-in-law, father-in-law, as well as the siblings, children, grandparents or grandchildren of the customer's spouse).
- Death in customer's extended family (for example, first cousin, aunt, uncle).
- Attendance at funeral for non-family member.
- Birth of child.
- Babysitting predicament (for example, the babysitter is sick or quits).
- Family legal matters.
- Medical appointments, or
- Home emergencies.

Policy	Suspension of Benefits – Pregnancy (POL 01/2008)
Document Date	15 January 2008
Purpose	To establish guidelines for the suspension of benefits involving pregnant workers.

BACKGROUND

1. Section 100 and 101 of *The Workers' Compensation Act, 2013* (the "Act") authorize the Workers' Compensation Board (WCB) to suspend, reduce or terminate benefits based upon a worker's loss of earnings.
2. POL 15/2016 establishes general guidelines for the suspension of benefits.
3. To ensure that workers' rights under *The Human Rights Code* are respected, it is necessary for WCB to provide a special suspension of benefits policy for those situations involving pregnant workers.

POLICY

1. The payment of earnings loss benefits to the worker will not be suspended in circumstances where the worker's pregnancy presents a valid medical reason for the delay or interruption of:
 - a. Medical or vocational rehabilitation programs intended to help return the worker to productive employment; or
 - b. Medical or other appointments related to the treatment or rehabilitation of the worker's injury.
2. Notwithstanding the above, in those circumstances where:
 - a. The pregnancy and conditions related to the pregnancy are the sole reason for interruption or delay in returning to work (i.e., worker has recovered from work injury); or,
 - b. The pregnancy has terminated (i.e., through childbirth) and non-work-related factors cause a delay in treatment or vocational programming,
 earnings loss benefits will be suspended in accordance with POL 15/2016. Up to four weeks will be provided for the worker to access alternate income maintenance plans (i.e., Employment Insurance benefits).
3. WCB will normally require a medical opinion or certificate to confirm a pregnant worker's medical condition.
4. Costs for a period of payment up to four weeks will be charged to the Second Injury and Re-employment Reserve, as will the additional costs incurred for the cessation of a rehabilitation program.

Act Sec #	68, 100, 101
Effective Date	01 February 2008
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All pregnant workers.
Supersedes	POL 05/2002 Suspension of Benefits – Pregnancy
Complements	POL 15/2016 Suspension of Benefits

Policy	Suspension of Benefits – While Incarcerated (POL 10/2016)
Document Date	28 June 2016
Purpose	To establish guidelines for the suspension of compensation benefits to an injured worker or other person where an injured worker is incarcerated.

DEFINITION

Incarceration means confinement to a correctional facility, penitentiary, prison, reformatory, or youth custody facility.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") indicates the Board may withhold or suspend payment of compensation to a worker or other person where a worker is incarcerated (Section 100(3)).
2. During incarceration, a worker is unavailable for employment. Therefore, earnings loss compensation is not payable as the incarcerated worker's loss of earnings is unrelated to the effects of the work injury.
3. The Act states "if compensation to a worker or other person is withheld or suspended ...the board may pay compensation to the worker's dependants or other person or to any other persons that the board considers advisable" (Section 100(4)).

POLICY

1. Wage loss benefits will be suspended during the period of incarceration.
 2. The WCB will issue the worker or other person a notification of suspension upon notice of the worker's incarceration. The suspension will cover the entire period of incarceration and may be imposed retroactively in cases of late notification.
 3. Coverage for medical aid related to the work injury, including reimbursement for prescriptions, will continue during the period of suspension.
 4. The continuation of compensation for a dependant or other person will be limited to situations where the suspension of wage loss compensation would impose grave financial hardship on a dependant or other person. Grave financial hardship includes situations where a dependent spouse was receiving regular financial support from the worker and does not have another source of financial support. Examples include, but are not limited to, situations where a dependent spouse is unemployed.
 5. Benefits that have been redirected to a dependant or other person will continue during a notice period to provide them with the opportunity to secure alternative financial support. Benefits will continue for a maximum of four weeks or until they qualify for an alternate source of income, whichever comes first.
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Act Sec #	100
Effective Date	01 October 2016
Application	All claims on or after the effective date.
Supersedes	POL 05/94 Suspension – While Incarcerated
Complements	PRO 10/2016 Suspension of Benefits – While Incarcerated
	POL 15/2016 Suspension of Benefits

Procedure	Suspension of Benefits – While Incarcerated (PRO 10/2016)
Document Date	28 June 2016
Purpose	To establish guidelines for the suspension of compensation benefits to an injured worker or other person where a worker is incarcerated.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 10/2016, Suspension of Benefits – While Incarcerated.
2. The WCB recognizes that a worker who is incarcerated is unavailable for employment.
3. The following procedure provides guidelines for WCB staff when determining whether to suspend the benefits of an injured worker or other person where a worker is incarcerated.

PROCEDURE

1. The WCB will suspend the wage loss benefits of an incarcerated worker or other person effective the date of incarceration.
2. A notice of suspension will be issued to the worker or other person explaining the decision.
3. Requests to have benefits redirected to a dependant or other person will only be considered in cases where the suspension of benefits would place the dependant or other person in grave financial hardship. A Case Manager will be responsible for determining whether a dependant or other person meets this eligibility criterion.
4. If benefits are redirected, the amount paid to a dependant or other person will be equivalent to the amount of compensation paid to the injured worker prior to incarceration.
5. Benefits will not be redirected where a dependant or other person are already receiving a support service (e.g., social services).
6. Benefits that have been redirected to a dependant or other person will continue for a maximum of four weeks or until the dependant or other person qualifies for an alternate source of income, whichever comes first. The notice period will be effective the first payable day, on or after a worker's incarceration date.
7. When appropriate, Operations staff will provide non-financial assistance to a dependant or other person. For example:
 - a. Referral to an appropriate support agency, or
 - b. Assistance with completion of an application for an alternate source of support.
8. All decisions to suspend benefits will be monitored and approved by a Team Leader or Claims Entitlement Supervisor of Operations.

Act Sec #	100
Effective Date	01 October 2016
Application	All claims on or after the effective date.
Supersedes	n/a
Complements	POL 10/2016 Suspension of Benefits – While Incarcerated POL 15/2016 Suspension of Benefits

Policy Attachment of Compensation (POL 04/2010)

Document Date 02 March 2010

Purpose To establish guidelines for legal attachments on compensation.

DEFINITION

Wage loss benefits, also referred to as loss of earnings benefits, means the compensation payment for the wage loss incurred beyond the day of injury by a worker as a result of a workplace injury. Wage loss benefits are based on the injured worker's gross earnings up to the maximum insurable amount and include short-term wage loss, earnings replacement, and or any commutation of these, paid in accordance with *The Workers' Compensation Act, 2013* (the "Act"). Wage loss benefits may also include a medical pension granted under *The Workers' Compensation Act, 1974*.

BACKGROUND

1. Section 165 of the Act directs that no compensation payable to a worker may be assigned, charged or attached without approval from the Workers' Compensation Board (WCB). The exception is where the WCB receives notices of garnishment that are obligatory in nature.
2. Legal attachments on compensation originate almost exclusively from the Canada Revenue Agency (CRA), support orders and agreements filed under *The Enforcement of Maintenance Orders Act, 1997*, or Employment and Social Development Canada (ESDC).
3. Section 33 of *The Enforcement of Maintenance Orders Act, 1997* directs that notwithstanding any other Act, any notice of garnishment or notice of continuing garnishment served pursuant to this Act has priority over:
 - a. Any assignment made after the date of service of that notice; or
 - b. Any garnishment, execution or attachment made pursuant to any other Act against the same money whether made before or after service of the notice or garnishment or notice of continuing garnishment.

POLICY

1. All legal attachments on compensation from the CRA, the Saskatchewan Ministry of Justice and Attorney General's Maintenance Enforcement Office (MEO), or ESDC will be honoured by the WCB according to the terms of these agencies.
2. In cases of multiple notices of garnishment that are obligatory in nature, the CRA will have exclusive priority regardless of reason. Second priority will be given to the MEO, and third priority to ESDC.
3. A garnishee must pay the full amount required by the CRA before honouring legal attachments from the MEO or ESDC.

4. Where an obligatory notice of garnishment is received, wage loss benefits, permanent functional impairment or disfigurement awards will be subject to the terms of the notice or order. Annuity benefits will be subject to garnishment if the notice or order is in effect at the time the worker turns age 65 and the annuity is payable, unless any applicable legislation requires payment before age 65.
5. Monetary benefits paid to third parties for services provided in connection with the treatment, rehabilitation and or accommodation of workers (e.g., medical services provided by health care professionals, work or home modifications completed by contractors) are exempt from legal attachments. Allowances and reimbursements provided for travel, sustenance and medications will not be subject to garnishment.

Act Sec #	165, 166 The Enforcement of Maintenance Orders Act, 1997 sections 33, 40.5, 40.6, 40.7, 40.8, 40.9, 40.91 The Enforcement of Maintenance Orders Regulations, 2009 sections 8, 9, Form I, Form M
Effective Date	03 February 2012
Amended	01 January 2014. References updated in accordance with the <i>Workers' Compensation Act, 2013</i>
Application	All obligatory notices of attachment of compensation benefits on and after the effective date
Supersedes	POL 09/2008 Attachment of Compensation
Complements	PRO 04/2010 Attachment of Compensation

Procedure **Attachment of Compensation (PRO 04/2010)**

Document Date 02 March 2010

Purpose To establish guidelines for legal attachments on compensation.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved policy that establishes guidelines for legal attachments on compensation, such as where the WCB receives obligatory notices of garnishment from the Canada Revenue Agency (CRA), support orders filed under *The Enforcement of Maintenance Orders Act, 1997*, or Employment and Social Development Canada (ESDC).
2. The following procedure provides guidance for the implementation of POL 04/2010, Attachment of Compensation.

PROCEDURE

1. All notices of garnishment received from the CRA, the Saskatchewan Ministry of Justice and Attorney General's Maintenance Enforcement Office (MEO), or ESDC will be the responsibility of Operations staff.
2. In cases of multiple notices of garnishment that are obligatory in nature, Operations staff will ensure that the garnishee pays the full amount required by the CRA before honouring legal attachments from the MEO or ESDC.
3. Where an obligatory notice of garnishment is received, wage loss benefits, permanent functional impairment or disfigurement awards will be subject to the terms of the notice or order.
4. Under *The Enforcement of Maintenance Orders Act, 1997*, the MEO has the ability to garnish annuity benefits at the time the worker reaches age 65, and prior to the worker reaching age 65 if certain criteria outlined in *The Enforcement of Maintenance Orders Act, 1997* are met. Any garnishment of annuity benefits received from the MEO will be honoured by the WCB.
5. In the event that the CRA and or ESDC create legislation that allows garnishment from annuity benefits, these attachments will also be honoured by the WCB.
6. Where the WCB receives a notice of garnishment, Operations staff will redirect the requested amount from the worker's eligible benefits to the CRA, the MEO, or ESDC. Operations staff will provide the worker with a written explanation for the deductions.
7. Where the WCB halts attachments on compensation, regardless of reason, Operations staff will provide all affected parties with written notification.

Maintenance Orders

8. Maintenance orders from other jurisdictions can be enforced by the Saskatchewan MEO under reciprocal enforcement legislation. Where an out-of-province order is received, Operations staff will advise the other jurisdiction that registration with the Saskatchewan MEO is required before any garnishment can be applied.
9. The MEO can serve a notice of continuing garnishment which requires ongoing, periodic attachment until the order has been terminated. Where the MEO serves this notice to the WCB directing the ongoing attachment of the worker's benefits, an extra copy of the notice will be provided. Operations staff will forward the extra copy, with an attached explanation letter, to the worker without delay. Operations staff will forward a copy of the explanation letter to the MEO.

Other

10. Where the worker disputes the garnishment notice or notifies that the garnishment may cause financial hardship, Operations staff will refer the worker to the agency to which the benefits are being redirected.
11. In all cases, workers are encouraged to contact Operations staff with any questions they have about the effects the notice of garnishment may have on their benefits.

Act Sec #	166 <i>The Enforcement of Maintenance Orders Act, 1997</i> sections 33, 40.5, 40.6, 40.7, 40.8, 40.9, 40.91 <i>The Enforcement of Maintenance Orders Regulations, 2009</i> sections 8, 9, Form I, Form M
Effective Date	03 February 2012
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All obligatory notices for attachment of compensation benefits on and after the effective date
Supersedes	PRO 09/2008 Attachment of Compensation
Complements	POL 04/2010 Attachment of Compensation

Health Care Services – General

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Continuum of Care	POL 08/2014		01 July 2014
Health Care Services	POL 18/2016	PRO 18/2016	01 September 2016
Health Care Services – Fees	POL 02/1997		01 April 1997
Medical Aid Billings – Payment		PRO 53/2006	01 December 2006

Policy	Continuum of Care (POL 08/2014)
Document Date	24 June 2014
Purpose	To establish the guiding principles of the Continuum of Care Model.

DEFINITION

Continuum of Care Model means a framework for the efficient and coordinated planning and provision of health care and return-to-work plans appropriate to each stage of a worker's injury and recovery.

Medical aid, also referred to as health care, means "the provision of medical and surgical aid, of hospital and professional nursing services, of chiropractic and other treatment and of prosthetics or apparatus" (Section 2(1)(v) of *The Workers' Compensation Act, 2013* (the "Act")).

BACKGROUND

1. Under Section 19(1) of the Act, the Workers' Compensation Board (WCB) has a duty to:
 - a. Arrange provision of any health care or treatment that may be needed because of a work injury.
 - b. Arrange to provide rehabilitation to injured workers.
 - c. Consult and cooperate with injured workers in the development of rehabilitation plans intended to return them to positions of independence in suitable productive employment.
2. Workers have a legislated responsibility to take all reasonable action to lessen earnings loss resulting from an injury and to co-operate with the WCB in a rehabilitation plan to return the worker to a position of independence in suitable productive employment (Section 51).
3. The WCB may request a worker to undergo a medical examination by one or more healthcare providers (Section 58).
4. Section 53 of the Act states "an employer shall co-operate with the board and the worker to achieve the early and safe return of an injured worker to their employment."
5. Saskatchewan human rights legislation requires that all employers make every reasonable effort, short of undue hardship, to accommodate injured workers, and allow them to return to work as soon as medically safe. *The Saskatchewan Employment Act* also provides job protection to certain employees who are absent from work due to a work injury.
6. Health care providers examining or treating injured workers are expected to furnish any reports the WCB may require, including recovery and return to work progress reports (Sections 55 and 56).

7. The WCB has established the Health Care Advisory Committee (HCAC) to evaluate and make recommendations to the WCB regarding the provision of health care for injured workers. The HCAC includes:
 - a. A chairperson appointed by the WCB.
 - b. Up to two members representing employer organizations.
 - c. Up to two members representing labour organizations.
 - d. And one member from each of the following health care provider areas chosen from their respective health care provider organization:
 - i. Physician.
 - ii. Chiropractor.
 - iii. Physiotherapist
 - iv. Occupational therapist.
 - e. Other licensed health care providers may be invited at the discretion of the WCB.
8. The Early Intervention Program (EIP) model was implemented by the WCB in 1996. The program intended to ensure an injured worker's optimal recovery and resumption of normal activities, including work, in the most appropriate, timely and safe manner. The program was renamed Continuum of Care to better reflect the progressive levels of assessment and treatment available to injured workers.

POLICY

General Principles

1. The WCB has adopted an integrated partnership model of recovery and return to work with open communication between all partners – the employer, health care providers, the injured worker, union representative (by the injured worker's request) and WCB – and an awareness of the role each plays in achieving the most appropriate, timely and safe return to work.
2. The WCB supports the functional rehabilitation model that recognizes the importance of returning the injured worker to functional activities relevant to their life, including return to work, during the recovery period. The functional rehabilitation model encourages health care providers and workers to recognize that successful long-term recovery is associated with return to function, even in the presence of increasing subjective symptoms where there are no objective signs of harm.
3. There are three levels of assessment and treatment in the Continuum of Care model – Level I (primary), Level II (secondary), and Level III (tertiary). The levels graduate towards increased program complexity, scope and resources, depending on the needs of the injured worker. The goal is to ensure that injured workers receive the right care at the right time.

Level I Assessment and Treatment (Primary)

4. Level I assessment and treatment begins with the initial diagnosis and medical management by the primary health care provider.

5. Injured workers choose their primary health care provider and may also choose to see other providers, with whom the WCB has a relationship agreement, consecutively or concurrently. A referral from a licensed health care provider is required if the other provider is not licensed (for example, an exercise therapist or massage therapist). POL 18/2016 and PRO 18/2016, Health Care Services, establish the guidelines for the provision of health care services to injured workers.
6. Where requested by the primary health care provider, the WCB will arrange diagnostic tests, specialist appointments or surgeries, as needed. Where a waiting list exists, the WCB may arrange expedited appointments to ensure timely access to treatment. In-province services will be used unless unavailable within a reasonable period of time.
7. Return to work should be integrated into the treatment plan as soon as possible, preferably with the injured worker's first visit to the primary health care provider. POL 08/96, Return-to-Work Plans, applies.
8. The primary health care provider will assess the worker's condition and will provide the worker with a list of functional restrictions resulting from the work injury. This list is to be shared with the employer and updated as the worker's condition changes.
9. A physician, chiropractor, physical therapist, occupational therapist, psychologist or nurse practitioner may arrange and monitor the injured worker's return to work, with the cooperation of the primary health care provider. Where this occurs, progress reports will be provided to the primary health care provider.
10. Where a work injury results in restrictions that impair a worker's ability to perform their pre-injury duties, whether or not the employer has a return to work (RTW) program, the WCB will assist the worker and employer with a RTW plan that will enable a return to suitable productive employment.

Level II (Secondary) and Level III (Tertiary) – Advanced Assessment

11. At any time during treatment, the primary health care provider or WCB may request advanced assessment when:
 - a. There is no active treatment plan.
 - b. The worker is not working and has no confirmed RTW date.
 - c. Significant risk factors for chronic disability have been identified (see Appendix A).
 - d. The expected recovery date has passed (see Appendix B), or
 - e. The worker continues to work in employment but has not returned to full duties and/or full hours of work after the work injury as expected.
12. Assessment teams accredited by the WCB bring together a number of health disciplines to perform advanced assessment of a worker's medical, physical, functional and psychosocial condition.
13. The WCB will select the appropriate assessment team based on the length of time the worker has been away from regular job duties or the presence of psychosocial and pain management issues. Additional specialists may be added to the assessment teams at the

discretion of the WCB, or other assessments requested (e.g., psychological or psychiatric), as required.

14. The assessment team will confirm a diagnosis and recommend a plan of treatment to assist the health care provider(s). The required reports and recommendation and fees payable for assessment teams are set out in PRO 51/2017, Health Care Services – Assessment Teams, and the *Secondary and Tertiary Assessment Manual* (<http://www.wcbsask.com/care-providers/>).

Level II (Secondary) and Level III (Tertiary) – Advanced Treatment

15. When the primary health care provider approves the assessment team's treatment recommendations, they may make a direct referral to a WCB approved treatment centre or ask the WCB to make the referral.
16. To prevent an actual or potential conflict of interest the WCB will avoid requesting assessment or treatment from a centre that has a financial relationship with the injured worker's employer. Where the primary care provider is being offered a choice of treatment centres, any such relationship will be disclosed to the primary health care provider and the injured worker to ensure the opportunity for an informed decision.
17. Once referred to the treatment centre, the primary care provider will continue to see the injured worker and monitor progress throughout the treatment. Other Level I therapies will stop and the recommended treatment will be provided by the Level II or Level III treatment centre.
18. The treatment centre will provide all recommended components of treatment to ensure cohesive health care and re-employment management. When a component of the treatment is not available in the centre, the WCB will locate an alternate provider for assistance.
19. Workers expected to make a full recovery from the injury and regain the ability to perform the pre-injury job will be referred to Level II treatment. Programs may include: biomechanical treatment, regional conditioning, global conditioning, work simulation, work hardening, psychosocial counselling, ergonomic consultation, education related to the injury and a monitored return to work.
20. Workers expected to make a full recovery from the injury but needing more extensive therapy, as well as those with permanent functional restrictions, will be directed to Level III programming. In addition to the physical conditioning at Level II, Level III treatment involves chronic pain management, lifestyle adjustment and stress management. Suitable duties and tasks will be arranged with the employer while the worker attends the program.
21. The worker will be expected to attend Level II or Level III programs up to five days per week. Where the worksite may be used to make functional progressions, less treatment time may be indicated.
22. Accreditation, practice standards of care and a schedule of fees payable to Level II and Level III clinics are outlined under PRO 51/2016, Health Care Services – Secondary and Tertiary Treatment.

ATTACHMENTS

[Risk Factors for Chronic Disability](#)

[Expected Recovery & Referral to Advanced Assessment Guidelines](#)

Act Sec #	2(1)(v), 19(1), 51, 53, 55, 56, 58(1); <i>The Saskatchewan Employment Act</i>	
Effective Date	01 July 2014.	
Application	All claims.	
Supersedes	POL 04/96	Early Intervention Program
Complements	POL 08/96	Return-to-Work Plans
	POL 18/2016	Health Care Services
	PRO 51/2017	Health Care Services – Assessment Teams
	PRO 51/2016	Health Care Services – Secondary and Tertiary Treatment

Risk Factors for Chronic Disability

Injured Worker

- Age – older workers may have difficulty finding jobs because of their age.
- Place of residence – rural workers may have more difficulty finding other employment if they are unable to return to the job they held at the time of the injury.
- Education – jobs with fewer educational requirements usually involve more physical activity.
- Opinion as to the degree of disability is out of proportion to the nature of the injury.
- History of drug or alcohol abuse.
- Financial problems reduce the ability to focus on returning to work as a priority.
- Family problems such as separation, divorce, serious illness or death.
- Language – English as their second language may limit their ability to find work.
- Lack of mobility – if their spouse has a job in the community, or if they have lived there a long time, they may not want to move and this will limit their ability to find work.
- Injured worker cannot be reached when Case Manager calls or tries to meet with him/her.
- Injured worker relies on a third party (spouse or parent) to communicate with the WCB.
- Injured worker has a significant number of prior claims with the WCB.

Employment

- Employment history – length of employment with employer of record, seasonal work, issued a layoff, uncertainty about having a job to return to.
- Nature of employment – no light duties available, employer small in size.
- History of poor performance on the job – employer doesn't want worker to return to work.
- Excuses for not returning to work – no transportation, unreasonable demand for light duties.
- Little or no contact with employer after injury.
- Rate of compensation provides a sense of security, especially if income from the job the worker held at the time of the injury income was uncertain, sporadic or seasonal.
- Dissatisfaction with the job.
- Lack of job opportunities because of economic conditions within usual field of employment.

Medical

- Period of disability exceeds expected recovery time for the injury.
- Worker has other medical problems at the same time as the injury.
- Lack of physical findings on medical reports to support a delay in returning to work.
- Injured worker frequently changes care providers.
- Past related problems in same body area of the injury.
- Expansion or change in location of symptoms from those of the original injury.
- Injured worker does not participate in treatment, misses appointments, makes excuses for nonattendance, and has only vague recollection of care provider's advice.

Expected Recovery & Referral to Advanced Assessment Guidelines

Type of Injury:	Referral to Advanced Assessment May be Made After:
Soft Tissue Injury (STI)	7 weeks
Non-STI - Neck and Spine (fractures/surgeries)	12 weeks
Non-STI - Upper Extremity (includes non-arthroscopic surgery)	12 weeks
Non-STI - Others (includes all non-arthroscopic surgery)	12 weeks
All arthroscopic surgeries	6 weeks
Lower extremity (fractures/surgeries)	16 weeks
All other complex/multiple fractures	16 weeks
Amputation (lower or complex)	26 weeks
Spinal fusion	26 weeks
Psychological	4 weeks

**More information on the WCB's Disability Duration Guidelines, including sources, is available on the WCB website.*

Policy	Health Care Services (POL 18/2016)
Document Date	23 August 2016
Purpose	To establish entitlement and guidelines for the provision of health care services to injured workers.

DEFINITION

Medical Aid, also referred to as health care, means “the provision of medical and surgical aid, of hospital and professional nursing services, of chiropractic and other treatment and of prosthetics or apparatus” (Section 2(1)(v) of *The Workers’ Compensation Act, 2013* (the “Act”).

Health Care Professional, also referred to as a health care provider, means “a physician, dentist, chiropractor, optometrist, psychologist, occupational therapist, physical therapist, nurse or any other person who is registered or licensed pursuant to any Act to practise any of the healing arts” (Section 2(1)(p) of the Act).

Evidence-Based Practice means the use of accepted external clinical evidence and individual clinical expertise in making decisions about the diagnosis and care of a patient by a health care professional.

BACKGROUND

1. The Workers’ Compensation Board (WCB) has a duty to arrange the provision of any health care or treatment that may be required as a result of a work injury (Section 19(1)(b)).
2. Upon approval by the WCB, workers entitled to compensation or who are disabled only on the date of the work-related incident will be provided without charge to any health care treatment by a health care professional, or orthotics/appliances (e.g., artificial limb, orthopaedic shoes) required by the effects of the work-related injury. This authority extends to health care outside the province as well as within (Section 103).
3. The WCB is authorized to determine health care services fees (Section 104).
4. Any health care provider who provides health care services to an injured worker will:
 - a. Provide WCB with any reports with respect to the examination or treatment of the worker that are relevant to the injury for which compensation is claimed.
 - b. Give all reasonable and necessary information, advice and assistance to the injured worker or the worker’s dependents in making an application for compensation, and
 - c. Furnish any certificates and proofs that WCB may require (Section 55).
5. The WCB is authorized to gather information needed to determine all matters or questions arising under the Act (Sections 20 and 25). This information is disclosed to health care providers for the purpose of providing any health care or treatment that may be required as a result of a work injury.

POLICY

1. In order to minimize the impact of a worker's injury and to promote successful long-term recovery, the WCB follows a Continuum of Care model that facilitates quality health care and an appropriate return-to-work (POL 08/2014, Continuum of Care). This includes:
 - a. Paying for or reimbursing suitable health care to treat a worker whose injuries arose out of and in the course of employment, and
 - b. Supporting the functional rehabilitation model which recognizes the importance of returning the injured worker to functional activities relevant to their life, including returning to work, during the recovery period. The functional rehabilitation model encourages health care providers and workers to recognize that successful long-term recovery is associated with return to function, even in the presence of increasing subjective symptoms where there are no objective signs of harm.
2. WCB will only fund the costs of health care services when:
 - a. The treatment is provided or referred by a licensed health care provider, and
 - b. The treatment is within the treating health care provider's scope of practice.
3. Treatment provided to WCB customers must be:
 - a. Listed in a Medical Services Payment Schedule established through the Saskatchewan Ministry of Health, or
 - b. Listed in a fee schedule established by WCB and, where applicable, health care provider groups, or
 - c. Deemed appropriate and recognized by evidence-based practice to be effective in treating the worker's injury.
4. WCB recognizes several health care provider disciplines (see appendix). These include:
 - a. Physicians licensed to practice in North America.
 - b. Health care providers accredited and funded by the Saskatchewan Ministry of Health (e.g., chiropractors).
 - c. Health care providers licensed with a legislated, self-regulating national or provincial body, and accredited by WCB for each location in which they treat customers (e.g., physical therapists).
 - d. Health care providers who are registered with a national or provincial body that is not self-regulating, but is scientifically accepted and accredited by WCB for being effective in the treatment of workplace injuries or return-to-work planning (e.g., exercise therapists).
5. If a health care provider group is not accredited through the Saskatchewan Ministry of Health, WCB will attempt to create an accreditation process to ensure that the health care provider is qualified and is in good standing with a legislated, self-regulating body or a representative professional organization.
6. If a health care provider group does not wish to participate with the WCB to create an accreditation process, the WCB may establish accreditation standards, applicable only to

services provided to WCB customers, using the expertise of WCB's Health Care Services (HCS).

7. WCB may approve payment to an unaccredited health care provider that offers infrequent service to WCB customers (e.g., naturopaths or orthotists). Prior to approving any such treatment, WCB will perform a review to ensure the unaccredited health care provider is registered with a national or provincial representative professional organization and that any proposed treatment(s) follow evidenced-based practice.
8. Out-of-province health care providers will be reviewed by WCB to ensure they meet the accreditation standards of:
 - a. The Saskatchewan Ministry of Health.
 - b. Another jurisdiction's Ministry of Health, or
 - c. The Saskatchewan WCB.
9. WCB will establish procedures, practice standards and fee schedules, for recognized health care provider groups. Additional health care provider groups may be added to the list of recognized disciplines through procedure where WCB deems the type of care to be supported by appropriate scientific evidence.
10. Where an out-of-province health care provider proposes a fee not listed in a WCB fee schedule, HCS will perform a review to determine the fee's appropriateness.
11. Health care providers will establish direct billing to WCB for each customer and will bill according to the WCB endorsed fee schedule. If a health care provider demands and receives from the customer a fee in excess of that determined by the WCB, the WCB will contact the health care provider to request a refund for the customer and the WCB will pay the appropriate WCB approved fee. Where the refund is not provided, the extra billing will be recovered from the WCB payment to the health care provider or deducted from any future amount owed to the health care provider.

ATTACHMENTS

Health Care Providers

Act Sec #	2(1)(p), 2(1)(v), 19(1)(b), 55, 56, 57, 103, 104
Effective Date	01 September 2016
Application	All claims.
Supersedes	POL 05/96 Health Care Services POL 57/80 Medical Fees – Extra Billing
Complements	PRO 18/2016 Health Care Services POL 02/1997 Health Care Services Fees POL 08/2014 Continuum of Care POL 08/96 Return-to-Work Plans POL 11/2019 Medication Coverage PRO 11/2019 Medication Coverage POL 05/2017 Privacy of Information POL 39/2010 Expenses – Travel and Sustenance – General PRO 06/2017 Authority for Disclosure All medical fees procedures.

Health Care Providers

Acquired Brain Injury Provider
Ambulance or Other Transportation Provider
Assessment Team Members
Audiologists/ Speech Therapists
Podiatrists/Chiroprodists
Chiropractors
Dentistry
Exercise Therapists
Hearing Services Providers
Massage Therapists
Occupational Therapists
Optometrists
Physical Therapists
Physicians
Psychologists
Registered Nurses (Nurse Practitioner)
Treatment Team Members

** Additional health care provider groups may be added through policy and procedure where the WCB deems the type of care to be supported by appropriate scientific evidence and where the provider is registered, etc.*

Procedure	Health Care Services (PRO 18/2016)
Document Date	23 August 2016
Purpose	To establish guidelines for the provision of health care services to injured workers.

BACKGROUND

The Workers' Compensation Board (WCB) has approved POL 18/2016, Health Care Services which provides guidelines for the payment and authorization of health care paid for, or reimbursed by the WCB.

PROCEDURE

1. The WCB supports the functional rehabilitation model, which allows for assessment and treatment of the injured worker to be delivered at three levels –Level I (primary), Level II (secondary), and Level III (tertiary) – in accordance with POL 08/2014, Continuum of Care. This model recognizes the importance of returning the injured worker to functional activities relevant to their life, including returning to work, during the recovery period, even where some discomfort may arise.

Responsibilities

2. Jointly with the health sector, the WCB will:
 - a. Establish practice standards for health care provider groups and health care facilities providing care to WCB customers.
 - b. Support a continuum of care model, in accordance with POL 08/2014, Continuum of Care, which facilitates quality health care and an appropriate return to work.
 - c. Where necessary, assist the primary health care provider in accessing the earliest available specialist and diagnostic appointments.
 - d. Ensure there are an adequate number of WCB accredited rehabilitation centres throughout the province, and
 - e. Offer expedited service agreements to health care provider groups with longer wait times in order to promote early recovery and return-to-work by increasing capacity in the health care system, rather than eliminating public service time. In general, the WCB will consider longer wait times to be:
 - i. Greater than four to six weeks for specialists.
 - ii. Greater than three weeks for most diagnostics, or
 - iii. Greater than two months for surgery.
 3. WCB Health Care and Medical Consultants are a resource and support service to both WCB staff and health care providers.
 4. Health care providers who treat WCB customers are required to:
-

- a. Report all work injuries.
 - b. Help injured workers or dependents apply for compensation.
 - c. Invoice the WCB, and not the worker, in order to prevent any financial inconvenience to the worker.
 - d. Avoid extra billing by adhering to the fee schedule approved by the WCB or the Saskatchewan Ministry of Health.
 - e. Avoid billing for services that are medically unnecessary.
 - f. Treat all health-related and personal information gathered during the course of treatment of a WCB customer in a confidential manner.
 - g. Advise the worker and employer of any work restrictions, as well as a projected date of recovery as soon as possible after the injury occurs.
 - h. Help an early return to work (POL 08/96, Return-to-Work Plans).
 - i. Meet the reporting and continued education requirements set out in their discipline's agreement with the WCB.
 - j. Request advanced assessment and treatment where required, and
 - k. Work collaboratively with other health care providers involved in the worker's care.
5. The following health care providers are pre-authorized to treat WCB customers:
- a. Health care providers funded by the Saskatchewan Ministry of Health.
 - b. Physicians licensed in North America.
- If a claim is denied after treatment has already been provided, the WCB will pay the appropriate WCB approved fee.
6. Health care providers established on a negative response system are authorized to provide a limited number of treatments prior to the WCB replying to an initial assessment report.
7. All other health care providers not included under Point 5 or 6 will be required to receive a signed primary Authorization to Treat form from the WCB before commencing treatment. Where this authorization is not received prior to treatment, services provided will not be paid for by the WCB.
8. To prevent an actual or potential conflict of interest and to allow workers to make an informed decision regarding consultation, assessment or treatment at a facility, health care providers must disclose to workers any business relationship with the injured worker's employer.

Payment of Medical Treatment

9. Payment for treatment will be provided to health care providers who:
- a. Are physicians licensed to practice in North America.
 - b. Are accredited and funded by the Saskatchewan Ministry of Health, or
 - c. Appear on the WCB approved provider list.

10. Other health care providers who are not on the WCB approved provider list, and wish to be recognized by the WCB, must apply for accreditation, providing the necessary information (i.e., credentials, license with professional organization, description of evidence-based practice, etc.).
11. If a health care provider association does not wish to participate in the accreditation process, the WCB may establish accreditation standards, applicable only to services provided to WCB customers, using the expertise of WCB's Medical and Health Care Services.
12. The WCB may approve payment to an unaccredited health care provider that offers infrequent service to WCB customers (e.g., naturopaths or orthotists). Prior to approving any such treatment, the WCB will perform a review to ensure the unaccredited health care provider is registered with a national or provincial representative professional organization and that any proposed treatment(s) are evidenced based.
13. To expedite treatment, the WCB may approve health care outside of the injured worker's resident community. POL 39/2010, Expenses – Travel & Sustenance – General, will apply.
14. Out-of-province and out-of-country treatment (i.e., services outside of the worker's resident province or Canada) will be considered by the WCB where the primary health care provider or specialist's referral is for evidence-based practice. Approval will be granted where the services are not available in the resident province or Canada within appropriate timelines.
15. Operations staff will request that WCB's Health Care Services (HCS) review out-of-province health care providers to ensure they meet the accreditation standards of:
 - a. The Saskatchewan Ministry of Health.
 - b. Another jurisdiction's Ministry of Health, or
 - c. The Saskatchewan WCB.
16. Prescription and non-prescription drugs will be considered health care if they are conducive to treating the work injury. POL 11/2019, Medication Coverage, applies.
17. The WCB Case Manager will monitor a claim's progress and may cease payment for health care where:
 - a. There are no functional gains being made.
 - b. There are indications that the customer has functionally recovered from the work injury, or
 - c. The health care provider fails to maintain accreditation credentials or provide the required reports.
18. If a care provider group does not require pre-authorization to treat or has a negative response agreement with the WCB, and a worker's claim is subsequently denied, the WCB will notify the health care provider accordingly and will be responsible for payment of services up to the date of notification of disallowance. With the exception of Point 5, payment is dependent on the health care provider having obtained WCB authorization for treatment and payment prior to providing care.

Alternative Treatment and Equipment

19. The WCB does not generally approve payment for non-standard, not generally accepted or experimental treatment or equipment. Proposals for alternative or innovative treatments must be approved by HCS.
20. Alternative treatment or equipment may be approved by HCS where:
 - a. The treatment is to be provided by a health care provider accredited by:
 - i. The Saskatchewan Ministry of Health.
 - ii. Another jurisdiction's Ministry of Health, or
 - iii. The WCB, and
 - b. There is a recommended level of research and clinical evidence supporting the effectiveness of the treatment or equipment as determined by WCB's Medical and Health Care Services medical consultants using the Best Evidence Synthesis Model.
21. Appliances not included in a WCB fee schedule will be funded on a case-by-case basis. Medical and Health Care Services will assist in evaluating an appliance's effectiveness. Where no endorsed fee exists in a WCB medical fees procedure, a fee considered reasonable by the Case Manager, in consultation with Medical and Health Care Services, will be applied.

Act Sec #	2(1)(p), 2(1)(v), 19(1)(b), 55, 56, 57, 103, 104
Effective Date	01 September 2016.
Application	All claims.
Supersedes	PRO 05/96 Health Care Services
Complements	POL 18/2016 Health Care Services
	POL 02/1997 Health Care Services Fees
	POL 08/2014 Continuum of Care
	POL 08/96 Return-to-Work Plans
	POL 11/2019 Medication Coverage
	PRO 11/2019 Medication Coverage
	POL 39/2010 Expenses – Travel and Sustenance – General
	All medical fees procedures.

Policy	Health Care Services – Fees (POL 02/1997)
Document Date	15 April 1997
Purpose	To establish the CEO as authority to negotiate and administer health care services fees.

BACKGROUND

Historically, fees for medical aid have been determined by the Board, by means of a Board Decision. The function of negotiation with various health care associations to discuss and set fees and standards is an administrative one, and would more appropriately be carried out by the CEO, rather than the Board.

POLICY

The authority to negotiate and administer fees for medical aid furnished by any health care professional is delegated to the CEO, rather than the present method, which requires a Board Decision.

Act Sec #	59(1), 103, 104(1), 115(c)
Effective Date	01 April 1997
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All Medical Fee Schedules
Supersedes	n/a
Complements	POL 18/2016 Health Care Services PRO 53/2006 Medical Aid Billings – Payment POL 11/2019 Medication Coverage PRO 11/2019 Medication Coverage

Procedure	Medical Aid Billings – Payments (PRO 53/2006)
Document Date	30 October 2006
Purpose	To outline the procedure for the payment of late billings from health care providers.

DEFINITION

Medical aid is defined in Section 2(1)(v) of *The Workers' Compensation Act, 2013* (the "Act") as the provision of medical and surgical aid, of hospital and professional nursing services, of chiropractic and other treatment and of prosthetics or apparatus.

BACKGROUND

1. Section 103 of the Act states that a worker who is entitled to compensation is entitled to receive medical and surgical aid that shall be furnished or arranged for by the Workers' Compensation Board (WCB) in any manner that it may approve.
2. Section 104(1) of the Act states that the fees for medical aid furnished by any health care professional are those that are determined by WCB.
3. Section 110 of the Act states that, subject to the approval of the Lieutenant Governor in Council, the WCB may make regulations governing the payment of medical accounts and the assessment of penalties for the late filing of those accounts.
4. This procedure sets out the period for which bills should be submitted for reimbursement for health care services.

PROCEDURE

1. WCB will not pay any account rendered by a physician, surgeon, hospital or other health care professional or institution for medical aid services if application for payment is received by Operations or Medical Accounts after a twelve-month period from the time the medical aid is administered to an injured worker. However, this does not apply to the reimbursement of a medical invoice that has been paid by an injured worker.
2. Health care providers entitled to be paid by WCB for any services performed or for any medication or material supplied, shall bill WCB directly. Injured workers shall not be charged with these costs.
3. WCB will authorize payments in the case of medical aid billings received by Operations or Medical Accounts after the twelve-month period only when acceptable reasons for the late submission of billings are provided, specifically where:
 - a. A claim was originally denied by WCB but is accepted on appeal; or
 - b. The delay in payment to the health care provider is the result of an administrative oversight or delay on the part of WCB.

4. All other medical aid billings received after the twelve-month period for reasons other than those provided for in Point 3(a) or (b) above, will not be considered for reimbursement.

Act Sec #	2(v), 103,104, and 110
Effective Date	01 December 2006
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claims involving medical aid billings.
Supersedes	Board Directive 17/50 Medical Aid – Late Discount
Complements	POL 04/2011 Injuries – Travelling for or Attending Medical Aid or Return-to-Work Programming
	POL 02/1997 Health Care Services Fees
	POL 11/2019 Medication Coverage
	PRO 11/2019 Medication Coverage

Health Care Services – Providers

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Acquired Brain Injury (ABI) Teams		PRO 55/2016	01 June 2016
Assessment Teams		PRO 51/2017	01 June 2017
Chiropractors		PRO 54/2016	01 June 2016
Dental Services		PRO 56/2011	01 October 2011
Exercise Therapists		PRO 53/2015	01 August 2015
Hearing Services		PRO 57/2017	01 January 2018
Hospitals and Other Treating Centres		PRO 55/2010	01 November 2010
Nurse Practitioner		PRO 52/2017	01 May 2017
Massage Therapists		PRO 52/2015	01 June 2015
Occupational Therapists		PRO 52/2016	01 April 2016
Optometry		PRO 61/2011	01 November 2011
Physical Therapists		PRO 50/2016	01 February 2016
Physicians		PRO 04/2020	01 November 2020
Podiatry		PRO 55/2011	01 October 2011
Psychologists		PRO 50/2017	01 April 2017
Secondary and Tertiary Treatment		PRO 51/2016	01 May 2016

Standards, Guidelines, Fee Schedules and other information is located on
<https://www.wcbsask.com/health-care-disciplines>.

Procedure	Acquired Brain Injury (ABI) Teams (PRO 55/2016)
Effective Date	01 June 2016
Application	All injured workers requiring ABI treatment services.
Purpose	To provide administrative guidelines for approving and evaluating Acquired Brain Injury (ABI) services.

BACKGROUND

1. *The Workers' Compensation Act, 2013* confirms that the responsibility for the provision and funding of health care for injured workers lies with the Workers' Compensation Board (WCB) in consideration of the exemption of injured workers by the *Canada Health Act*.
2. The WCB negotiates identical agreements (including practice standards and a fee schedule) with the Saskatchewan Health Region (SHA). The WCB will negotiate changes to these agreements as needed.

PROCEDURE

1. All ABI teams providing services to WCB customers can access the following at www.wcbask.com:
 - a. The Acquired Brain Injury (ABI) Practice Standards for WCB Service Providers (the "practice standards").
 - b. The ABI Service Fees and Fee Codes for WCB Service Providers.
 - c. Reporting forms.
2. Where the ABI resulted from an accepted work injury, the ABI team will assess the worker, and will provide the WCB with an initial report and an estimate of costs within one month.
3. All services provided by the ABI team requires:
 - a. The agreement of the primary care provider (PCP) prior to implementation of any treatment, and
 - b. The agreement of the WCB Case Manager prior to billing the WCB.
4. An updated treatment plan must be provided every six months or sooner if the treatment plan or the cost estimates change.
5. Changes to the initial cost estimate or an extension to the initial treatment plan requires authorization from the WCB Case Manager. Any changes to the treatment plan will require the ABI team to obtain the PCP's agreement.
6. A neuropsychological examination will be completed six months post injury to confirm the diagnosis and the appropriateness of the treatment plan. Where the ABI team's

neuropsychologist cannot accommodate the worker within a two-week timeline, the ABI team will ask the WCB to arrange a timely assessment.

7. To prevent the secondary effects of the work injury and to ease the transition back into the workplace, early transitional return to work (RTW), followed by an appropriate permanent RTW plan, will be implemented by the ABI team in consultation with the WCB Case Management Team. A concurrent goal will be the worker's reintegration into their home community to ensure quality of life.
8. Progress reports must be forwarded to the WCB by the ABI team after every three appointments with a worker or at three month intervals, whichever comes first.
9. The ABI Team will forward a discharge report within one month of termination of services.
10. The quality of care is assured by required compliance with the ABI Practice Standards. Compliance will be reviewed by the Health Care Services department, which will include an evaluation of outcomes.

Effective Date	June 1, 2016
Approved Date	May 16, 2016
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 58, 103(1), 103(2), 104(1), 104(2), and 111
Document History	(1) November 1, 2019. Procedure reviewed and updated to change health districts to the Saskatchewan Health Authority (SHA). (2) PRO 52/2012, Medical Fees – Acquired Brain Injury (effective October 1, 2012 to May 31, 2016). (3) PRO 53/2008, Acquired Brain Injury Teams (effective June 1, 2008 to September 30, 2012).
Complements	POL 18/2016 Health Care Services

Procedure	Assessment Teams (PRO 51/2017)
Effective Date	June 1, 2017
Application	All secondary and tertiary assessment.
Purpose	To provide guidelines for approving and evaluating secondary and tertiary assessments.

BACKGROUND

1. Upon the Workers' Compensation Board's (WCB) approval, a worker entitled to benefits under *The Workers' Compensation Act, 2013* (the "Act") is also entitled to (Section 103):
 - a. Any medical aid that may be necessary as a result of the injury.
 - b. Any other treatment by a health care professional.
 - c. Any prosthetic or apparatus that may be necessary as a result of the injury, and
 - d. Any travel and sustenance costs associated with receiving medical treatment as a result of the injury.
2. The WCB is authorized to determine health care services fees (Section 104).
3. The WCB supports the functional rehabilitation model, which allows for assessment and treatment of the injured worker delivered at three levels (i.e., primary, secondary and tertiary) (POL 08/2014, Continuum of Care).
4. The functional rehabilitation model incorporates:
 - a. Physical examination.
 - b. Consistency of effort testing, and
 - c. Care provider opinion with the functional testing provided in a basic Functional Capacity Evaluation.
5. The functional rehabilitation model ensures a valid opinion for re-employment planning where the worker demonstrates permanent restrictions to their pre-injury job duties.

PROCEDURE

General

1. Assessment teams accredited by the WCB to complete secondary and tertiary assessments for injured workers can access the following at www.wcbask.com:
 - a. The Secondary and Tertiary Assessment Team Manual.
 - b. The fee schedule for assessment teams.
 - c. Reporting and billing forms.

The Coalition of Physical Rehabilitation Centres of Saskatchewan and the WCB will negotiate changes to these documents as needed.

2. There are three levels of assessment:

- a. Primary.
- b. Secondary.
- c. Tertiary.

The levels progress towards increased program complexity, scope and resources, depending on the needs of the worker.

3. A Case Manager (CM) or the worker's health care provider will notify Medical and Health Care Services (MHCS) if the worker needs a secondary or tertiary assessment team review.
4. An assessment team review may be requested if a worker is not working and has no confirmed return-to-work (RTW) date and:
- a. The expected recovery date has passed.
 - b. A passive treatment plan is in place where active treatment is appropriate.
 - c. A definitive diagnosis has not been achieved and is hindering recovery and RTW planning.
 - d. Significant risk factors for chronic disability have been identified.
 - e. The worker continues in employment but has not returned to full duties and/or full hours after the work injury.
 - f. Psychosocial factors may be hampering recovery and RTW.
 - g. The worker's recovery has plateaued and there is risk of layoff from work.

Secondary and Tertiary Assessments

5. The CM will provide a Job Information Worksheet (JIW) to the worker prior to the assessment. They will advise the worker to complete the JIW with their employer and have it available for the assessment.
6. MHCS will make a referral to the first appropriate and available assessment team (i.e., secondary or tertiary) taking into account the:
- a. Length of time the worker has been away from regular job duties.
 - b. Presence of psychosocial and pain management issues.
7. Assessment teams include three to four health care providers (i.e., physician, physical therapist, occupational therapist, chiropractor or psychologist). The team provides a:
- a. Medical examination.
 - b. Biomechanical examination.
 - c. Functional ability assessment, and
 - d. Psychosocial screen.

MHCS may also request the services of other health care providers (i.e., health care specialists), as required.

8. Assessment team reports will be sent to the WCB following an assessment, as follows:
 - a. Secondary assessment teams will submit reports within two working days.
 - b. Tertiary assessment teams will submit reports within four working days. An additional day to report may be given if a specialist was added to the team.
 - c. The JIW and comprehensive reports will be submitted within 10 working days.
9. The assessment team report generally includes treatment and RTW plan recommendations, such as:
 - a. If further primary, secondary, tertiary, or other care is required.
 - b. If specialist and diagnostic services should occur at the same time as other treatment.
 - c. The timeline for return to work planning, which may include an immediate return to work.
 - d. If the worker's condition is preventing a return to the pre-injury job.
10. To help the assessment team, MHCS will give the assessment team any medical or other relevant documents from the worker's file.
11. MHCS will implement the assessment team's recommendations if the primary care provider agrees (PRO 51/2016, Health Care Services – Secondary and Tertiary Treatment).
12. MHCS will regularly evaluate secondary and tertiary assessment teams and continued accreditation will be based on:
 - a. Quality assurance evaluations, and
 - b. Performance evaluations.
13. Workers can report complaints of any nature to the WCB. The WCB employee receiving the complaint may refer the complaint for resolution to other WCB staff including the Manager of Health Care Services. If the complaint alleges professional incompetence or misconduct by a care provider, the Manager of Health Care Services will direct the complainant to the providers' professional association. MHCS will note all complaints and resolutions on the service provider's accreditation file.

Effective Date	June 1, 2017
Approved Date	February 13, 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 58, 103(1), 103(2), 104(1), 104(2), 111
Document History	(1) Fee schedule updated May 1, 2020. Procedure reviewed; no changes required. (2) PRO 53/2014, Medical Fees – Assessment Teams (effective June 1, 2014 to June 1, 2017).

- (3) References updated January 1, 2014 in accordance with *The Workers' Compensation Act, 2013*.
- (4) PRO 51/2012, Medical Fees – Assessment Teams (effective October 1, 2012 to May 31, 2014).
- (5) PRO 58/2008, Medical Fees – Assessment Teams (effective December 1, 2007 to September 30, 2012).
- (6) PRO 52/2006, Medical Fees – Assessment Teams (effective December 1, 2005 to November 30, 2007).
- (7) PRO 54/2005, Medical Fees – Assessment Teams (effective December 1, 2005 to November 30, 2005)

Complements

- [POL 02/1997](#) Health Care Services Fees
- [POL 08/2014](#) Continuum of Care
- [POL 18/2016](#) Health Care Services
- [PRO 18/2016](#) Health Care Services
- [PRO 51/2016](#) Secondary and Tertiary Treatment

Procedure	Chiropractors (PRO 54/2016)
Document Date	08 April 2016
Purpose	To provide administrative guidelines for approving and evaluating chiropractic services.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker entitled to benefits under *The Workers' Compensation Act, 2013* is also entitled to (Section 103):
 - a. Any medical aid that may be necessary because of the work-related injury.
 - b. Any other treatment by a health care provider.
 - c. Any orthotic appliance that may be necessary as a result of the injury, and
 - d. Any travel and sustenance costs associated with receiving medical treatment as a result of the injury.
2. The WCB is authorized to determine health care service fees (Section 104).

PROCEDURE

1. Chiropractors who are members in good standing of the Chiropractors' Association of Saskatchewan (CAS) and accredited by the WCB to provide services to injured workers can access the following at www.wcbask.com:
 - a. Accreditation Standards and Service Provider Guidelines for Chiropractors Providing Services to Saskatchewan WCB Customers.
 - b. Accreditation requirements.
 - c. Primary Chiropractic and Physical Therapy Soft Tissue Treatment Guidelines.
 - d. Primary Care Provider Review process.
 - e. Fees.
 - f. Reporting forms, and
 - g. Primary Authorization to Treat forms.

The CAS and WCB will negotiate changes to these documents as needed.

2. The WCB Chiropractic Consultant will review files that have two or more progress reports (CHP) if the worker is not discharged or sent for an assessment team review. However, Claims Entitlement Specialists (CES) and Case Managers (CM) can request the assistance of the WCB Chiropractic Consultant at any time during the review of claims.
3. Medical and Health Care Services (MHCS) will contact chiropractors (by phone and in writing) that continually send initial reports (CHI) or progress/discharge reports (CHP) late to the WCB. MHCS will issue a final warning if the late reporting continues. Thereafter, the WCB will not pay for services that chiropractors provide after reports are due.

4. The WCB will only reimburse functional conditioning treatment for workers after they have been unable to return to regular or modified work duties for at least four consecutive weeks. If the worker needs functional conditioning before then, the chiropractor will contact the WCB. The WCB Chiropractic Consultant will review the worker's progress before making a decision.
5. For all soft tissue injuries, the CM will review the worker's file at seven weeks post-injury to:
 - a. Evaluate the risk of prolonged recovery.
 - b. Determine if the worker needs an assessment team review.
 - c. Ensure vocational (return-to-work) interventions are occurring, and
 - d. Ensure that the chiropractor is using the WCB's standards of care and treatment protocols.
6. If the WCB denies a chiropractic claim for coverage (following the initial assessment or request for further treatments), the WCB will pay for services up to the date of notification.
7. Chiropractors must contact the WCB Chiropractic Consultant before providing services in excess of that noted in the soft tissue guidelines. If no contact is made, the WCB may not pay the excess fees.

Act Sec #	55, 103(1), 104, 115(c)
Effective Date	01 June 2016
Application	All claims where workers require chiropractic services.
Supersedes	PRO 56/2013 Medical Fees – Chiropractors
Complements	POL 18/2016 Health Care Services
	POL 02/1997 Health Care Services Fees

Procedure	Dental Services (PRO 56/2011)
Document Date	18 August 2011
Purpose	To establish the billing requirements for dental services provided to Workers' Compensation Board (WCB) customers.

BACKGROUND

- Section 103(1) of *The Workers' Compensation Act, 2013* (the "Act") states "every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:
 - any medical aid that may be necessary as a result of the injury;
 - any other treatment by a health care professional;
 - any prosthetics or apparatus that may be necessary as a result of the injury, and to have any prosthetic limbs and eyes and any surgical appliances such as belts, braces, supports and orthopaedic shoes repaired, maintained and renewed when necessary by reason of accident or ordinary wear and tear; and
 - any transportation or sustenance occasioned by the medical aid."
- Section 104(1) of the Act states "the fees for medical aid furnished by any health care professional are those that are determined by the board."
- Section 115(c) of the Act states that the board may expend moneys from the fund for any expenses incurred in the administration of the Act and, without restricting the generality of the foregoing, the board may expend money for "any medical aid provided pursuant to this Act to injured workers and any specialized treatment or other medical aid that the board considers necessary and that is not provided for in this Act."
- Annually, the College of Dental Surgeons of Saskatchewan issues a suggested fee schedule to its members.

PROCEDURE

General

- Dentists and dental surgeons will direct bill the WCB for all services provided to WCB customers and will charge according to the College of Dental Surgeons of Saskatchewan Fee Schedule. Payment for all dental services will comply with this fee schedule.
- All dental services, except emergency treatment, must be pre-authorized by the WCB.

Non-Emergency Treatment

- The dentist or dental surgeon will submit a Dentist's Initial Report (M7) to the WCB indicating the type of service required, and a cost estimate based on the fee schedule.

4. Operations staff will review the report to ensure that the recommended service is related to the work injury, and the estimated costs are in accordance with the fee schedule. Assistance may be obtained from the WCB Dental Consultant.
5. Where the recommended service is not noted in the fee schedule, the WCB Dental Consultant may provide advice regarding a reasonable fee that should be paid.
6. Following this review, Operations staff will authorize the dentist or dental surgeon, in writing, to proceed with the service. The authorization will request the dentist or dental surgeon to direct bill the WCB for the service and amount authorized. A copy of the authorization will be sent to the customer.
7. Operations staff will provide a detailed explanation, in writing, in all instances where the amount authorized is less than the cost estimate provided by the dentist or dental surgeon.

Emergency Treatment

8. Where the customer obtains emergency treatment, the dentist or dental surgeon will submit a Dentist's Initial Report (M7) to the WCB. Following review of the report by Operations staff, and by the WCB Dental Consultant where required, the WCB will process payment (if authorized) to the dentist or dental surgeon.
9. Where the customer paid the fees for the emergency treatment, the customer should submit to the WCB, copies of original receipts and the form completed by the dentist or dental surgeon detailing the work completed. Original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.
10. Where the fee is in excess of that determined by the WCB, the WCB will contact the dentist or dental surgeon and request a refund for the customer. Where a refund is not provided, the WCB will reimburse the customer and the extra billing will be recovered from WCB payments to the dental service provider.

Act Sec #	103(1), 104(1), 115(c)
Effective Date	01 October 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> 01 November 2017. Requirement for original receipts updated to copies of original receipts; however, original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.
Application	All claims on and after the effective date
Supersedes	PRO 03/91 Medical Fees – Dental Consultant
Complements	POL 11/2016 Expenses – Orthotics/Appliances – Provision, Replacement and Repair

Procedure	Exercise Therapists (PRO 53/2015)
Document Date	07 July 2015
Purpose	To provide administrative guidelines for approving and evaluating exercise therapy services.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker entitled to benefits under *The Worker's Compensation Act, 2013* (the "Act") is also entitled to (Section 103):
 - a. Any medical aid that may be necessary as a result of the injury.
 - b. Any other treatment by a health care professional.
 - c. Any prosthetic or apparatus that may be necessary as a result of the injury, and
 - d. Any transportation or sustenance occasioned by the medical aid.
2. The WCB is authorized to determine health care services fees (Section 104).

PROCEDURE

General

1. Exercise therapists who hold a Certified Exercise Physiologist (CEP) designation and are providing services to WCB customers can access the following at www.wcbsask.com:
 - a. The Accreditation Standards and Service Provider Guidelines for Exercise Therapists Providing Primary Level Services to WCB customers ("practice standards").
 - b. Accreditation requirements.
 - c. Fees.
 - d. Reporting forms, and
 - e. Primary Authorization to Treat forms.

The Saskatchewan Kinesiology and Exercise Science Association (SKESA) and the WCB will negotiate changes to these documents as needed.

2. The Claims Entitlement Specialist (CES) or Case Manager (CM) will review completed Primary Authorization to Treat forms with attached referrals to make sure:
 - a. The service is related to the work injury.
 - b. The CEP is WCB accredited.
 - c. The referral is made by a:
 - i. Physician
 - ii. Physical Therapist, or
 - iii. Chiropractor.

- d. The referral notes the goals of exercise therapy.
3. Exercise therapy is considered a component of Physical Therapy and/or Chiropractic services offered by a clinic that has obtained WCB authorization to treat and invoice.
4. An initial assessment report will be sent to the WCB within three working days of the first appointment. This report should include the objectives of the treatment, as well as an anticipated discharge date. Progress reports (TXP) only need to be filed if there are changes to the treatment plan or anticipated discharge date. The discharge summary (TXD) should be sent within three days of discharge.
5. Payment will only be authorized for services performed by an accredited CEP who appears on the WCB Approved Provider List.
6. The WCB may refuse payment if conditioning is provided prior to the specified timelines acknowledged in the practice standards (i.e., aerobic conditioning, regional conditioning, functional conditioning, and functional testing).
7. WCB will cease funding for treatment when no functional gains are being made or when there are indications that the customer has recovered from the work injury.
8. If a claim is subsequently denied following approval, WCB will be responsible for payment up to the date of disallowance notification.
9. Compliance with the practices standards may be evaluated through a survey process performed jointly by the WCB and SKESA.

Act Sec #	55, 103, 104, 111, 115(c)
Effective Date	01 August 2015
Application	All injured workers requiring exercise therapy services.
Supersedes	PRO 56/2012 Medical Fees – Exercise Therapists
Complements	POL 18/2016 Health Care Services

Procedure	Hearing Services (PRO 57/2017)
Document Date	18 October 2017
Purpose	To provide administrative guidelines for approving and evaluating hearing services.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker entitled to benefits under *The Workers' Compensation Act, 2013* (the "Act") is also entitled to (Section 103):
 - a. Any medical aid that may be necessary because of the work-related injury.
 - b. Any other treatment by a health care provider.
 - c. Any prosthetic or apparatus that may be necessary as a result of the injury, and
 - d. Any travel and sustenance costs associated with receiving medical treatment as a result of the injury.
2. The WCB is authorized to determine health care services fees (Section 104).
3. The Saskatchewan Association of Speech Language Pathologists and Audiologists (SASLPA) declined to represent its members in discussions with the WCB. Alternatively, the Saskatchewan Hearing Instrument Practitioners Society (SHIPS) helped develop practice standards, business rules and fees for hearing service providers.

PROCEDURE

General

1. The Claims Entitlement Specialist (CES) or Case Manager (CM) will review audiograms, hearing aid prescriptions and completed Primary Level Authorization to Treat – Hearing Services forms to make sure the:
 - a. Service relates to the work injury. If required, the CES or CM can ask for help from the Medical Officer.
 - b. Manufacturer's cost of the prescribed hearing aid (i.e., hearing instrument) does not exceed the amount listed in the current Hearing Service Providers Fee Schedule.
 - c. Hearing service provider and clinic have WCB accreditation.
2. The CES or CM will notify the hearing service provider in writing if they are authorized to provide care and invoice the WCB. If the hearing service provider is authorized, the CES or CM will notify the hearing service provider to direct bill the WCB.
3. The worker will pay all additional costs if they want an upgraded hearing aid that costs more than authorized through the current Hearing Service Providers Fee Schedule.

4. If the worker buys a hearing aid before submitting a claim to the WCB, and the claim is accepted, the WCB will pay up to the amount listed in the current Hearing Service Providers Fee Schedule.
5. Workers can see any WCB accredited hearing service provider:
 - a. To receive a prescribed hearing aid.
 - b. Regarding the service or repair of a prescribed hearing aid.

Evaluations

6. WCB's Health Care Services (HCS) will perform ad hoc file reviews to ensure quality assurance.
7. HCS will monitor compliance with the:
 - a. Service fees.
 - b. Business rules.
 - c. Practice standards.
8. If audits of hearing service provider files and WCB files show that prescribed hearing instruments are not medically justified, the prescribing hearing service provider may be subject to reconciliation costs.
9. HCS will issue letters to hearing service providers that do not comply with the service fees, business rules or practice standards. These letters will outline appropriate corrective actions. Failure to comply with these actions may result in the loss of WCB accreditation.

Complaints and Dispute Resolution

10. Workers can report complaints of any nature to the WCB. The WCB employee receiving the complaint may refer the complaint for resolution to other WCB staff including the Manager of Health Care Services. If the complaint alleges professional incompetence or misconduct by a care provider, the Manager of Health Care Services will direct the complaint to the hearing service providers' professional association.
11. HCS will note all complaints and resolutions on the service provider's accreditation file.

Effective Date	01 January 2018
Approved Date	18 October 2017
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 103, 104
Document History	<ol style="list-style-type: none"> (1) 01 April 2019; procedure updated to link to most current hearing services fee schedule. (2) PRO 50/2015, Medical Fees – Hearing Services (effective 01 June 2015 to 31 December 2017).

- (3) PRO 50/2010, Medical Fees – Hearing Service Providers (effective 01 March 2010 to 31 May 2015).

Complements

- [POL 11/2012](#) Injuries – Hearing Loss
[PRO 11/2012](#) Injuries – Hearing Loss
[POL 18/2016](#) Health Care Services
[PRO 18/2016](#) Health Care Services

Procedure	Hospitals and Other Treating Centres (PRO 55/2010)
Document Date	21 October 2010
Purpose	To establish hospital per diem out-patient/in-patient rates and high cost procedures billing.

DEFINITIONS

High Cost Procedures means medical aid provided in a hospital or treatment facility involving highly trained physicians and advanced technology (e.g., organ transplants).

BACKGROUND

POL 02/1997, Health Care Service Fees, authorizes the Chief Executive Officer to negotiate and administer fees for medical aid furnished by any health care professional.

PROCEDURE

1. The Workers' Compensation Board (WCB) will reimburse any hospital or treatment facility for out-patient and in-patient services, as well as high cost procedures, in accordance with the annual rates set by Saskatchewan Ministry of Health's Medical Services Branch (MSB), except where an alternate contract exists.
2. Services not established under the MSB rates will be paid according to the WCB rates negotiated for their discipline.
3. The WCB Finance Department will be responsible for ensuring that the most current rates set by the MSB are used. Rate adjustments will be applied retroactively to the effective date set by the MSB.
4. Only hospital services and procedures that are directly necessary in the treatment of a worker's compensable injury will be paid for by the WCB.

Act Sec #	103, 104, 109(b)
Effective Date	01 November 2010
Application	All claims requiring out-patient/in-patient services and high cost procedures.
Supersedes	PRO 03/98 Repeal of Medical Fees – Wascana Outpatient PRO 64/1999 Medical Fees – Hospital Out-Patient & High Cost Procedures Billing Rates PRO 65/1999 Medical Fees – Hospital Per-Diem In-Patient PRO 102/2002 Medical Fees – Hospital Per-Diem In-Patient Rate
Complements	POL 02/1997 Health Care Services Fees

Procedure	Massage Therapists (PRO 52/2015)
Document Date	29 April 2015
Purpose	To provide administrative guidelines for approving and evaluating massage therapy services.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker entitled to benefits under *The Workers' Compensation Act, 2013* (the "Act") is also entitled to (Section 103):
 - a. Any medical aid that may be necessary because of the work-related injury.
 - b. Any other treatment by a health care provider.
 - c. Any prosthetic or apparatus that may be necessary as a result of the injury, and
 - d. Any travel and sustenance costs associated with receiving medical treatment as a result of the injury.
2. The WCB is authorized to determine health care services fees (Section 104).
3. The practice standards, accreditation requirements, fees, reporting forms and primary authorization to treat forms for massage therapists (MT) providing services to WCB customers are available at www.wcbsask.com. The Massage Therapy Association of Saskatchewan (MTAS) and the WCB will negotiate changes to these documents as needed.

PROCEDURE

General

1. The Claims Entitlement Specialist (CES) or Case Manager (CM) will review completed Primary Authorization to Treat forms with attached referrals to make sure:
 - a. The service relates to the work injury.
 - b. The MT and massage therapy clinic have WCB accreditation.
 - c. The referral is made by a:
 - i. Physician
 - ii. Physical Therapist, or
 - iii. Chiropractor.
 - d. The referral notes the goals of massage therapy.
 - e. The worker is currently receiving active therapy (e.g., exercise therapy) from a:
 - i. Physical therapist, or
 - ii. Chiropractor.

2. The CES or CM will tell the MT in writing if they are authorized to provide care and invoice the WCB. If the MT is authorized, the CES or CM will also tell the MT:
 - a. The WCB will only pay for up to five massage therapy treatments per claim.
 - b. To direct bill the WCB.
 - c. If an initial assessment, progress and/or discharge reports will be funded.
3. The WCB will not pay for any services provided before the MT receives approval.
4. The WCB will stop paying for massage therapy when the worker:
 - a. Is not making any functional gains
 - b. Has met the goals of massage therapy, or
 - c. Receives five massage therapy treatments.

Evaluations

5. Medical and Health Care Services (MHCS) will perform ad hoc file reviews to ensure quality assurance.
6. MHCS will run monthly reports to track and evaluate quantitative variances and trends.
7. MHCS and the MTAS will monitor compliance with the:
 - a. Service fees.
 - b. Practice standards.
8. MHCS will issue letters to MTs that do not comply with the service fees or standards. These letters will outline appropriate corrective actions. Failure to comply with these actions may result in the loss of WCB accreditation.

Complaints and Dispute Resolution

9. Workers can report complaints of any nature to the WCB. The WCB employee receiving the complaint may refer the complaint for resolution to other WCB staff including the Manager of Health Care Services. If the complaint alleges professional incompetence or misconduct by a care provider, the Manager of Health Care Services will direct the complaint to the MTAS.
10. MHCS will note all complaints and resolutions on the service provider's accreditation file.
11. Workers that want to see a different provider should discuss concerns with the primary care provider who made the initial referral.

Act Sec #	103, 104, 111, 115(c)
Effective Date	01 June 2015
Application	All claims on and after the effective date
Supersedes	PRO 50/2013 Medical Fees – Massage Therapists
Complements	POL 18/2016 Health Care Services

Procedure	Nurse Practitioner (PRO 52/2017)
Effective Date	May 1, 2017
Application	Applies to all licenced nurse practitioners providing services to WCB customers on and after the effective date.
Purpose	To provide administrative guidelines for approving and evaluating services provided by NPs.

DEFINITION

Nurse Practitioner (NP) means a registered nurse who has met the qualifications for licensure in the NP category in the province of Saskatchewan, as defined by *The Registered Nurses Act, 1988*.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker entitled to benefits under *The Workers' Compensation Act, 2013* is also entitled to (Section 103):
 - a. Any medical aid that may be necessary because of the work-related injury.
 - b. Any other treatment by a health care provider.
 - c. Any prosthetic or apparatus that may be necessary as a result of the injury, and
 - d. Any travel and sustenance costs associated with receiving medical treatment as a result of the injury.
2. The WCB is authorized to determine health care services fees (Section 104).
3. Section 24(3) of *The Registered Nurses Act, 1988* provides a general overview of the services NPs are able to provide. For instance, this section allows NPs to:
 - a. Order, perform, receive and interpret reports of screening and diagnostic tests;
 - b. Prescribe and dispense drugs;
 - c. Perform minor surgical and invasive procedures; and
 - d. Diagnose and treat common medical disorders.
4. The mandate of the Saskatchewan Registered Nurses' Association (SRNA) and *The Registered Nurses Act, 1988* do not provide the SRNA with the authority to sign an agreement or negotiate on behalf of its members. However, the SRNA has agreed to provide advisory and resource services to the Workers' Compensation Board (WCB) when required.

PROCEDURE

1. NPs who hold current licensure with the SRNA and are accredited by the WCB to provide services to injured workers can access the following at www.wcbsask.com:

- a. Accreditation Standards and Service Provider Guidelines for NPs.
- b. Accreditation requirements.
- c. Fees.
- d. Reporting forms.
- e. Primary Authorization to Treat forms.

The WCB will update these documents as needed.

2. Claims Entitlement Specialists (CES) will review initial reports (PPI) and progress/discharge reports (PPP) that the WCB receives within the first four weeks post-injury. Case Managers (CM) will review reports that the WCB receives after four weeks unless Claims Entitlement retains the file.
3. CESs and CMs can request the assistance of a Medical Officer (MO) at any time during the review of a claim.
4. If the CES, CM or MO finds that the WCB should deny coverage, the file manager will inform the NP. The WCB will only pay for reports submitted prior to the date of notification of disallowance. The WCB will not pay office visit and treatment fees.
5. Medical and Health Care Services (MHCS) will perform ad hoc file reviews to ensure quality assurance.
6. MHCS will issue letters to NPs that do not comply with the practice guidelines for fees. These letters will outline appropriate corrective actions. Failure to comply may result in the loss of WCB accreditation.
7. Workers can report complaints of any nature to the WCB. The WCB employee receiving the complaint may refer the complaint for resolution to other WCB staff including the Manager of Health Care Services. If the complaint alleges professional incompetence or misconduct by a care provider, the Manager of Health Care Services will direct the complaint to the SRNA.
8. MCHS will note all complaints and resolutions on the service provider's accreditation file.
9. Workers that want to see a different NP should contact their CM or MHCS.

Effective Date May 1, 2017

Approved Date April 12, 2017

Legislative Authority *The Workers' Compensation Act, 2013*
Sections 55, 103, 104, 115(c)

The Registered Nurses Act, 1988

Document History (1) Housekeeping amendments effective January 1, 2021 to update references from Registered Nurse (Nurse Practitioner) (RN(NP)) to Nurse Practitioner (NP). Procedure reviewed and no other changes required.

- (2) PRO 55/2014, Medical Fees – Registered Nurse (Nurse Practitioner) (effective September 1, 2014 to April 30, 2017).
- (3) January 1, 2014. References updated in accordance with *The Workers' Compensation Act, 2013*.
- (4) PRO 57/2012, Medical Fees – Registered Nurse (Nurse Practitioner) (effective January 1, 2013 to August 31, 2014).

Complements

- [POL 18/2016](#) Health Care Services
- [PRO 18/2016](#) Health Care Services
- [PRO 53/2006](#) Medical Aid Billings – Payment
- [POL 02/1997](#) Health Care Services – Fees

Procedure	Occupational Therapists (PRO 52/2016)
Effective Date	April 1, 2016
Application	All injured worker requiring occupational therapy services.
Purpose	To provide administrative guidelines for approving and evaluating occupational therapy services.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker entitled to benefits under *The Workers' Compensation Act, 2013* (the "Act") is also entitled to (Section 103):
 - a. Any medical aid that may be necessary because of the work-related injury.
 - b. Any other treatment by a health care provider.
 - c. Any orthotic appliance or apparatus that may be necessary as a result of the injury, and
 - d. Any travel and sustenance costs associated with receiving medical treatment as a result of the injury.
2. The WCB is authorized to determine health care services fees (Section 104(1)).
3. The WCB can spend money for any specialized treatment or medical aid that it considers necessary (Section 115).

PROCEDURE

1. All occupational therapists (OTs) accredited to provide services to WCB customers and who are fully licenced members in good standing of the Saskatchewan Society of Occupational Therapists (SSOT), can find the following information on www.wcbask.com:
 - a. Accreditation Standards and Service Provider Guidelines for Saskatchewan Workers' Compensation Board Primary Occupational Therapy Service Providers.
 - b. Service Fees and Fee Codes for Saskatchewan Workers' Compensation Board Primary Occupational Therapy Service Providers.
 - c. Billing and reporting forms.
2. If a worker needs occupational therapy, the Vocational Rehabilitation Specialist or attending care giver will notify Medical and Health Care Services (MHCS) to arrange care.
3. Typically, the WCB will not pay for treatment that begins before receiving a Primary Level Authorization to Treat from an OT. Upon approval, OTs can see workers for up to 10 visits (after they send the OTI form) unless the WCB says otherwise.
4. If a customer needs more treatment after the initial 10 visits, the OT will send a progress report (OTP) to the WCB.
 - a. If the WCB approves, the OT can see the worker for up to 10 more visits.

- b. If the worker needs more treatment after the first extension, the OT will send another progress report (OTP) to the WCB. If the WCB approves, the OT can see the worker for up to 10 more visits. At this time, and for every progress report (OTP) sent thereafter, the Case Manager will request the WCB Physical Therapy Consultant to review the worker's progress.
5. If the worker wants more treatment, but has not had treatment for more than 30 days, the OT must send another Primary Level Authorization to Treat – Occupational Therapy form. OTs can only resume treatment once they hear from the WCB.
6. If treatment is not approved by the WCB before treatment commences, the WCB will fund up to five treatments or up to the date of the disallowance letter, whichever comes first. This includes treatment for urgent referrals where a worker has sustained a hand injury or had surgery to a hand within the past three weeks.
7. If the WCB denies an occupational therapy claim for coverage after approving treatment, the WCB will pay for services up to the date of notification.
8. MHCS will contact OTs (by phone and in writing) that continually send initial reports (OTI), progress reports (OTP) or discharge reports (OTP) late to the WCB. MHCS will issue a final warning if the late reporting continues. Thereafter, the WCB will not pay for services that OT's provide after reports are due.
9. If the worker needs more comprehensive care, the OT will tell the WCB that an assessment team review is required (e.g., the worker's recovery is not progressing, psychological or pain management services are required). The assessment team will determine if secondary or tertiary treatment is more appropriate. If the worker will benefit from further treatment, the OT can continue treatment while waiting for the assessment team review.
10. The WCB Physical Therapy Consultant will review files that have two or more progress reports (TXP) if the worker is not discharged or sent for an assessment team review. However, CESs and CMs can request the assistance of the WCB Physical Therapy Consultant at any time during the review of claims.
11. If the CES, CM or WCB Physical Therapy Consultant finds that the WCB should deny coverage, the file manager will tell the OT.
12. MHCS will note all complaints and resolutions on the service provider's accreditation file.
13. Compliance with the practice standards may be evaluated through a clinical survey process.

Effective Date	April 1, 2016
Approved Date	March 29, 2016
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 55, 103(1), 104, 115(c)
Document History	(1) Fee schedule and practice standards updated April 1, 2020. Procedure reviewed and no changes required.

- (2) PRO 50/2014, Medical Fees – Occupational Therapy (effective March 1, 2014 to March 31, 2016).
- (3) PRO 57/2011, Medical Fees – Occupational Therapy Services (effective November 1, 2010 to February 28, 2014).
- (4) PRO 105/2002, Medical Fees – Occupational Therapists (effective July 1, 2001 to October 31, 2010).
- (5) PRO 59/2000, Medical Fees – Occupational Therapists (effective July 1, 2000 to June 30, 2001).
- (6) PRO 58/1999, Medical Fees – Occupational Therapists (effective September 1, 1999 to June 30, 2000).
- (7) PRO 07/98, Medical Fees – Occupational Therapists (effective April 1, 1998 to August 30, 1999).

Complements

[PRO 51/2016](#) Secondary and Tertiary Treatment

[PRO 51/2017](#) Assessment Teams

[POL 02/1997](#) Health Care Services Fees

Procedure	Optometry (PRO 61/2011)
Document Date	21 October 2011
Purpose	To establish billing requirements for optometry services provided to Workers' Compensation Board (WCB) customers.

BACKGROUND

1. Section 103(1) of *The Workers' Compensation Act, 2013* (the "Act") states "every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:
 - a. any medical aid that may be necessary as a result of the injury;
 - b. any other treatment by a health care professional;
 - c. any prosthetics or apparatus that may be necessary as a result of the injury, and to have any prosthetic limbs and eyes and any surgical appliances such as belts, braces, supports and orthopaedic shoes repaired, maintained and renewed when necessary by reason of accident or ordinary wear and tear; and
 - d. any transportation or sustenance occasioned by the medical aid."
2. Section 104(1) of the Act states "the fees for medical aid furnished by any health care professional are those that are determined by the board."
3. Section 115(c) of the Act states that the WCB may expend moneys from the fund for any expenses incurred in the administration of this Act and, without restricting the generality of the foregoing, the board may expend moneys for "any medical aid provided pursuant to this Act to injured workers and any specialized treatment or other medical aid that the board considers necessary and that is not provided for in this Act."
4. The Saskatchewan Association of Optometrists (SAO) sets the standards of practice for optometry services. SAO is responsible for licensing and regulating the practice of optometry in accordance with *The Optometry Act, 1985*.

PROCEDURE

1. The WCB will cover the costs of optometry services, including the provision of eyewear, where it is required due to an injury arising out of and in the course of employment. Entitlement for corrective or replacement eyewear will be determined in accordance with POL 11/2016, Expenses – Orthotics/Appliances – Provision, Replacement, and Repair.
2. Optometrists will direct bill the WCB for all services provided to WCB customers and will charge according to the most current rates set by the Saskatchewan Ministry of Health (www.saskatchewan.ca). Payment for all optometry services will comply with these rates.
3. Where the optometrist direct bills the WCB for reporting fees, the amount invoiced will be in accordance with PRO 04/2020, Physicians.

4. All optometry services, except emergency treatment, must be pre-authorized by the WCB.

Non-Emergency Treatment

5. Optometrists will submit a report to the WCB indicating the type of service required, and a cost estimate based on the Saskatchewan Ministry of Health's rates.
6. Operations staff will review the report to ensure that the recommended service is related to the work injury, and the estimated costs are in accordance with the Saskatchewan Ministry of Health's rates. Assistance may be obtained from the Manager of Health Care Services or the WCB Medical Officer.
7. Where the recommended service is not noted in the Saskatchewan Ministry of Health's rates, Medical and Health Care Services may provide advice regarding a reasonable fee that should be paid.
8. Following this review, Operations staff will authorize the optometrist, in writing, to proceed with the service. The authorization will request the optometrist to direct bill the WCB for the service and amount authorized. A copy of the authorization will be sent to the customer.
9. Operations staff will provide a detailed explanation, in writing, in all instances where the amount authorized is less than the cost estimate provided by the optometrist.

Emergency Treatment

10. Where the customer obtains emergency treatment, the optometrist will submit a report to the WCB indicating the type and cost of service provided. Following review of the report by Operations staff, and by Medical and Health Care Services where required, the WCB will process payment (if authorized) to the optometrist.
11. Where the customer paid the fees for the emergency treatment, the customer should submit to the WCB copies of original receipts and the form completed by the optometrist detailing the work completed. Original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.
12. Where the fee is in excess of that determined by the WCB, the WCB will contact the optometrist and request a refund for the customer. Where a refund is not provided, the WCB will reimburse the customer and the extra billing will be recovered from WCB payments to the optometrist.

Act Sec #	103(1), 104(1), 109(a), 115(c); <i>The Optometry Act, 1985</i>
Effective Date	01 November 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> 01 November 2017. Requirement for original receipts updated to copies of original receipts; however, original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.
Application	All customers requiring optometry services on and after the effective date.
Supersedes	PRO 22/92 Medical Fees – Optometry

Complements

[POL 11/2016](#) [Expenses – Orthotics/Appliances – Provision,
Replacement and Repair](#)
[PRO 04/2020](#) [Physicians](#)
[POL 18/2016](#) [Health Care Services](#)

Procedure	Physical Therapists (PRO 50/2016)
Effective Date	February 1, 2016
Application	All injured workers requiring physical therapy services.
Purpose	To provide administrative guidelines for approving and evaluating physical therapy services.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker is entitled to benefits under *The Workers' Compensation Act, 2013* (the "Act") states that upon approval by the Workers' Compensation Board (WCB), a worker entitled to benefits is also entitled to (Section 103):
 - a. Any medical aid that may be necessary because of the work-related injury.
 - b. Any other treatment by a health care provider.
 - c. Any orthotic appliance or apparatus that may be necessary as a result of the injury, and
 - d. Any travel and sustenance costs associated with receiving medical treatment as a result of the injury.
2. The WCB is authorized to determine health care services fees (Section 104).

PROCEDURE

1. Physical therapists who are members in good standing of the Saskatchewan College of Physical Therapists (SCPT) and accredited by the WCB to provide services to injured customers can access the following at www.wcbask.com:
 - a. The Accreditation Standards and Service Provider Guidelines for Physical Therapists Providing Out-Patient and Private Clinic Services to WCB customers ("practice standards").
 - b. Accreditation requirements.
 - c. The Primary Chiropractic and Physical Therapy Soft Tissue Treatment Guidelines.
 - d. Fees.
 - e. Reporting forms, and
 - f. Primary Authorization to Treat forms.

The Saskatchewan Physiotherapy Association (SPA) and the WCB will negotiate changes to these documents as needed.

2. The WCB Physical Therapy Consultant will review files that have two or more progress reports (PTP). A Claims Entitlement Specialist (CES) or a Case Manager (CM) may request the assistance of the WCB Physical Therapy Consultant at any time during the review of claims.

3. HCS will contact, by phone and in writing, physiotherapists (PT's) that continually send initial reports (PTI's) or progress/discharge reports (PTP) late to the WCB. If late reporting continues, HCS will issue a final warning and the WCB will not pay for services that the PTs provide after the reports are due.
4. The WCB will only reimburse functional conditioning treatment for customers after they have been unable to return to regular or modified work duties for at least four consecutive weeks. If the worker needs functional conditioning before then, the PT will contact the WCB. The WCB Physical Therapy Consultant will review the worker's progress before making a decision.
5. The WCB will accept PTI's or a Physical Therapy Initial Recurrent (PTIR) submitted for recurrent treatment (i.e., if primary care resumes after the customer was discharged more than 30 days prior or where the customer accesses primary care after a secondary or tertiary program). The CES or CM and the WCB Physical Therapy Consultant will review the report and advise the clinic if further treatment will be approved.
6. For all soft tissue injuries, the Case Manager (CM) will review the customer's file at seven weeks post-injury to:
 - a. Evaluate the risk of prolonged recovery.
 - b. Determine if the worker needs an assessment team review.
 - c. Ensure vocational (return-to-work) interventions are occurring, and
 - d. Ensure that the PT is using the WCB's standards of care and treatment protocols.
7. If the WCB denies a physical therapy claim for coverage (following the initial assessment or request for further treatments), the WCB will pay for services up to the date of notification. The WCB will charge the costs of these claims to the administrative fund.
8. Compliance with the practice standards may be evaluated through a clinical survey process.

Effective Date February 1, 2016

Approved Date January 18, 2016

Legislative Authority *The Workers' Compensation Act, 2013*
Sections 55, 103(1), 104, 115(c)

Document History

- (1) Fee schedule and practice standards updated January 1, 2020. Procedure reviewed and no changes required.
- (2) PRO 52/2014, Medical Fees – Physical Therapy Services (effective April 1, 2014 to January 31, 2016).
- (3) PRO 52/2013, Medical Fees – Physical Therapy Services (effective July 1, 2013 to March 31, 2014).
- (4) PRO 64/2011, Medical Fees – Physical Therapy Services (effective January 1, 2012 to June 30, 2013).

- (5) PRO 53/2011 Medical Fees – Physical Therapy Services (effective January 1, 2009 to December 31, 2011). Prorated fees billed to the next full 20 minute unit of care effective February 1, 2011.
- (6) PRO 60/2010, Medical Fees – Physical Therapy Services (effective January 1, 2011; however superseded by PRO 53/2011, which was approved June 8, 2011 and made effective as of January 1, 2009). Effective February 1, 2011, fee code 97 was added in response to WCB Request for PFI Rating Info and prorated fees were updated to be billed to the next highest one-third hour.
- (7) PRO 50/2009, Medical Fees – Physical Therapy Services (effective January 1, 2008 to December 31, 2008).
- (8) PRO 51/2007, Medical Fees – Physical Therapists (effective January 1, 2006 to December 31, 2007).
- (9) POL 100/2002, Medical Fees – Physical Therapists (effective April 1, 2001 to December 31, 2005).
- (10) PRO 50/1999, Medical Fees – Physical Therapists (effective April 1, 1999 to March 31, 2001).
- (11) PRO 05/98, Medical Fees - Physical Therapists (effective April 1, 1998 to March 31, 1999).
- (12) PRO 03/97, Medical Fees – Physical Therapists (effective April 1, 1997 to March 31, 1998).
- (13) ADM 03/96, Physical Therapy Service Standards and Fees (effective January 1, 1996 to March 31, 1997).
- (14) Board Order 02/93, Medical Fees – Private Sector Physiotherapy (effective April 1, 1991 to December 31, 1995).
- (15) Board Order 16/91, Medical Fees – Private Sector Physiotherapy (effective April 1, 1991; however superseded by Bd Order 02/93, which was approved February 4, 1993 and made effective as of April 1, 1991).

Complements

- [POL 18/2016](#) Health Care Services
- [POL 02/1997](#) Health Care Services Fees

Procedure	Physicians (PRO 04/2020)
Effective Date	October 1, 2020
Application	Applies to all physicians licensed to practice in Saskatchewan.
Purpose	To provide guidelines for the implementation of fees for services provided by physicians.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") directs that medical aid shall be furnished or arranged for by the Board as it may approve (Section 103(2)).
2. The fees for medical aid furnished by any health care professional are determined by the Workers' Compensation Board (WCB) (Section 104(1)).
3. The Act directs the WCB to cover the costs of treatment or medical aid that may be required as a result of a work injury (Section 115(c)).

PROCEDURE

1. The WCB works in collaboration with the Saskatchewan Medical Association (SMA) regarding the treatment of injured workers, reporting to the WCB, and the remuneration of physicians.
2. The WCB shall pay physicians the same rates as specified by the Saskatchewan Ministry of Health in the Saskatchewan Health Payment Schedule for Insured Services as amended from time to time.
3. All service rates in the WCB's fee schedule for physicians will be adjusted annually using the General Practitioner Composite Index ("GP index"), negotiated by the SMA and the Ministry of Health, for fee for service payment.
4. The Chief Medical Officer (CMO) will ensure the fee schedules are updated annually to reflect the fees specified in the GP index. If increases to the GP index are unavailable at any annual date for adjustment, the adjustment will occur within 30 days of the index becoming available and communicated to the WCB by the SMA.
5. When a claim is subsequently denied following the provision of services, the WCB will be responsible for the payment of physician services not specified in the Saskatchewan Ministry of Health's Saskatchewan Health Payment Schedule for Insured Services provided by a Physician.

Effective Date October 1, 2020
Approved Date October 7, 2020

Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 103, 104(1), 115(c)
Document History	<ul style="list-style-type: none"> (1) PRO 55/2015, Physicians (effective October 1, 2015 to September 30, 2020). (2) References updated January 1, 2014 in accordance <i>with The Workers' Compensation Act, 2013</i>. (3) PRO 51/2009, Medical Fees – Physicians (effective January 1, 2008 to September 1, 2015). Amended February 1, 2012 to include fees effective April 1, 2011. (4) PRO 53/2005, Medical Fees – Physicians (effective December 7, 2005 to December 31, 2007). (5) PRO 04/98, Medical Fees – Physicians (effective April 1, 1998 to December 6, 2005). (6) PRO 07/97, Medical Aid Fees for Professional Services Not Covered by MCIB Payment Schedule (effective April 1, 1997 to March 31, 1998). (7) PRO 01/97, Medical Fees - Physicians (effective April 1, 1997 to March 31, 1998)
Complements	<ul style="list-style-type: none"> POL 18/2016 Health Care Services PRO 18/2016 Health Care Services POL 02/1997 Health Care Services – Fees POL 18/2010 Medical Review Panels

Procedure	Podiatry (PRO 55/2011)
Document Date	18 August 2011
Purpose	To establish billing requirements for podiatry services provided to Workers' Compensation Board (WCB) customers

DEFINITION

Podiatry, also referred to as chiropody, means the health science pertaining to the medical care of the human foot as performed by a podiatrist.

Podiatrist, also referred to as chiropodist, means a member of the Saskatchewan College of Podiatrists who has received the education recognized by the council of the Saskatchewan College of Podiatrists, to engage in the practice of podiatry.

BACKGROUND

1. Section 103(1) of *The Workers' Compensation Act, 2013* (the "Act") states "every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:
 - a. any medical aid that may be necessary as a result of the injury;
 - b. any other treatment by a health care professional;
 - c. any prosthetics or apparatus that may be necessary as a result of the injury, and to have any prosthetic limbs and eyes and any surgical appliances such as belts, braces, supports and orthopaedic shoes repaired, maintained and renewed when necessary by reason of accident or ordinary wear and tear; and
 - d. any transportation or sustenance occasioned by the medical aid."
2. Section 104(1) of the Act states "the fees for medical aid furnished by any health care professional are those that are determined by the board."
3. Section 115(c) of the Act states that the board may expend moneys from the fund for any expenses incurred in the administration of this Act and, without restricting the generality of the foregoing, the board may expend moneys for "any medical aid provided pursuant to this Act to injured workers and any specialized treatment or other medical aid that the board considers necessary and that is not provided for in this Act."
4. The Saskatchewan College of Podiatrists sets the standards of practice and conduct for podiatry. The Saskatchewan College of Podiatrists is responsible for regulating the practice of the profession of podiatry and governing its members in accordance with *The Podiatry Act, 2003*.
5. Section 21(1) of *The Podiatry Act, 2003* states "subject to subsection (2), no person other than a member shall use the title "Podiatrist" or "Chiropodist" or any word, title or designation, abbreviated or otherwise, to imply that that person is a member" of the Saskatchewan College of Podiatrists. Therefore, all podiatrists who work in Saskatchewan

are required to be licenced by the Saskatchewan College of Podiatrists, and are responsible for meeting Saskatchewan College of Podiatrists' standards.

6. Each year the Saskatchewan College of Podiatrists issues a suggested fee schedule to its members. Medical and Health Care Services will request copies of updated fee schedules on behalf of the WCB.

PROCEDURE

General

1. Podiatrists will direct bill the WCB for all services provided to WCB customers and will charge according to the Saskatchewan College of Podiatrists Fee Schedule. Payment for all podiatry services will comply with this fee schedule. Where the podiatrist direct bills the WCB for reporting fees, the amount invoiced will be in accordance with PRO 04/2020, Physicians.
2. All podiatry services, except emergency treatment, must be pre-authorized by the WCB.

Non-Emergency Treatment

3. Podiatrists will submit a report to the WCB indicating the type of service required, and a cost estimate based on the fee schedule.
4. Operations staff will review the report to ensure that the recommended service is related to the work injury, and the estimated costs are in accordance with the fee schedule. Assistance may be obtained from Medical and Health Care Services.
5. Where the recommended service is not noted in the fee schedule, Medical and Health Care Services may provide advice regarding a reasonable fee that should be paid.
6. Following this review, Operations staff will authorize the podiatrist, in writing, to proceed with the service. The authorization will request the podiatrist to direct bill the WCB for the service and amount authorized. A copy of the authorization will be sent to the customer.
7. Operations staff will provide a detailed explanation, in writing, in all instances where the amount authorized is less than the cost estimate provided by the podiatrist.

Emergency Treatment

8. Where the customer obtains emergency treatment, the podiatrist will submit a report to the WCB indicating the type and cost of the service provided. Following review of the report by Operations staff, and by Medical and Health Care Services where required, the WCB will process payment (if authorized) to the podiatrist.
9. Where the customer paid the fees for the emergency treatment, the customer should submit to the WCB copies of original receipts and the form completed by the podiatrist detailing the treatment provided. Original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.

10. Where the fee is in excess of that determined by the WCB, the WCB will contact the podiatrist and request a refund for the customer. Where a refund is not provided, the WCB will reimburse the customer and the extra billing will be recovered from WCB payments to the podiatrist.

Act Sec #	103(1), 104(1), 115(c); <i>The Podiatry Act, 2003</i>
Effective Date	01 October 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> 01 November 2017. Requirement for original receipts updated to copies of original receipts; however, original receipts must be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.
Application	All customers requiring podiatry services on and after the effective date
Supersedes	PRO 19/94 Medical Fees – Chiropody
Complements	POL 18/2016 Health Care Services POL 11/2016 Expenses – Orthotics/Appliances – Provision, Replacement and Repair

Procedure	Psychologists (PRO 50/2017)
Document Date	24 January 2017
Purpose	To provide administrative guidelines for approving and evaluating services provided by psychologists.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker entitled to benefits under *The Workers' Compensation Act, 2013* is also entitled to (Section 103):
 - a. Any medical aid that may be necessary because of the work-related injury.
 - b. Any other treatment by a health care provider.
 - c. Any orthotic appliance or apparatus that may be necessary as a result of the injury, and
 - d. Any travel and sustenance costs associated with receiving medical treatment as a result of the injury.
2. The WCB is authorized to determine health care services fees (Section 104).

PROCEDURE

General

1. Psychologists who are fully licenced members in good standing of the Saskatchewan College of Psychologists (SCP), hold the Authorized Practice Endorsement (APE) and are accredited by the WCB to provide services to injured workers can access the following at www.wcbask.com:
 - a. Practice Guidelines for Psychologists Providing Primary Level Services and Assessment Services to WCB Customers.
 - b. Accreditation requirements.
 - c. Fees.
 - d. Reporting forms.
 - e. Primary Authorization to Treat forms.

Under the advice of the WCB Psychological Consultant, the WCB will update these documents as needed.

2. Claims Entitlement Specialists (CES) will review Primary Level Authorization to Treat – Psychology/Counsellors forms, initial reports (PSYI) and progress/discharge reports (PSYP) that the WCB receives within the first four weeks post-injury. Case Managers (CM) will review reports that the WCB reviews after four weeks unless Claims Entitlement retains the file.
3. CESs and CMs can request the assistance of the WCB Psychological Consultant at any time during the review of claims.

4. If the CES, CM or WCB Psychological Consultant determines that the WCB should deny coverage, the file manager will inform the psychologist. The WCB will pay for services up to the date of notification.
5. Psychologists treating workers automatically agree to participate in any quality assurance programs that the WCB develops.
6. Medical and Health Care Services (MHCS) may send letters to psychologists that do not comply with the practice guidelines. Letters will outline appropriate corrective actions. Further non-compliance may result in the loss of WCB accreditation.
7. MHCS may send letters to psychologists that do not comply with the WCB's reporting requirements. Letters will note the WCB's reporting requirements and outline appropriate corrective actions. Further non-compliance may lead to the WCB denying payment for treatment.
8. Workers can report complaints of any nature to the WCB. The WCB employee receiving the complaint may refer the complaint for resolution to other WCB staff including the Manager of Health Care Services. If the complaint alleges professional incompetence or misconduct by a care provider, the Manager of Health Care Services will direct the complainant to the SCP.
9. MHCS will note all complaints and resolutions on the service provider's accreditation file.
10. Workers who want to see a different provider must discuss with their primary care provider who made the initial referral.

Act Sec #	55, 103, 104, 115(c)
Effective Date	01 April 2017
Application	All claims where workers require primary psychological care
Supersedes	PRO 51/2014 Medical Fees – Psychologists
Complements	POL 18/2016 Health Care Services
	POL 02/1997 Health Care Services Fees

Procedure	Secondary and Tertiary Treatment (PRO 51/2016)
Effective Date	May 1, 2016
Application	All secondary and tertiary treatment program health care providers.
Purpose	To provide administrative guidelines for approving and evaluating secondary and tertiary treatment.

BACKGROUND

1. Upon Workers' Compensation Board (WCB) approval, a worker entitled to benefits under *The Worker's Compensation Act, 2013* (the "Act") is also entitled to (Section 103):
 - a. Any medical aid that may be necessary as a result of the injury.
 - b. Any other treatment by a health care professional.
 - c. Any prosthetic or apparatus that may be necessary as a result of the injury, and
 - d. Any transportation or sustenance occasioned by the medical aid.
2. The WCB is authorized to determine health care services fees (Section 104).
3. The WCB strives to ensure the injured worker's best recovery from a work injury. This includes a safe and suitable return to work as soon as medically possible. This goal can be achieved by ensuring:
 - a. Active treatment at the primary level, and
 - b. Timely access to secondary and tertiary services where required.
4. The WCB has established the Health Care Advisory Committee (HCAC) to evaluate the medical care provided to injured workers. This includes recommendations regarding secondary and tertiary treatment.

PROCEDURE

1. All secondary and tertiary treatment centres who are accredited by the WCB to provide services to injured workers can access the following at www.wcbsask.com:
 - a. The Secondary and Tertiary Treatment Centre Manual.
 - b. Accreditation standards.
 - c. Fees.
 - d. Reporting forms.

The Coalition of Physical Rehabilitation Centres of Saskatchewan (CPRCS) and the WCB will negotiate changes to these documents as needed.

General

2. An assessment team review may be requested by a health care provider or the Case Manager (CM) where:
 - a. The worker is not working and has no confirmed return-to-work (RTW) date and:
 - i. The expected recovery date has been exceeded; or
 - ii. A passive treatment plan is in place where active treatment is appropriate; or
 - iii. A definitive diagnosis has not been achieved and is hindering recovery and RTW planning; or
 - iv. Significant risk factors for chronic disability have been identified (as per Appendix II of the *Secondary and Tertiary Treatment Centre Manual*).
 - b. The worker continues in employment but has not returned to full duties and/or full hours after the work injury.
3. Assessment teams:
 - a. Recommend specialist or diagnostic services.
 - b. Identify the appropriate level of treatment for the worker (i.e., primary, secondary or tertiary).
 - c. Provide a timeline for RTW planning and indicate if there is anything that would preclude the worker from a return to their pre-injury employment.
4. The secondary or tertiary treatment of a WCB customer will require:
 - a. Prior approval by the Primary Care Provider (PCP).
 - b. Recommendation by an assessment team, and
 - c. Intake arranged by a WCB Health Care Services (HCS) Coordinator, or
 - d. Direct referral from the PCP who received the assessment team recommendations.
5. Where the PCP does not choose a treatment centre, the WCB will try to retain a customer in the same clinic that provided primary care. The WCB will make efforts to:
 - a. Maintain a one week intake standard, and
 - b. Ensure fair distribution of these customers.
6. The HCS Facilitator acts as a liaison between the treatment center and other WCB staff to:
 - a. Ensure adequate supports are in place to achieve a successful recovery and return-to-work (RTW).
 - b. Assist the treatment team with health-related issues.
 - c. Inform WCB's case management team of the customer's progress and the direction health and disability management is taking.
 - d. Advise the WCB case management team of any interventions required and to advise the treatment team of any actions the WCB will take to resolve any non-health related issues.

7. The HCS Facilitator, with the assistance of the Case Manager (CM), will intervene if a RTW plan cannot be established and to determine if vocational services are required.
8. The HCS Facilitator will monitor and intervene where barriers are identified in the customer successfully completing a return-to-work plan. This may include arranging expedited diagnostics or referring the file to a WCB orthopedic consultant.
9. The HCS Facilitator must notify the PCP, CM and HCS Manager where a customer sustains an injury during rehabilitation.
10. The HCS Facilitator will communicate monthly with the treatment centre. Additional communication may occur if the HCS Facilitator requires more information on the customer's progress.
11. The WCB will determine a Composite Index Score and an employer-attached RTW Score for each treatment program. The WCB will use this data to evaluate the performance of the treatment centre
12. HCS will note all customer complaints and resolutions on the service provider's accreditation file.

Effective Date	May 1, 2016
Approved Date	March 8, 2016
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 55, 103, 104, 111, 115
Document History	<ol style="list-style-type: none"> (1) Fee schedule updated May 1, 2020. Procedure reviewed; no changes required at that time. (2) PRO 57/2013, Medical Fees – Secondary and Tertiary Treatment Centres (effective January 1, 2014 to April 30, 2016). (3) PRO 54/2011, Medical Fees – Secondary and Tertiary Treatment Centres (effective May 1, 2009 to December 31, 2013). Fee codes 2517 and 3517 added effective September 1, 2011, in response to WCB Request for Permanent Functional Impairment (PFI) Rating Information. (4) PRO 55/2007, Medical Fees – Secondary and Tertiary Treatment Centres (effective May 1, 2006 to April 30, 2009). (5) PRO 52/2004, Fee Increase For Secondary and Tertiary Treatment Centres (effective April 1, 2004 to April 30, 2006). (6) PRO 56/1999, Fees – Early Intervention Program (EIP) Secondary and Tertiary Assessment Teams and Treatment Centres (effective July 1, 1999 to March 31, 2004).
Complements	POL 08/2014 Continuum of Care POL 18/2016 Health Care Services POL 02/1997 Health Care Services Fees PRO 51/2017 Assessment Teams

Return to Work & Vocational Rehabilitation

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Benefits – Return to Work (RTW) Interrupted	POL 02/2018	PRO 02/2018	01 January 2019
Modifications – Home, Vehicle and Work	POL 04/2015	PRO 04/2015	01 July 2015
Return to Work (RTW) Plans	POL 08/1996		01 April 1996
Return to Work – Temporary Helper	POL 08/2010	PRO 08/2010	01 April 2010
Vocational Rehabilitation – Programs and Services	POL 23/2016	PRO 23/2016	01 November 2016
Vocational Rehabilitation – Self-Employment Plans		PRO 11/2014	01 October 2014
Vocational Rehabilitation – Equipment and Tools	POL 05/2004	PRO 05/2004	01 November 2004
Vocational Rehabilitation – Moving Allowance	POL 02/2014	PRO 02/2014	01 June 2014

Policy	Benefits – Return to Work (RTW) Interrupted (POL 02/2018)
Effective Date	01 January 2019.
Application	Applies to all claims.
Purpose	To establish guidelines for determining earnings loss benefits if a worker's return to work (RTW) is interrupted because of a layoff, strike, lockout, termination, weather or state of emergency.

DEFINITION

Layoff, for the purpose of this policy, means the temporary, indefinite or permanent interruption of a worker's employment by an employer due to a lack of work. This includes, but is not limited to:

- The end of a contract or season, casual/part-time work, or a school year.
- A temporary or permanent shutdown of operations.
- A position being eliminated or company restructuring.
- Employer bankruptcy or receivership.

Termination, for the purpose of this policy, includes situations where the employer initiates the worker's separation from employment for any reason other than a layoff.

Suitable productive employment, for the purpose of this policy, means work that:

- The worker can do given their employability assessment and transferable skills analysis.
- The worker can functionally perform, given the medical restrictions imposed by the work injury and any non-compensable medical restrictions existing at the time of the injury.
- Will not endanger the health and safety of the worker or others.
- Contributes meaningfully to the operation of the business.

BACKGROUND

1. If an injury to a worker results in a loss of earnings beyond the day of the injury, the WCB will determine the loss of earnings resulting from the work injury (Section 68(1)).
2. A worker must (Section 51):
 - a. Take all reasonable action to reduce earnings loss resulting from an injury, and
 - b. Co-operate with the WCB in the development of a RTW plan.
3. An employer must co-operate with the WCB and the worker to achieve the worker's early and safe return to work (Section 53).

4. The WCB may terminate or reduce payment to a worker where the worker's loss of earnings is not related to the effects of the injury (Section 101).
5. Workers entitled to compensation are required to provide any proof of claim that the WCB requires (Section 44(2) and Section 47(1)).
6. *The Saskatchewan Employment Act* provides guidelines for job protection and an employer's duty to accommodate an injured worker's return to work.
7. *The Emergency Planning Act* establishes the authority of provincial and local authorities to declare that an emergency exists in all of or any part of Saskatchewan or municipality (Sections 17 and 20(1)).

POLICY

1. Following a work injury, the WCB will assist an injured worker in returning to their pre-injury employment or other suitable productive employment. However, there may be situations where the ability for a worker to RTW is interrupted prior to or following a RTW.
2. Eligibility for ongoing benefits will be based on whether the worker continues to have restrictions because of the work injury and the reason for the interruption.
3. The WCB will continue to promote recovery by arranging and paying for appropriate health care when a layoff, strike, lockout, state of emergency, weather or termination interrupts a worker's RTW.

Earnings Loss Benefits – Temporary Restrictions

Layoff

4. A worker will receive full benefits if a layoff interrupts their RTW, even if they were receiving partial benefits or had no earnings loss, if one of the following conditions is met:
 - a. The work injury restricts the worker's ability to perform work outside of the limited requirements of their RTW, or
 - b. Work restrictions make the worker unable to compete for other employment on the same basis as other workers.

Strike, Lockout, Termination, State of Emergency or Weather

5. An employer's operations may temporarily be interrupted if a local or provincial state of emergency is declared.
6. The nature of a worker's employment may be weather dependent and work may temporarily be unavailable because of weather conditions and not because of a lack of work. These interruptions are not planned, do not result in a layoff and work resumes once weather permits.
7. If a worker's RTW is interrupted by a strike, lockout, termination, state of emergency or weather, the WCB will establish eligibility for ongoing earnings loss benefits as follows:

- a. If the RTW did not eliminate all earnings loss, the worker will continue to be eligible to receive partial earnings loss benefits.
 - b. If the RTW eliminated all earnings loss, the worker is not eligible to receive earnings loss benefits.
8. An employer will receive cost relief for earnings loss benefits paid to a worker during a state of emergency.

Long-Term Earnings Loss Benefits – Permanent Restrictions

9. A worker will continue to receive long-term earnings loss benefits if they have permanent restrictions, and a layoff, strike, lockout, termination, state of emergency or weather interrupts the worker's employment. If the worker is employed in a new occupation for less than one year, they may also qualify for re-employment assistance.
10. Additional re-employment assistance (i.e., retraining, education or job search benefits) will not be provided if the worker is terminated by their employer.

Reducing Earnings Loss

11. The WCB will determine if the worker needs to seek other work to reduce earnings loss if a layoff, strike, lockout or state of emergency is:
- a. Prolonged and there is no imminent recall date, or
 - b. Permanent.

Terminating Benefits

12. Benefits will end once the worker is sufficiently recovered medically and is able to resume their pre-injury employment or other suitable productive employment that eliminates all earnings loss.

Effective Date	01 January 2019.
Approved Date	19 November 2018
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 26, 47(1), 51, 53, 68(1), 101 <i>The Saskatchewan Employment Act</i> <i>The Emergency Planning Act</i>
Document History	(1) POL and PRO 09/2016, Compensation – Layoff, Strike, Lockout or Termination (effective June 01, 2016 to 31 December 2018). (2) POL and PRO 02/2008, Compensation – Layoff, Strike, Lockout or Termination (effective 01 February, 2008 to May 31, 2016). (3) POL 07/96, Return-to-Work Plan – Layoff (effective 01 April, 1996 to January 31, 2008).
Complements	PRO 02/2018 Benefits – Return to Work (RTW) Interrupted

<u>POL 08/96</u>	Return-to-Work Plans
<u>POL 23/2016</u>	Vocational Rehabilitation – Programs and Services
<u>POL 17/2010</u>	Termination of Compensation Benefits – Notice

Procedure	Benefits – Return to Work (RTW) Interrupted (PRO 02/2018)
Effective Date	01 January 2019.
Application	Applies to all claims.
Purpose	To establish guidelines for determining earnings loss benefits if a worker's RTW is interrupted because of a layoff, strike, lockout, termination, weather or state of emergency.

BACKGROUND

The Workers' Compensation Board (WCB) has approved POL 02/2018, Benefits – Return to Work (RTW) Interrupted. The following procedure provides Operations staff with guidelines to manage claims if a layoff, strike, lockout, termination, weather, or state of emergency interrupts a worker's return to work (RTW).

PROCEDURE

1. How do Operations staff determine if a RTW was interrupted because of a layoff, strike, lockout, weather or termination?
 - a. They will confirm with the employer the reason for the interruption (e.g., if it is because of a lack of work) and the anticipated length of the interruption (i.e., temporary, indefinite or permanent).
 - b. They may request a copy of the worker's Record of Employment to determine what the employer recorded as the reason for the interruption of the worker's employment, or
 - c. If it is unclear why the RTW was interrupted, they will consider the individual facts and circumstances of the claim to establish eligibility for ongoing benefits.
2. How do Operations staff determine if a RTW has been interrupted because of a state of emergency?
 - a. They will confirm:
 - i. If an event or series of events affecting multiple employers has resulted in an evacuation of an area and major business disruption, and
 - ii. If a local authority (i.e., municipal) or the provincial government has declared a state of emergency in the area the worker has returned to work or all of Saskatchewan.

Earnings Loss Benefits – Temporary

3. What earnings loss benefit will a worker receive if a layoff interrupts their RTW?
 - a. Operations staff will approve full benefits if the worker was receiving partial benefits or if the RTW had eliminated all earnings loss, if:
 - i. Their restrictions limit their ability to work outside of the requirements of their RTW, or

- ii. They are unable to compete for other employment on the same basis of other workers because of their restrictions.
- 4. What earnings loss benefit will a worker receive if a strike, lockout, termination, weather or state of emergency interrupts their RTW?
 - a. Operations staff will approve partial benefits, if the employer was able to accommodate the worker's temporary restrictions with partial earnings loss.
 - b. Operations staff will not reinstate benefits, if the employer was able to accommodate the worker's temporary restrictions with no loss of earnings.
- 5. How are partial benefits determined following a RTW interruption?
 - a. Operations staff will consider the amount the worker could have earned if not for the interruption.

Reducing Earnings Loss Benefits

- 6. What happens if the interruption is prolonged, there is no imminent recall date or becomes permanent?
 - a. If a worker continues to qualify for full or partial benefits, Operations staff will determine if the worker should seek other work to reduce their earnings loss.
 - b. In consultation with the worker, Operations staff will:
 - i. Review the worker's situation (e.g., years of seniority, job skill level, nature of the work, severity of injury and the estimated length of the interruption), and
 - ii. Determine if it is appropriate to pursue a RTW with another employer.
 - c. Operations staff will refer to the Hierarchy of Objectives under POL 23/2016, Vocational Rehabilitation – Programs and Services, when providing employment search services to the worker.

Cost Relief

- 7. Does cost relief apply for benefits issued following an interruption because of a layoff, strike, lockout, termination or weather?
 - a. Employers are not provided cost relief because of a layoff, strike, lockout, weather or termination.
- 8. Does cost relief apply for benefits issued during a state of emergency?
 - a. Operations staff will charge claims costs to the second injury and re-employment reserve for any earnings loss benefits paid during a state of emergency.
 - b. Cost relief will end once the state of emergency ends, but may be extended on a case-by-case basis.

Terminating Benefits

- 9. Operations staff may provide the worker with a notice period prior to terminating benefits (POL 17/2010, Termination of Compensation Benefits – Notice).

Effective Date	01 January 2019.
Approved Date	19 November 2018.
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 26, 47(1), 51, 53, 68(1), 101
Document History	<ul style="list-style-type: none"> (1) POL and PRO 09/2016, Compensation – Layoff, Strike, Lockout or Termination (effective 01 June 2016 to 31 December 2018). (2) POL and PRO 02/2008, Compensation – Layoff, Strike, Lockout or Termination (effective 01 February 2008 to 31 May 2016). (3) POL 07/96, Return-to-Work Plan – Layoff (effective 01 April 1996 to 31 January 2008).
Complements	<ul style="list-style-type: none"> POL 02/2018 Benefits – Return to Work (RTW) Interrupted POL 08/96 Return-to-Work Plans POL 23/2016 Vocational Rehabilitation – Programs and Services POL 17/2010 Termination of Compensation Benefits – Notice

Policy Modifications – Home, Vehicle and Work (POL 04/2015)

Document Date 27 April 2015

Purpose To establish the process for paying for home, vehicle and work modifications.

DEFINITION

Home Modifications means renovations to the worker's home given the loss of function due to the injury. Home modifications include, but are not limited to, the following:

- Wheelchair ramps.
- Wheelchair lifts.
- Bathroom renovations.
- Lowering cupboards.

Vehicle Modifications means updates to a worker's vehicle given the loss of function due to the injury. Vehicle modifications include, but are not limited to, the following:

- Wheelchair lifts.
- Hand controls.
- Power door openers.
- Power seat bases.

Work Modifications means renovations to the worker's workplace given the loss of function due to the injury. Work modifications include, but are not limited to, the following:

- Widening doorways for wheelchair accessibility.
- Wheelchair ramps.
- Handrails.
- Ergonomic workstations.

Minor Modifications means home and work modifications for short-term injuries that are expected to resolve within 18 months. Minor modifications include, but are not limited to, the following:

- Grab bars.
- Raised toilet seats.
- Ergonomic chairs.
- Wheelchair ramps.
- Specialized keyboards.

Major modifications means home, vehicle and work modifications for injuries that are long-term and severe. Major modifications include, but are not limited to, the following:

- Home restructuring.
- Wheelchair lifts.
- Sit/stand stations.
- Specialized computer equipment.
- Vehicle modifications.

BACKGROUND

To help workers address quality of life and independence issues, *The Workers' Compensation Act, 2013* (the Act) authorizes the WCB to pay for home, vehicle and work modifications (Sections 111 and 115).

POLICY

General

1. Eligibility for modifications (i.e., home, vehicle and work) is based on the following criteria:
 - a. Physical need because of the injury.
 - b. Cognitive need because of the injury, and
 - c. Loss of functional independence because of the injury.
2. All modifications are subject to:
 - a. PRO 07/2012, Procurement Procedure, and
 - b. POL 05/2004, Vocational Rehabilitation – Equipment and Tools.

Work Modifications

3. If the worker's workplace needs modifications, the WCB may:
 - a. Fully fund the modifications, or
 - b. Share the modification costs with the employer.
4. The WCB will not pay to restore the workplace back to its previous state:
 - a. Once the worker recovers.
 - b. If the worker switches jobs.

Short-Term Needs

5. If the WCB expects the worker to recover from the injury within 18 months, the WCB will only pay for minor modifications.

Long-Term Needs

6. The WCB will pay for major modifications if the worker's injury is long-term and severe. Such injuries may include, but are not limited to, the following:
 - a. Spinal cord injuries.
 - b. Amputations.
 - c. Severe visual impairment.
 - d. Severe burns that cause a loss of functional mobility.

Act Sec # 111, 115

Effective Date 01 July 2015

Application All workers severely injured before and after the effective date

Supersedes POL 02/2002 Modifications – Residential, Vehicle and Workplace

Complements [PRO 04/2015 Modifications – Home, Vehicle and Work](#)

[POL 10/2014 Allowance – Personal Care](#)

[POL 02/2014 Vocational Rehabilitation – Moving Allowance](#)

[PRO 07/2012 Procurement Procedure](#)

[POL 23/2016 Vocational Rehabilitation – Programs and Services](#)

[POL 15/2008 Allowance – Temporary Additional Expense](#)

[POL 05/2004 Vocational Rehabilitation – Equipment and Tools](#)

Procedure	Modifications – Home, Vehicle and Work (PRO 04/2015)
Document Date	27 April 2015
Purpose	To provide administrative guidelines for paying home, vehicle and work modifications.

BACKGROUND

POL 04/2015, Modifications – Home, Vehicle and Work establishes the process for paying for home, vehicle and work modifications.

PROCEDURE

General

1. The Vocational Rehabilitation Specialist (VRS) will approve modifications based on recommendations from:
 - a. WCB approved architects
 - b. Occupational therapists, or
 - c. Any other expert the WCB engages.
2. Modifications should be approved by the VRS in advance. The VRS may not pay for modifications that start or are complete before approval unless the worker gives good reason for not seeking prior approval.
3. The VRS will make purchases and get appropriate secondary approvals as required by.
 - a. PRO 07/2012, Procurement Procedure, and
 - b. POL 05/2004, Vocational Rehabilitation – Equipment and Tools.
4. The VRS will provide information regarding modifications to the worker and their family in person and in writing.

Work Modifications

5. If the worker's workplace needs modifications, the VRS will see if the employer will share the costs with the WCB. If not, the VRS will approve full funding of the modifications.

Short-Term Needs

6. The VRS will approve minor home and work modifications if the worker is expected to recover within 18 months.
7. The VRS will see if the WCB can rent equipment for minor home and work modifications. If the VRS cannot rent, the VRS may approve the purchase of equipment.

Long-Term Needs

8. The VRS will approve major modifications if the worker's injury is long-term and severe.
9. Home modifications:
 - a. The VRS will approve modifications to the worker's pre-injury home if it is structurally possible and financially feasible (e.g., no more than 50 per cent of the appraised value of the structure). If it is not possible or feasible, the VRS will approve a payment equal to the costs of the proposed modifications to the pre-injury home. This money will help the worker get a different home (i.e., used or new home) that has modifications or that can be modified.
 - b. The VRS will approve non-structural modifications to the pre-injury home (e.g., hand rails in the bathroom) if the worker is waiting:
 - i. To get into a different home (e.g., being built), or
 - ii. For modifications to a rental unit.
 - c. The VRS may approve temporary lodging if the worker cannot stay in their pre-injury home without modifications.
 - d. The VRS may approve modifications to rental homes if the:
 - i. VRS gets written consent from the landlord to make modifications, and
 - ii. Landlord agrees in writing that the WCB is not responsible for restoring the property back to normal once the worker moves out.
 - e. The VRS will approve the repair or replacement of modifications that:
 - i. Break down or wear out, or
 - ii. Suffer accidental damage.
 - f. If the worker needs to move from their pre-injury home because of the injury, the VRS will approve payment for moving costs.
 - g. If the worker requests to move from their modified home for quality of life issues (e.g., the worker is getting older and wants to move closer to their children), the VRS may approve modifications to a different home. The WCB will not approve modifications based on personal preference (e.g., the worker does not like their community). The VRS may evaluate moves for other reasons on the basis of need versus want. As a result, the VRS will make decisions on such requests on a case-by-case basis.
10. Vehicle modifications:

The following is intended as a guide to help VRSs make decisions regarding vehicle modifications. However, VRSs will assess coverage for vehicle modifications on a case-by-case basis.

 - a. The VRS will approve modifications to either:
 - i. The worker's pre-injury vehicle, or
 - ii. A different vehicle.
 - b. The VRS will approve a one-time only payment for a reasonable replacement vehicle that takes into account the ability to modify to suit the worker's needs. The VRS will

deduct the value of the worker's pre-injury vehicle from the amount approved to buy a different vehicle.

- c. The vehicle for modification must:
 - i. Meet the provincial and federal vehicle standards suitable for modifications, and
 - ii. Be expected to remain serviceable for at least three years.
- d. The VRS will approve the repair or replacement of modifications that:
 - i. Break down or wear out, or
 - ii. Suffer accidental damage.
- e. The VRS will not approve the replacement of a vehicle involved in a motor vehicle incident. Modifications to the replacement vehicle are subject to Point 10(g) below, less the value the vehicle insurance company gives for the existing modifications.
- f. The VRS will not approve the repair of damage caused by careless or destructive use.
- g. If the worker wants to replace their vehicle after five years, the VRS will approve 100 per cent of modification costs to the new vehicle. If the worker wants to replace their vehicle before five years, the VRS may approve modifications to the new vehicle at a reduced rate:
 - i. Less than three years – The VRS will not approve any modification costs.
 - ii. Greater than or equal to three years, but less than four years – The VRS will approve 60 per cent of modification costs.
 - iii. Greater than or equal to four years, but less than five years – The VRS will approve 80 per cent of modification costs.
 - iv. The VRS will ensure that the new vehicle uses the equipment from the old vehicle. If the new vehicle cannot use the old equipment, the VRS will approve the purchase of new equipment.
- h. The VRS will not approve:
 - i. Extra licensing costs.
 - ii. Maintenance other than to the modifications.
 - iii. Vehicle warranty.
- i. The VRS will approve modifications if the worker has someone who will drive their vehicle (e.g., family, friend). The worker does not have to have the ability to drive in order to get modifications.

Act Sec #	111, 115
Effective Date	01 July 2015
Application	All workers severely injured before and after the effective date.
Supersedes	N/A
Complements	POL 04/2015 Modifications – Home, Vehicle, and Work POL 10/2014 Allowance – Personal Care POL 02/2014 Vocational Rehabilitation – Moving Allowance PRO 07/2012 Procurement Procedure POL 23/2016 Vocational Rehabilitation – Programs and Services

<u>POL 15/2008</u>	<u>Allowance – Temporary Additional Expense</u>
<u>POL 05/2004</u>	<u>Vocational Rehabilitation – Equipment and Tools</u>

Policy **Return to Work Plans (POL 08/1996)**

Document Date 01 April 1996

Purpose To establish guidelines for return-to-work plans.

DEFINITION

Return-to-Work, in this context, means suitable work within the medical limitations of an injured worker who has not yet fully recovered from his injuries, is not yet able to return to his original job, but who is capable of some form of employment.

POLICY

1. The Board will encourage and endorse properly established work plans that are set up for rehabilitative purposes to assist injured workers to return to full employment bearing in mind the work limitations caused by injuries.
2. Where a collective agreement exists, the WCB expects the parties to establish appropriate procedures to accommodate Return-to-Work plans.
3. In dealing with the issue of rehabilitative return to suitable employment, the following policy will be used:
 - a. All of the facts relating to the nature of the work being offered will be considered, and the WCB must be satisfied that the job description is accurate.
 - b. WCB will confirm that the health care provider has all the necessary information to provide an informed opinion on the physical ability of the injured worker to perform the work.
 - c. The limitations applied to a worker will be made known to all affected parties.
 - d. Any change in limitations applied to a worker under this program must be approved by the health care provider.
 - e. Where a worker disagrees with a return to suitable work, the reasonableness of that disagreement will be investigated and a determination made whether to continue, suspend, or terminate benefits by WCB.

Act Sec #	111
Effective Date	01 April 1996
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Application	All claimants.
Supersedes	POL 01/84 Employer Initiated Short Term Suitable Job Opportunities for Injured Workers
Complements	POL 02/2018 Benefits - Return to Work (RTW) Interrupted

Policy	Return to Work – Temporary Helper (POL 08/2010)
Document Date	02 March 2010
Purpose	To establish provision of temporary helpers in a return-to-work plan for self-employed or those employed under a contract for service.

DEFINITION

Return to Work (RTW) means the act of re-introducing the injured worker to safe and suitable productive employment that eliminates or minimizes wage loss, as soon as medically possible.

BACKGROUND

1. Section 111 of *The Saskatchewan Workers' Compensation Act, 2013* (the "Act"), states that the Workers' Compensation Board (the "WCB") "may take any measures that it considers necessary or expedient . . . to assist an injured worker in returning to work."
2. Under Section 69, where a worker's injury results in a loss of earnings, the WCB may provide partial wage loss benefits based on the difference between the worker's pre-injury and post-injury earnings.
3. The WCB supports the functional rehabilitation model, which recognizes the importance of returning the injured worker to functional activities relevant to their life, including returning to work, during the recovery period. Early return to work (RTW) serves as a therapeutic component of the recovery process and is vital to the prevention of chronic disability.

POLICY

1. The primary goal of a RTW plan is to return the injured worker to full duties with the pre-injury employer as soon as medically possible. Where medical restrictions prevent an immediate return to full duties, a transitional return-to-work plan may be designed to reinforce the recovery process by promoting a gradual restoration to the worker's pre-injury duties and tasks. Policy, POL 08/96, Return-to-Work Plans, will apply.
2. Where unable to perform all pre-injury duties, the WCB may assist the injured worker's RTW through reimbursement of a temporary helper's wage. The helper will assist the injured worker with more difficult tasks until it is medically possible for the injured worker to resume full duties.
3. Typically, the injured worker requiring the temporary helper will be self-employed or under a contract for service and the employment of a helper will be short-term based on the nature and severity of the injury. Through the assistance of a helper, the injured worker will be able to fulfil the obligations of their employment contract and the income generated by the contract should not be reduced.
4. The temporary helper's wages will be substantially lower than the injured worker's and WCB reimbursement will not exceed ninety (90) per cent of the injured worker's net earnings.

5. Compensation coverage is provided for any injury sustained by the helper during the course of their employment.

Act Sec #	19, 69, 111, 115
Effective Date	01 April 2010
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	Claims requiring a temporary helper.
Supersedes	n/a
Complements	PRO 08/2010 Return to Work – Temporary Helper POL 08/96 Return-to-Work Plans POL 23/2016 Vocational Rehabilitation – Programs and Services POL 15/2008 Allowance – Temporary Additional Expense

Procedure	Return to Work – Temporary Helper (PRO 08/2010)
Document Date	02 March 2010
Purpose	To establish provision of temporary helpers in a return-to-work plan for self-employed or those employed under a contract for service.

BACKGROUND

The Workers' Compensation Board (WCB) has approved the provision of a temporary helper during a return to work plan in accordance with POL 08/2010, Return to Work – Temporary Helper.

PROCEDURE

1. An injured worker with temporary restrictions due to a workplace injury may benefit from the assistance of a temporary helper during the recovery process that will help return the worker to pre-injury duties. Typically, the injured worker requiring the temporary helper will be self-employed or employed under a contract for service. Appendix A provides examples of situations where a temporary helper may be warranted.
2. To mitigate loss of earnings, the injured worker may return to work with the assistance of a temporary helper. The helper may complete duties the injured worker is unable to carry out in order to fulfil any contract obligations. As a result, the income generated by the business (self-employed) or employment contract should not be affected.
3. For reimbursement, the employer who hires the temporary helper must provide an original receipt detailing the temporary helper's wages to the Case Manager (CM) or Claims Entitlement Specialist (CES). In some situations, the CM or CES will reimburse the injured worker or will pay the temporary helper directly for their services.
4. The CM or CES will compare the helper's wage with the amount of compensation the injured worker would have been entitled to if he/she had not returned to work. Typically, the helper's wages will be considerably less than that of the injured worker's. The amount reimbursed for the helper's gross wages will not exceed the amount WCB would pay the injured worker for full wage loss compensation.

ATTACHMENTS

[Examples of Temporary Helper Situations](#)

Act Sec #	19, 69, 111, 115
Effective Date	01 April 2010
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	Claims requiring a temporary helper.
Supersedes	n/a
Complements	POL 08/2010 Return to Work – Temporary Helper POL 08/96 Return-to-Work Plans POL 23/2016 Vocational Rehabilitation – Programs and Services POL 15/2008 Allowance – Temporary Additional Expense

Appendix A

Examples of Temporary Helper Situations

Self-employed Courier Driver:

- a. Prior to the injury, the driver has contracts with newspaper agencies totaling \$3000 per month to deliver papers to numerous locations.
- b. The driver suffers a compensable injury and is unable to load or unload the deliveries without assistance. As a result, the driver hires a temporary helper for \$1600 for one month to accompany him/her and assist with the loading and unloading until he/she is able to resume all tasks.
- c. With the assistance of the helper, the driver is able to fulfil their contracts and receive the full contract, and therefore, does not receive wage loss compensation. The WCB, however, will reimburse the injured driver for the temporary helper's wages.

Contracted School Caretaker

- a. A worker is contracted by a school division to clean the buildings and is paid \$4000 per month.
- b. The worker suffers a work-related injury and is unable to perform some of the physically-demanding aspects of the pre-injury job. The worker is able to perform light cleaning duties but hires a temporary helper to assist with heavier tasks like moving desks and emptying garbage cans. This temporary helper is paid \$9.00 per hour for twenty hours per week until the worker is able to resume all pre-injury duties.
- c. The school division will continue to pay the worker for the full \$4000 per month and the WCB will reimburse the worker for the wages paid to the temporary helper.

Policy	Vocational Rehabilitation – Programs and Services (POL 23/2016)
Document Date	20 October 2016
Purpose	To establish guidelines for vocational rehabilitation programs and services.

DEFINITION

Suitable productive employment means work that:

- The customer can do given their employability assessment and transferable skills analysis.
- The customer can functionally perform, given the medical restrictions imposed by the work injury and any non-compensable medical restrictions existing at the time of the injury.
- Will not endanger the health and safety of the customer or others.
- Contributes meaningfully to the operation of the business.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") directs that the Workers' Compensation Board (WCB) will "consult and cooperate with workers and surviving dependent spouses in the development of rehabilitation plans intended to return workers or surviving dependent spouses to positions of independence in suitable productive employment." (Section 19(1)(d)).
2. The Act directs that "a worker shall:
 - a. Take all reasonable action to mitigate the worker's loss of earnings resulting from an injury; and
 - b. If the circumstances require, co-operate with the board in the development of a rehabilitation plan that is intended to return the worker to a position of independence in suitable productive employment." (Section 51).
3. The WCB may take any measure it considers necessary or expedient:
 - a. To assist an injured worker in returning to work.
 - b. To assist in lessening or removing any barriers resulting from the worker's injury; or
 - c. To encourage a dependent spouse of a deceased worker to become self-sufficient. (Section 111)
4. The WCB may "expend moneys from the [injury] fund for any expenses incurred in the administration of this Act" (Section 115).

5. *The Saskatchewan Employment Act* provides guidelines for an employer's duty to accommodate an injured worker's return to work (Section 2-41).
6. The WCB utilizes a multidisciplinary Case Management Team approach for developing vocational rehabilitation plans intended to return workers to positions of independence in suitable productive employment.

POLICY

1. Where the effects of a work injury result in permanent restrictions that preclude or complicate a return to pre-injury employment, the WCB will provide a worker with the appropriate services and programs to:
 - a. Facilitate a return to suitable, productive employment or a status of employability at comparable earning potential with the pre-injury level; and where necessary.
 - b. Address issues of quality of life and independence.
2. A worker is considered employable when the following criteria are met:
 - a. The worker has acquired the skills and abilities to competitively pursue suitable productive employment.
 - b. The work can be performed without endangering the worker's safety and the safety of others; and
 - c. The work is available in the worker's immediate locale or in a location to which the worker may reasonably commute or relocate.
3. Varying with the individual circumstances of the worker, the goal of vocational rehabilitation is to:
 - a. Return to previous employment.
 - b. Return to alternate employment; or
 - c. Retrain for a new occupation.

Individualized Vocational Plan (IVP)

4. Developed in consultation with the worker, the IVP is a written agreement representing a plan co-signed by the WCB and the worker to meet the vocational goal. The worker's employer may also be consulted, when applicable.
5. The IVP outlines the suitable short and long-term objectives for re-employment, and the selection of programs and services required to meet those objectives. Specifically, the IVP outlines the costs associated with implementation, including:
 - a. Allowable expenses.
 - b. Any necessary modifications to the workplace to ensure accessibility and independence.
 - c. Ongoing entitlement to compensation benefits, and
 - d. An estimation of earnings capacity.

6. As part of the IVP, and in accordance with Section 51 of the Act, workers are expected to actively seek employment during interruptions in their vocational training program for periods in excess of eight weeks.
7. The WCB may assess a worker as employable for periods less than eight weeks, if individual circumstances of the worker (e.g., age, location, suitable employment, etc.) and other conditions permit. If the worker is considered employable during an interruption in training that is less than eight weeks, written justification will be included with the IVP.

Employability Assessment and Transferable Skills Analysis

8. As a starting point for planning, an employability assessment and transferable skills analysis will be completed. This is an assessment of the worker's individual circumstances that impact the selection of an appropriate vocational objective. In general, the following factors are considered:
 - a. The compensable and non-compensable work restrictions (obtained from medical and or psychological documentation).
 - b. The functional requirements for performance of the return to work position (pre-injury or otherwise).
 - c. Prior education and training.
 - d. Employment history, job descriptions and duties, and wages.
 - e. Assessment of transferable skills, aptitudes, interests, abilities; and
 - f. Other factors including but not limited to geographical location, ability/practicality to relocate, labor market opportunities, criminal record, etc.

Programs and Services

9. Each case will be judged on its merits to determine which services and programs are available to the worker. However, with consideration to the employability assessment and transferable skills analysis, the WCB considers re-employment measures from a Hierarchy of Objectives (Appendix A).
10. The first and foremost objective is to consider a return to the pre-injury employer. Graduated return to work or modified duties may be explored, either temporary or permanent. Any necessary modifications of the physical work environment such as providing specialized equipment or changing the workplace layout may be provided to support a safe and timely return to work (POL 04/2015, Modifications – Home, Vehicle and Work).
11. Where a worker cannot return to the pre-injury job because of the compensable restrictions, some type of alternate work with the pre-injury employer must be explored that is within the worker's functional capabilities. A worker's transferable skills, qualifications or alternate work experience for the new position may be assessed, and where appropriate, on-the-job or formal training programs (academic or technical) will be provided.
12. If the pre-injury employer is unable to provide a suitable re-employment option (i.e., cannot accommodate in any capacity), the preceding programs may be used for returning the worker to the workforce with another employer in the same or different industry. The former

would apply when workers are displaced because of the compensable injury; limited assistance such as job search benefits may be all that is necessary if the worker is able to pursue the same type of work (POL 17/2010, Termination of Compensation Benefits – Notice, will apply). If a worker's restrictions preclude returning to the pre-injury employment in any capacity, the WCB will offer appropriate academic, technical or on-the-job training necessary for obtaining employment in a new occupation. Relocation (temporary or permanent) may be considered to access these programs or to increase employment opportunities (POL 02/2014, Vocational Rehabilitation – Moving Allowance).

13. Self-employment ventures will only be approved where all other conventional re-employment objectives have been exhausted, or it is the only viable option for reaching maximum pre-injury earnings (PRO 11/2014, Vocational Rehabilitation – Self-Employment Plans, will apply). Generally, this will apply to those workers in remote areas where employment and education opportunities are scarce and relocation is not an option (e.g., family obligations), the plan is reasonably cost-effective compared with other return to work alternatives and there is a high probability of success.
14. To enable participation in vocational programs and to address issues of quality of life, the WCB will:
 - a. Reimburse appropriate travel and sustenance expenses (POL 39/2010, Expenses – Travel and Sustenance).
 - b. Provide equipment and tools required by selected programs or employment opportunities (POL 05/2004, Vocational Rehabilitation – Equipment and Tools and;
 - c. Consider modifications to the vehicle or residence made necessary by the compensable injury (POL 04/2015, Modifications – Home, Vehicle and Work).

Discontinuing Vocational Programs and Services

15. Programs and services will be discontinued where:
 - a. A worker successfully completes the IVP.
 - b. A worker has non-medical re-employment barrier(s) unrelated to the work injury (e.g., due to a criminal record, loss of a driver's license) that limit all suitable productive employment options.
16. The WCB will determine any benefits payable in accordance with POL 01/2018, Benefits – Long-Term Earnings Loss.
17. If a worker fails to comply or does not demonstrate active involvement in re-employment, the WCB may reduce or suspend benefits (POL 15/2016, Suspension of Benefits).
18. If a worker is considered employable at the successful completion of the IVP, but has not obtained employment, the WCB will offer additional job search benefits. POL 17/2010, Termination of Compensation Benefits – Notice or POL 02/2014, Vocational Rehabilitation – Moving Allowance will apply.

Special Services

19. In addition to medical aid or access to health care providers, the WCB may provide a personal care allowance to eligible workers to reduce or eliminate barriers to daily living, including various aspects of hygiene, dressing, mobility challenges or supervision (POL 10/2014, Allowance - Personal Care).

ATTACHMENTS

Hierarchy of Objectives

Act Sec #	19(1)(d), 51(a)(b), 69, 111(a)(b)(c), 115(e)(f) <i>The Saskatchewan Employment Act</i>
Effective Date	01 November 2016
Application	All workers receiving vocational rehabilitation programs and services as of the effective date.
Supersedes	POL 01/2011 Vocational Rehabilitation – Programs and Services
Complements	PRO 23/2016 Vocational Rehabilitation – Programs and Services
	POL 04/2015 Modifications – Home, Vehicle, and Work
	POL 24/2016 Dependent Spouses – Initial Entitlement and Re-Employment Assistance
	POL 15/2016 Suspension of Benefits
	POL 10/2014 Allowance – Personal Care
	POL 05/2004 Vocational Rehabilitation – Equipment and Tools
	POL 02/2014 Vocational Rehabilitation – Moving Allowance
	PRO 02/2014 Vocational Rehabilitation – Moving Allowance
	POL 39/2010 Expenses – Travel and Sustenance – General
	POL 17/2010 Termination of Compensation Benefits – Notice
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss
	PRO 11/2014 Vocational Rehabilitation – Self-Employment Plans

Appendix A

Hierarchy of Objectives

Objective 1 – Same Work with Same Employer (worker is able to return to pre-injury job, with some restrictions). Wherever possible, the employer should be encouraged to accommodate the worker in graduated return to work or modified duties.

Objective 2 – Different Work Same Employer (restrictions preclude returning to the pre-injury position). The VRS will undertake any additional vocational testing or skills analysis necessary to determine if the worker has the skills, aptitudes and experience that are transferable to alternate work.

Objective 3 – Same Work Different Employer (pre-injury employer unable to accommodate in any capacity; alternatives in the same or related industrial sector are considered). Little intervention may be required, but additional job search benefits or employment readiness program may be provided, as necessary.

Objective 4 – Different Work Different Employer (the worker is unable to return to employment in the same or related industry). Vocational exploration will expand to suitable opportunities in other occupational sectors where the worker's existing inventory of transferable skills, aptitudes, and interests may be used.

Objective 5 – Training and Education (existing skills are insufficient to restore the worker to suitable employment). The development of new occupational skills will be considered through academic, technical or on-the-job training programs.

Objective 6 – Self Employment (this may only be offered where all other objectives have been exhausted or it is the only viable option for reaching maximum pre-injury earnings). Generally, this will apply to those workers in remote areas where employment and education opportunities are scarce, the plan is cost-effective compared with other reasonable return to work alternatives and there is a high probability of success.

Procedure	Vocational Rehabilitation – Programs and Services (PRO 23/2016)
Document Date	20 October 2016
Purpose	To establish guidelines for vocational rehabilitation programs and services.

BACKGROUND

The Workers' Compensation Board (WCB) has approved POL 23/2016, Vocational Rehabilitation – Programs and Services which outlines the vocational rehabilitation programs and services offered to an injured worker with permanent restrictions. The following procedure provides detailed guidance for the implementation of POL 23/2016.

PROCEDURE

1. The Case Manager (CM) normally oversees plans to return a worker to the pre-injury employer. If an assessment team confirms that the worker will have restrictions that will complicate a return to the workforce (pre-injury employer or is non-employer attached), the Vocational Rehabilitation Specialist (VRS) and CM (as part of the Case Management Team) will make a joint decision to begin vocational planning, with the goal of developing an Individualized Vocational Plan (IVP).
2. The CM will ensure eligible workers are assessed by the VRS for personal care allowance and any payment made will be in accordance with POL 10/2014, Allowance Personal Care.

Individualized Vocational Plan (IVP)

3. The VRS is responsible for providing the content of the IVP, but the CM must be kept informed during its development.
4. The VRS will undertake any vocational assessments or testing necessary to determine the extent and scope of vocational programs and services required, evaluating those factors outlined in Policy Point 8.
5. Based on the employability assessment and transferable skills analysis, the VRS, in consultation with the worker, will select the most suitable re-employment alternative following the Hierarchy of Objectives outlined in Appendix A (POL 23/2016). Programs and services will be matched to the selected objective. It is important to note these are a general guideline, with some objectives interchangeable, depending on individual circumstances.
6. The employability assessment and transferable skills analysis must be completed by the VRS within 20 business days from the date the Case Management Team decides to provide vocational rehabilitation services and the IVP within 12 weeks. These standards will be reviewed annually for any necessary revisions.

7. Where self-employment is the selected vocational objective, the IVP must be developed in accordance with PRO 11/2014, Vocational Rehabilitation – Self-Employment Plans and POL 01/2018, Benefits – Long-Term Earnings Loss.
8. The VRS will ensure the worker and appropriate WCB staff sign the IVP in accordance with the spending limits outlined under Points 14 and 15 below. A detailed analysis will be included with the IVP outlining the following:
 - a. The suitable short and long-term objectives for re-employment, including outcome measures and time frames for success.
 - b. Labor market research for suitable occupations (where applicable).
 - c. The selection of programs and services required to meet the vocational objectives.
 - d. The worker's responsibilities for successful completion of the IVP.
 - e. The expectation that the worker will demonstrate active involvement in their own rehabilitation.
 - f. Any costs necessary for modifications to the home, vehicle and work place to address mobility or accessibility issues (POL 04/2015, Modifications – Home, Vehicle and Work).
 - g. The associated costs for implementation of the plan, including academic, technical or on-the-job training, equipment and tools not provided by an employer or required for a self-employment plan (POL 05/2004, Vocational Rehabilitation – Equipment and Tools), travel and sustenance expenses (POL 39/2010, Expenses – Travel and Sustenance) or relocation allowances (POL 02/2014, Vocational Rehabilitation – Moving Allowance).
 - h. Ongoing entitlement to compensation benefits and an estimation of earnings potential (capacity).
9. Where the worker experiences an interruption in their vocational training program exceeding eight weeks, the VRS will explain to the worker that the worker is expected to actively seek employment. Where individual circumstances of the worker (e.g., age, location, suitable employment, etc.) and other conditions permit, the VRS may assess a worker as employable for periods less than the eight weeks. If the worker is considered employable for periods less than eight weeks, the VRS will include written justification in the IVP.

Reporting

10. The VRS will provide ongoing progress reports to the CM.
11. Where the VRS reports a worker is non-compliant with the vocational plan or absent from the program for any other reason, the CM may suspend benefits in accordance with POL 15/2016, Suspension of Benefits.
12. At the conclusion of the IVP, the VRS will provide a written Closure Report to the CM, with the following information included:
 - a. Documentation of the worker's marks and/or certificates achieved through the program attended.
 - b. If employment has been obtained, where the worker is employed, job title, current wages and yearly wage increments (if applicable).

- c. Where applicable, an Earnings Replacement Referral/Estimated Earnings Capacity Report (ER); and
 - d. If the worker is not employed, the rationale as to why this has not occurred and any recommendations for earnings replacement.
13. Where a worker has been considered employable, but has not obtained employment, the VRS will pay job search benefits in accordance with POL 17/2010, Termination of Compensation Benefits – Notice. Where the worker has chosen to relocate to seek or obtain confirmed employment, 8 to 12 weeks job search benefits will be provided (POL 02/2014, Vocational Rehabilitation – Moving Allowance).

Spending Limits

14. The CM is ultimately responsible for the claim, but delegates authority to the VRS to approve IVPs with estimated or cumulative costs up to \$50,000. For those IVPs with estimated or cumulative costs greater than \$50,000, the VRS and CM will co-sign and submit to the Team Leader for authorization.
15. Return to work costs will be paid and monitored by the VRS. If the actual costs exceed the estimate by 10 per cent, an addendum will be attached to the IVP. If the actual costs are projected to exceed the estimate by less than 10 per cent, the VRS will provide written rationalization through a vocation claims decision (VCD) memorandum. Where actual costs exceed \$50,000, the VRS and CM will co-sign and submit to the Team Leader for authorization.
16. With the exception of the items listed under Point 12, no return to work costs will be paid unless they have been included in an approved IVP.
17. Reasonable costs associated with developing an IVP and or in support of the customer's efforts to investigate their employment options may be authorized by the VRS without having to include them in a formal IVP, provided the reason for the expense is documented:
- a. Vocational testing/assessment fees and expenses.
 - b. Travel and sustenance expenses to attend employment or other vocational exploration interviews.
 - c. Employment Skills Development Workshop expenses.
 - d. Subject to the approval of the Team Leader, other unexpected expenses incidental to return to work planning or activities.
18. The VRS will authorize the payment of invoices received from external sources covering expenditures for return to work upgrading and job search services. The VRS will compare each invoice to service expectations. All invoices will be assessed for accuracy and reasonableness before authorization for payment is given. Payment Specialists will ensure that proper authorization from the VRS is provided before issuing a payment.

Act Sec #	19(1)(d), 51(a)(b), 69, 111(a)(b)(c), 115(e)(f)
Effective Date	01 November 2016
Application	All workers receiving vocational rehabilitation programs and services as of the effective date.
Supersedes	PRO 01/2011 Vocational Rehabilitation – Programs and Services
Complements	POL 23/2016 Vocational Rehabilitation – Programs and Services
	POL 04/2015 Modifications – Home, Vehicle, and Work
	POL 24/2016 Dependent Spouses – Initial Entitlement and Re-Employment Assistance
	POL 15/2016 Suspension of Benefits
	POL 10/2014 Allowance – Personal Care
	POL 05/2004 Vocational Rehabilitation – Equipment and Tools
	POL 02/2014 Vocational Rehabilitation – Moving Allowance
	POL 39/2010 Expenses – Travel and Sustenance – General
	POL 17/2010 Termination of Compensation Benefits – Notice
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss
	PRO 11/2014 Vocational Rehabilitation – Self-Employment Plans

Procedure	Vocational Rehabilitation – Self-Employment Plans (PRO 11/2014)
Document Date	13 August 2014
Purpose	To provide administrative guidelines for the approval and implementation of IVPs for self-employment.

DEFINITION

Customer means an injured worker, or surviving dependent spouse.

Individualized vocational plan (IVP) means a plan approved and signed by the Workers' Compensation Board (WCB) and signed by the customer to meet a vocational goal. The IVP outlines the short and long-term goals for a suitable return-to-work plan.

BACKGROUND

1. POL 23/2016, Vocational Rehabilitation – Programs and Services governs vocational rehabilitation programs and services offered to customers, including IVPs for self-employment.
2. The following procedure provides administrative guidelines for the approval and implementation of IVPs for self-employment.

PROCEDURE

General

1. The Vocational Rehabilitation Specialist (VRS) will only consider an IVP for self-employment when there are no other options for re-employment (see the Hierarchy of Objectives noted in POL 23/2016, Vocational Rehabilitation – Programs and Services). In general, the VRS will only consider self-employment if the following two conditions are met:
 - a. The customer cannot return to their pre-injury job or work at a different job because of the work injury. The WCB may consider the impact of non work-related injuries and quality of life issues when making decisions about self-employment.
 - b. Self-employment is cost-effective and has a high probability of success.
2. When the VRS finds that self-employment is the customer's only re-employment option, the VRS will talk to the customer about the:
 - a. Risks, benefits, and costs of running a business, and
 - b. Customer's responsibilities in an IVP for self-employment.
3. The VRS will make purchases and get appropriate secondary approvals as required by:
 - a. PRO 07/2012, Procurement Procedure.
 - b. POL 05/2004, Vocational Rehabilitation – Equipment and Tools.

Business Plan/Feasibility Study

4. The VRS will approve the use of a business consultant to help the customer create a business plan and feasibility study. The customer must get pre-approval from the WCB before work begins on the plan.
5. The customer will ensure the business plan and feasibility study are completed in a professional and timely manner.
6. The business consultant will direct bill the WCB, not the customer.

Self-Employment Funding

7. The WCB will only approve business plans where the total value is \$150,000 or less (including the cost of the business consultant). The WCB and the customer will each provide a contribution towards the total value of the plan.

Total Value of Plan	Customer's Contribution	WCB's Contribution
Less than \$40,000	5%	95%
\$40,000 to \$59,999	10%	90%
\$60,000 to \$79,999	15%	85%
\$80,000 to \$99,999	20%	80%
\$100,000 to \$124,999	25%	75%
\$125,000 to \$150,000	30%	70%

8. The customer will pay for:
 - a. Legal fees.
 - b. Licensing.
 - c. Liability insurance, and
 - d. WCB business coverage.
9. The customer will also pay to register the business. The customer will ensure that their name is noted as a business owner/partner on the registration.
10. The WCB will release funds in trust to the customer's lawyer according to the conditions noted in the IVP.

IVP for Self-Employment

11. The WCB will approve IVPs for self-employment in accordance with the approval limits noted in PRO 23/2016, Vocational Rehabilitation – Programs and Services. The WCB will only approve one IVP for self-employment.
12. The IVP for self-employment will include the following:
 - a. Terms and conditions for self-employment.

- b. Expectations, risks and responsibilities of the customer and the WCB.
 - c. Conditions for funding.
 - d. The customer's estimated earnings capacity (POL 01/2018, Benefits – Long-Term Earnings Loss).
 - e. Earnings loss benefits payable.
 - f. Business training programs that the customer will take part in.
 - g. Requirements for tools, equipment, vehicles, inventory, property and buildings (POL 05/2004, Vocational Rehabilitation – Equipment and Tools).
 - h. Eligibility for travel and sustenance expenses (POL 39/2010, Expenses – Travel & Sustenance – General).
 - i. The use of a business consultant to help the customer create a business plan and feasibility study.
13. The VRS will approve appropriate business training associated with managing the business.
14. If the IVP allows the customer to purchase tools, equipment, vehicles, inventory, property or buildings, the VRS will arrange for direct billing (PRO 07/2012, Procurement Procedure).

Evaluation Criteria

15. The VRS will evaluate the sustainability and cost effectiveness of the business. The VRS's evaluation may include, but is not limited to, the following:
- a. A review of the business plan and feasibility study to see if
 - i. There are market opportunities in the industry under consideration.
 - ii. The business is expected to have a three-year net positive value (based on cash-flow projections).
 - iii. The business has the potential to meet the customer's pre-injury earnings.
 - iv. All costs (e.g., business training programs, purchase of personal and real property) are within the WCB's funding limitations.
 - b. A review of the customer's prior business experience, related expertise or transferable skills to see if they are suitable for business ownership.
 - c. Testing for business aptitude.
 - d. Determining if the customer can handle the nature of the work, hours, travel and other requirements given the customer's compensable and non-compensable medical restrictions. The customer must be able to control the day-to-day operations of the business.

Security Interest

16. The VRS, following discussion with Legal Services, will register a security interest with Information Services Corporation (ISC) for the purchase of:
- a. Personal property, or

- b. Real property.
- 17. The VRS will get a legal description of the real property from the customer or real estate agent prior to:
 - a. Releasing funds for purchase, and
 - b. Registering the security interest.
- 18. The VRS will note that a security interest is registered in the customer's file.
- 19. The VRS will remove the security interest twelve months after the business becomes a viable operation.

Financial Reviews

- 20. The VRS will review the customer's financial statements/ledgers within six months of the start of the business.
- 21. The VRS may speak to the business consultant that helped create the business plan and feasibility study.
- 22. If the customer continues to get WCB sponsorship, the VRS will review the customer's financial statements/ledger's every six months (or before then if necessary) until the business becomes a viable operation.

Determination of Long-Term Loss of Earnings

- 23. The VRS will monitor the actual earnings generated by the customer's employment. Earnings loss benefits will end when:
 - a. The customer's estimated earning capacity exceeds earnings at the commencement of loss (Consumer Price Index adjusted to date), or
 - b. The customer demonstrates the ability to generate actual earnings equal to or in excess of the earnings at the commencement of loss (Consumer Price Index adjusted to date) for a period of time sufficient to reasonably predict future earnings (typically two to four months).
- POL 01/2018, Benefits – Long-Term Earnings Loss will apply.
- 24. If the business fails within six months because of factors within the control of the customer, the VRS will use the IVP for self-employment as the customer's estimated earning capacity in order to determine ongoing entitlement.
- 25. If the business fails within six months because of factors that are not within the control of the customer (e.g., market conditions, increased productions costs, increased restrictions from the work injury, etc.), the VRS will do another employability assessment and transferable skills analysis (QuickNOC Pro). The VRS will not consider self-employment as an option for re-employment.

26. If the work injury recurs, the WCB will not reduce recurrent benefits by the amount the WCB gave towards the business. The customer will make arrangements for the continuation of the business.

Closure Report

27. The VRS will forward a Closure Report to the Case Manager at the completion of the IVP. The report must include a final estimation of the customer's earnings capacity.

Act Sec #	19(1)(d), 51(a), 51(b), 69, 81(5), 111, 115(e), 115(f)
Effective Date	01 October 2014
Application	All IVPs for self-employment on and after the effective date
Supersedes	PRO 53/2004 Self-Employment – Individualized Vocational Plan
Complements	POL 23/2016 Vocational Rehabilitation – Programs and Services
	PRO 23/2016 Vocational Rehabilitation – Programs and Services
	POL 39/2010 Expenses – Travel and Sustenance – General
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss
	POL 18/2017 Wage Base – Recurrence
	POL 05/2004 Vocational Rehabilitation – Equipment and Tools
	PRO 07/2012 Procurement Procedure

Policy **Vocational Rehabilitation – Equipment and Tools (POL 05/2004)**

Document Date 12 October 2004

Purpose To establish guidelines for the purchase of equipment and tools for vocational rehabilitation programs.

DEFINITION

Equipment and Tools for:

- Academic/Technical Training may include but are not limited to computers, printers, software, textbooks, school supplies, and calculators.
- Return-to-Work may include but are not limited to anti-fatigue mats, air-ride hydraulic seats, ergonomic office equipment and uniforms or coveralls.
- Self-employment may include but are not limited to vehicles, buildings, tools, inventory, office equipment or protective safety equipment such as eye, face, hearing and respiratory devices.

BACKGROUND

1. Section 111(a) of *The Saskatchewan Workers' Compensation Act, 2013* (the "Act"), states that the Workers' Compensation Board (WCB) "may take any measures that it considers necessary or expedient . . . to assist an injured worker in returning to work."
2. Section 115(e) of the Act states that WCB "may expend moneys from the fund for . . . any grant with respect to any costs of rehabilitation related to any injured worker re-entering the work force or to assist in lessening any hardship caused by the worker's injury".
3. In some cases, it may be necessary as part of vocational rehabilitation, for the WCB to provide workers with equipment and/or tools required to complete a sponsored training program or to participate in re-employment opportunities. These are "tools of the trade" not normally provided by the training institute or employer and distinct from the specialized equipment or assistive devices provided under Policy POL 04/2015, Modifications – Home, Vehicle and Work. However, for the purchase of the latter (i.e., ergonomic office equipment) the conditions of purchase contained in this policy will be followed.
4. Parts VII and VIII of the *Occupational Health and Safety, Regulations, 1996* ("OH&S Regulations"), require employers to provide adequate and approved personal protective and safety equipment suitable to the risks of the industry.

POLICY

1. All equipment and tools, including conditions of purchase (below) must be identified in the approved Individualized Vocational Plan (IVP) signed by the worker and WCB.

2. Where workplace modifications are provided pursuant to POL 04/2015, Modifications – Home, Vehicle and Work, the employer will be advised of the conditions of purchase below.
3. Equipment and tools will be approved only where the employer or educational/training institute does not normally provide them or they are required for a self-employment plan.
4. With the exception of self-employment plans, WCB will not provide personal protective and safety equipment that employers are required to provide under the OH&S Regulations.

General

5. All purchases must be preauthorized by WCB and are subject to the requirements of the Procurement Procedure (PRO 07/2012).
6. To ensure the equipment or tools meet the requirements of the program or workplace, the Vocational Rehabilitation Specialist (VRS) may consult with technical experts and/or program advisors for specifications.
7. Purchases or grants will be provided on a one-time only basis.
8. Where cost-effective, leasing will be considered as an alternative to purchasing. Program duration and availability, quality and cost of items will contribute to the decision-making process.

Conditions of Purchase

9. Single item purchases under \$2500 will be subject to the following conditions:
 - a. Workers will be granted ownership of item(s), except where a cost sharing agreement has been made with an employer (e.g., training-on-the-job). In the latter case, ownership will be determined by the WCB, in agreement with the employer, prior to purchase.
 - b. The worker will be responsible for the maintenance, repair or replacement of the purchased items. Exceptions may be made where this causes undue hardship to the worker, provided the damage was not caused by a wilful or intentional act.

Security Interest

10. In addition to provisions of Point 9(b), single item purchases \$2500 and greater will be subject to the following conditions:
 - a. WCB will file a security interest for Personal or Real Property with the appropriate Registry for the original purchase price of the equipment and tools.
 - b. The worker will be responsible for all costs pertaining to insurance, licensing, registration, transfer of titles and any other legal costs. The worker must provide confirmation that insurance has been obtained before WCB will release funds or distribute purchased items.
11. WCB will remove its interest in equipment and tools valued at \$2500 or greater:
 - a. Twelve months following successful completion of the IVP; or,

- b. When the IVP has not been successfully completed but the Estimation of Earnings Capacity is based on the occupation identified in the IVP.

Recovery

12. WCB will recover equipment and tools valued at \$2500 or greater when:

- a. The IVP has not been successfully completed; and,
- b. The Estimation of Earnings Capacity is based on a different occupation from the one identified in the IVP and the equipment and/or tools are not necessary in order for the worker to participate in the alternative occupation.

Act Sec #	111(a), 115(e)
Effective Date	01 November 2004
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All purchases of equipment and tools for vocational rehabilitation
Supersedes	n/a
Complements	PRO 05/2004 Vocational Rehabilitation – Equipment and Tools POL 04/2015 Modifications – Home, Vehicle, and Work POL 23/2016 Vocational Rehabilitation – Programs and Services PRO 23/2016 Vocational Rehabilitation – Programs and Services PRO 07/2012 Procurement Procedure PRO 11/2014 Vocational Rehabilitation – Self-Employment Plans

Procedure **Vocational Rehabilitation – Equipment and Tools (PRO 05/2004)**

Document Date 25 October 2004

Purpose To establish guidelines for the purchase of equipment and tools for vocational rehabilitation programs.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved policy (POL 05/2004) for the provision of equipment and/or tools for injured workers engaged in vocational rehabilitation programs.
2. The following procedure provides staff with specific guidance with respect to purchase and/or recovery of equipment and tools.

PROCEDURE

1. All purchases must be identified in the IVP, including the conditions of purchase, and are subject to the requirements of the Procurement Procedure (Procedure PRO 07/2012).
2. Single purchases under \$2500 are the property of the worker and will not be recovered by the WCB.
3. Where leasing equipment and/or tools is considered, as in Point 8 of the policy, the VRS must complete a cost analysis to be included in the IVP.

Single Purchases \$2500 and Greater

4. For single item purchase(s) \$2500 and greater:
 - a. The Vocational Rehabilitation Specialist (VRS) will complete the necessary forms for registering the security interest with the appropriate Registry, Personal Property and/or Land Titles. The Corporate Solicitor may be consulted, as necessary.
 - b. The security interest will be recorded to the worker's file for the original purchase price of the item(s). The VRS will request confirmation that equipment and tools have been insured prior to the release of funds or distribution of items to the worker.
 - c. Where the requirements of Point 11 of the policy are met, the VRS will ensure the security interest is removed from the appropriate registry and noted to the worker's file.

Recovery of Equipment and/or Tools

5. WCB will recover single item purchases valued at \$2500 and over based on the criteria outlined in Point 12 of the policy.
 6. The VRS will notify the worker in writing of WCB's intent to recover the equipment and/or tools, providing the worker the following options:
-

- a. Purchase the item(s) at its depreciated value. Depreciation varies with the type of asset. The VRS will consult Financial Services to determine the rate of depreciation for the equipment to be recovered.

Example:

The rate of depreciation = 1.7% per month; equipment used for six months.

Number of months of use x 1.7% = total depreciation in per cent (%)

Total depreciation % x original purchase value of item = dollars depreciated

Original purchase price – dollars depreciated = Depreciated Value

Therefore:

6 (months of use) x 1.7% = 10.2 % (total per cent depreciation)

10.2% x \$3000 (original price of item) = \$306 (dollars depreciated)

\$3000 - \$306 = \$2694 (Depreciated Value)

- b. Return the item(s). The VRS will notify Facilities to make arrangements for pick up of equipment and tools and transporting them to Regina for storage. Costs will be charged to the claim file.
7. Where a worker does not agree to voluntarily purchase or return the items within 30 days of discontinuance of the IVP, the VRS will notify Legal Services.
8. The worker's file will continue to reflect WCB's security interest until the item(s) or the depreciated value (at the time of notification in Point 5 above) has been recovered.
9. Where all efforts for recovery have failed, the Team Leader will suspend recovery activity, pending recommendation from the Corporate Solicitor.
10. Consistent with ADM PRO 07/2016, Disposal of Surplus Assets, Facilities will be responsible for storing, documenting and retrieving item(s) for reuse or for disposal. Arrangements for determining the condition of the retrieved items will be made by Facilities. Costs will be charged to the claim file.
11. The Manager of Vocational Services Support will review the inventory of stored items on a semi-annual basis and forward recommendations for continued storage or disposal to Facilities.
12. Prior to all new purchases, staffs are to contact the Purchasing Officer to review stored items against current equipment needs. Where none are suitable or available, new purchase requests may be forwarded via the Purchase Tracker, or authorization given to the worker to purchase directly from vendors.

Act Sec #	111(a), 115(e)
Effective Date	01 November 2004
Amendment	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All equipment and tools for vocational rehabilitation
Supersedes	n/a
Complements	POL 05/2004 Vocational Rehabilitation – Equipment and Tools POL 04/2015 Modifications – Home, Vehicle, and Work POL 23/2016 Vocational Rehabilitation – Programs and Services PRO 23/2016 Vocational Rehabilitation – Programs and Services PRO 07/2012 Procurement Procedure PRO 11/2014 Vocational Rehabilitation – Self-Employment Plans ADM PRO 07/2016 Disposal of Surplus Assets

Policy **Vocational Rehabilitation – Moving Allowance (POL 02/2014)**

Document Date 29 April 2014

Purpose To establish guidelines for the payment of moving allowances.

DEFINITION

Resident community means limits of the city, town, or village in which the worker's permanent place of residence is located.

Suitable productive employment means work that:

- The customer can do given their employability assessment and transferable skills analysis.
- The customer can functionally perform, given the medical restrictions imposed by the work injury and any non-compensable medical restrictions existing at the time of the injury.
- Will not endanger the health and safety of the customer or others.
- Contributes meaningfully to the operation of the business.

BACKGROUND

1. Section 111(a) of *The Workers' Compensation Act, 2013* (the "Act") states that the board may take any measures that it considers necessary or expedient "to assist an injured worker in returning to work."
2. Section 115(j) of the Act states that the board may expend moneys from the fund for any expenses incurred in the administration of this Act and, without restricting the generality of the foregoing, the board may expend moneys for "any other purposes that the board considers necessary to carry out the intent of this Act."

POLICY

General

1. A work-related injury can leave a worker with restrictions. This may make it difficult for a worker to find suitable productive employment in their resident community. To assist these workers, the WCB may pay for a move to a more suitable community.
2. Moving should be approved by the WCB in advance. The WCB may not pay for moving arrangements that were made before approval unless the worker gives good reason for not seeking prior approval.
3. Moving may be considered if the commuting distance from home to work is greater than 75 kilometres (km) and if the move will eliminate, or substantially reduce, the earnings loss

benefits being paid to the worker. Where the commuting distance is less than 75 km, approval will be based on individual circumstances.

4. POL 39/2010, Expenses – Travel and Sustenance – General and PRO 01/2019, Travel Expense Rates will be followed to pay expenses, unless otherwise indicated by the WCB.

Moving for Confirmed Employment

5. Moving may be approved where the worker secures permanent employment in another community that will eliminate, or substantially reduce, the earnings loss benefits being paid to the worker. The WCB will pay moving costs only where the total cost of the move is not greater than the value of the reduction of earnings loss benefits.

Moving for Quality of Life

6. Moving may be approved where the worker's resident community is unable to meet the worker's needs given the lasting effects of the work-related injury. The WCB will pay moving costs where there is a reasonable expectation that the worker's quality of life will be improved. The move does not have to eliminate, or substantially reduce, the earnings loss benefits being paid to the worker.

Moving to Seek Employment

7. Moving may be approved for the purpose of actively seeking employment. The WCB will pay moving costs only where the move has a significant potential to reduce the amount of earnings loss benefits being paid to the worker.
8. The move will be within Saskatchewan unless it can be demonstrated that the opportunities in other jurisdictions are significantly greater than in Saskatchewan.
9. When required, for a maximum period of two weeks, the WCB will provide full earnings loss benefits to support a period of settling into a new community prior to beginning or searching for employment.
10. The WCB will pay job search benefits for a minimum of eight to a maximum of 12 weeks.

Moving for Retraining

11. Moving may be approved for the purpose of retraining. The WCB will pay moving costs only where the:
 - a. Cost of moving is less than the projected cost of any allowances the worker may be entitled to (e.g., kilometre rates, accommodation subsidy, etc.) if the worker were to maintain a primary residence in the resident community; or
 - b. Worker permanently moves to the proposed community after the training is completed and there are reasonable opportunities for employment.
12. The WCB will pay job search benefits for a minimum of eight to a maximum of 12 weeks following the completion of retraining.

Moving Allowance

13. Where a move for any of the above noted reasons is approved, the worker may be entitled to the following allowances:
 - a. Travel, hotel and meal allowances to a maximum of seven days for the worker (and dependants) to arrange living accommodations;
 - b. Reasonable expenses for the transportation of the worker's household belongings (estimates from three different moving companies are required where available);
 - c. Travel, hotel and meal allowances enroute to the new location for the worker (and dependants); and
 - d. Incidental moving allowance of \$300 (receipts are not required).
14. Where a move is approved for confirmed employment, the worker may also be entitled to these additional allowances:
 - a. If storage is required in the course of relocation, the WCB will pay the cost of insured short-term storage for household belongings;
 - b. A maximum of one month rent for a worker's house or suite lease if the lease cannot be terminated without cost to the worker.

Act Sec #	111(a), 115(j)
Effective Date	01 June 2014
Application	Claimants who relocate on or after the effective date while receiving benefits.
Supersedes	POL 10/2001 Relocation Allowances
Complements	PRO 02/2014 Vocational Rehabilitation – Moving Allowance
	PRO 01/2019 Travel Expense Rates
	POL 23/2016 Vocational Rehabilitation – Programs and Services
	PRO 23/2016 Vocational Rehabilitation – Programs and Services
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss
	POL 39/2010 Expenses – Travel and Sustenance – General

Procedure **Vocational Rehabilitation – Moving Allowance (PRO 02/2014)**

Document Date 29 April 2014

Purpose To establish guidelines for the payment of moving allowances.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 02/2014, Vocational Rehabilitation – Moving Allowance. This policy provides staff and customers guidelines for the payment of moving allowances.
2. The following procedure provides guidance for the implementation of POL 02/2014.

PROCEDURE

General

1. Individualized Vocational Plans (IVPs), which include moving, are approved in accordance with PRO 23/2016, Vocational Rehabilitation – Programs and Services.
2. The Vocational Rehabilitation Specialist (VRS) may consider moving as part of the IVP if the commuting distance from home to work is greater than 75 kilometres (km) and if the move will eliminate, or substantially reduce, the earnings loss benefits being paid to the worker. Where the commuting distance is less than 75 km, approval will be based on individual circumstances. When determining if the WCB will pay for a move, the VRS will consider:
 - a. The availability of suitable employment or programs;
 - b. Earning potential; and
 - c. Whether the worker's physical restrictions make commuting a hardship.
3. Moving should be approved by the WCB in advance. The WCB may not pay for moving arrangements that were made before approval unless the worker gives good reason for not seeking prior approval.
4. In general, POL 39/2010, Expenses – Travel and Sustenance – General and PRO 01/2019, Travel Expense Rates will be followed to pay expenses. However, where suitable accommodations are not immediately available in the new community, and a hotel is available with a kitchenette, hotel and meal allowances may not reflect those noted in PRO 53/2017. In such instances, hotel and meal allowances will be determined by the VRS.

Relocation for Confirmed Employment

5. Moving may be approved where the worker secures permanent employment in another community that will eliminate, or substantially reduce, the earnings loss benefits being paid to the worker. The VRS will ensure that the total cost of the move is not greater than the value of the reduction of earnings loss benefits.

Relocation for Quality of Life

6. Where the worker's resident community is unable to meet the worker's needs given the lasting effects of the work-related injury, moving may be approved. The WCB will pay for moving costs where the VRS reasonably expects the worker's quality of life will improve by moving. The move does not have to eliminate, or substantially reduce, the earnings loss benefits being paid to the worker. For example, it may be reasonable to pay for a move where a worker:
 - a. Has serious permanent restrictions as a result of the work-related injury, to a community where family members can provide the support and assistance that would improve the worker's quality of life;
 - b. Requires medical services not available in the resident community, to a center that has the required services.

Relocation to Seek Employment

7. Moving may be approved for the purpose of actively seeking employment. When determining if moving is appropriate, the VRS will consider:
 - a. Employment opportunities in the resident community versus the proposed community;
 - b. The level of motivation demonstrated by the worker;
 - c. Claim history; and
 - d. Cost of moving.

The VRS must also identify what positions the worker will be seeking as well as the level of job search activity expected.

8. The VRS will ensure that the move has the significant potential to reduce the amount of earnings loss benefits being paid to the worker.
9. The move will be within Saskatchewan unless it can be demonstrated that the opportunities in other jurisdictions are significantly greater than in Saskatchewan.
10. A period of up to two weeks may be required to allow a worker to settle into their new community prior to starting or applying for employment. Benefits will continue during the settling in period.
11. The VRS will pay job search benefits for a minimum of eight to a maximum 12 weeks. The total amount of support provided for settling in and job search will not exceed 14 weeks.

Relocation for Retraining

12. Moving may be approved for the purpose of retraining. The VRS will ensure that the:
 - a. Cost of moving is less than the projected cost of any allowances the worker may be entitled to (e.g., kilometre rates, accommodation subsidy, etc.) if the worker were to maintain a primary residence in the resident community; or
 - b. Worker permanently moves to the proposed community after the training is completed and there are reasonable opportunities for employment.

Relocation Allowance

13. The VRS will inform the worker as to what allowances they are entitled to when moving from the resident community. Allowances will be provided in accordance with Points 12 and 13 of POL 02/2014.
14. The VRS will document and place on the file rationale for all decisions taken under this procedure.

Act Sec #	111(a), 115(j)
Effective Date	01 June 2014
Application	Claimants who relocate on or after the effective date while receiving benefits.
Supersedes	n/a
Complements	POL 02/2014 Vocational Rehabilitation – Moving Allowance
	PRO 01/2019 Travel Expense Rates
	POL 23/2016 Vocational Rehabilitation – Programs and Services
	PRO 23/2016 Vocational Rehabilitation – Programs and Services
	POL 01/2018 Benefits – Long-Term Earnings Loss
	PRO 01/2018 Benefits – Long-Term Earnings Loss
	POL 39/2010 Expenses – Travel and Sustenance – General

Employer Coverage and Registration

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Employer Coverage and Registration	POL 12/2020		01 February 2021
Failure to Register a Business	POL 09/2011	PRO 09/2011	01 September 2011
Coverage – Voluntary	POL 21/2014		01 January 2015
Coverage – Personal	POL 03/2014		01 May 2014
Coverage – Directors	POL 14/2014		01 November 2014
Contracts Involving Equipment	POL 14/2020		01 February 2021
Independent Worker Coverage	POL 13/2020	POL 13/2020	01 February 2021
Coverage within Saskatchewan – Out of Province Employers	POL 07/2002	PRO 07/2002	01 August 2002
Coverage – Out of Province/Country	POL 08/1999	PRO 08/1999	21 April 1999
Coverage – First Responders	POL 07/2005	PRO 07/2005	01 November 2005
Coverage – Offenders in Work-Based Programs	POL 20/2014	PRO 20/2014	01 March 2015
Coverage – SGEU LTD Claimants as Learners	POL 13/1994		13 June 1994
Coverage – Students in Work-Based Learning Assignments	POL 12/2012	PRO 12/2012	01 January 2013
Coverage – Trade Unions	POL 03/1998		25 February 1998
Coverage – Volunteer Firefighters	POL 04/2006	PRO 04/2006	01 February 2006
Alternative Assessment Procedure (AAP) for the Interjurisdictional Trucking Industry	POL 24/2014	PRO 24/2014	01 January 2009

Policy	Employer Coverage and Registration (POL 12/2020)
Effective Date	February 1, 2021
Application	Applies to all industries covered by the Act on or after the effective date.
Purpose	To provide general information and guidelines for employer registration and coverage.

DEFINITIONS

Contract for service, also referred to as a principal-contractor relationship, is where a business or individual provides labour services, which may involve the use of equipment, to another business or individual on a contract basis in return for a monetary amount.

Contract of service, also referred to as an employer-employee relationship, is where an individual is hired by a business or individual on a full-time, part-time, or casual basis in return for wages or a salary.

Contractor or **subcontractor** means a business or individual hired under a contract for service by another business or individual and can be present in all industries.

Employer means any person, association or body that hires one or more workers on a full-time, part-time, casual, seasonal or contract basis.

Principal means any person, association or body that hires a contractor. Principals are considered employers.

Worker is a person who has entered into a contract of or for service, written or oral, expressed or implied, and includes:

- a. A learner.
- b. A member of a municipal volunteer fire brigade.
- c. A director of a corporation who reports earnings on a T4.
- d. A contractor (including a director receiving assessable earnings reported on a T4A and T5018), and
- e. Any person who is considered to be a worker by the Board.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") applies to all employers and workers engaged in any industry in Saskatchewan except those industries excluded under *The Workers' Compensation Miscellaneous Regulations* (the "Miscellaneous Regulations") (Section 3(1)).
2. The Workers' Compensation Board (WCB) has exclusive jurisdiction to determine whether any industry or worker is within the scope of the Act (Section 20(2)).

3. An excluded industry, employer or worker may apply to the WCB to be brought within the scope of the Act (Section 3(3)).
4. The worker of a contractor is considered to be the worker of the principal, unless the contractor is an employer in their own right (Section 131(2)).
5. If the owner of equipment, who is not an employer or does not have their own WCB coverage, enters into a contract with a principal, they are considered a worker of the principal (Section 8(2) and 8(3)).
6. Employers must annually report assessable earnings paid to workers and contractors to the WCB (the Act, Section 122, and *The Workers' Compensation General Regulations, 1985* (the "General Regulations"), Section 3).
7. Employers who hire contractors must report the name, address, nature and amount of the contract to the WCB (General Regulations, Section 17).
8. An employer cannot deduct WCB premiums from workers or contractors, except in cases where a contractor, who does not have their own WCB coverage, owns/leases and operates equipment or hires another person to operate that equipment (Act, Sections 8(4), 164).
9. A non-employing proprietor, partner, or director of a corporation not reporting assessable earnings on a T4, T4A or T5018, when not under a contract for service with a principal and has no other means of availing coverage under the Act, may apply for optional personal coverage (General Regulations, Section 14). It is the WCB's intent to protect persons whose living depends on their own personal work from the financial consequences of a work-related injury.

POLICY

1. A business may operate in a form of:
 - a. A proprietorship, which is an individual who owns and operates a business.
 - b. A partnership, which consists of two or more individuals or businesses joined together in a common business venture.
 - c. A corporation, which is a separate legal entity with a continuous existence apart from that of their shareholders, or
 - d. Other associations or bodies, which include, but are not limited to:
 - i. A board or commission.
 - ii. A municipality.
 - iii. The Province of Saskatchewan and its agencies.
 - iv. A school board and the conseil scolaire.
 - v. A non-profit organization.
2. Coverage with the WCB may be:
 - a. Mandatory.

- b. Personal or optional, which is outlined in POL 03/2014, Coverage – Personal, or
 - c. Voluntary, which is covered in POL 21/2014, Coverage - Voluntary.
3. The following individuals operating in a mandatory industry are not automatically covered under the Act but may elect optional personal coverage in accordance with POL 03/2014, Coverage – Personal:
- a. A director of a corporation who hires a worker(s) or contractor(s) and is not reporting assessable earnings on a T4, T4A, or T5018.
 - b. An owner of a sole proprietorship or partnership and/or their spouse, who hires a worker(s) or contractor(s).
 - c. An individual operating a business who:
 - i. Is not under a contract for service to a principal,
 - ii. Does not hire a worker(s) or contractor(s), and
 - iii. Is not an employer, worker, or contractor.

Employer

- 4. All employers operating in an industry covered under the Act must register for an account within 30 calendar days of hiring a worker(s) or contractor(s) as outlined in POL 09/2011, Failure to Register a Business.
- 5. Employers are required to report assessable earnings for workers and contractor labour annually, up to the maximum assessable earnings amount per worker per calendar year, as noted in POL 24/2010, Assessable Earnings, and POL 10/2019, Maximum Assessable Wage Rate.
- 6. When a contractor is considered a worker of the principal, they are classified at the principal's industry rate code and the principal is required to pay premiums for the contractor based on the labour portion of the contract.
- 7. Employers cannot deduct WCB premiums from workers and contractors, except in cases where the contractor, who does not have their own WCB coverage, owns/leases and operates equipment, as outlined in POL 14/2020, Contracts Involving Equipment.
- 8. A principal is required to obtain a clearance before paying any contractor to protect them from paying the contractor's overdue premiums. Guidelines are outlined in POL and PRO 22/2014, Employer Accounts – Clearances and Letters of Good Standing.
- 9. If an out of province employer sends workers or contractors into Saskatchewan, coverage and registration will be determined in accordance with POL 07/2002, Coverage within Saskatchewan – Out of Province Employers.

Worker

- 10. All workers in Saskatchewan, regardless of age, are covered when working in an industry to which the Act applies.

11. WCB does not cover workers employed in excluded industries or occupations listed in the Act and Miscellaneous Regulations. These workers may be eligible for voluntary coverage as outlined in POL 21/2014, Coverage – Voluntary.
12. Volunteers are not considered workers under the scope of the Act with the exception of volunteers in mine rescue work, members of the Emergency Measures Organization, volunteer firefighters, and first responders.
13. All family members, except the spouse of a proprietor or a partner, are considered workers if they are paid a wage or a monetary amount.

Contractor

14. A contractor or subcontractor is a business or individual hired and paid by a principal to perform work or services that are:
 - a. Carried out at the principal's premises or worksite, or at a location determined by the nature of the work being performed.
 - b. For the purpose of the principal's trade or business, and
 - c. Either integral or incidental to the principal's day-to-day operations.
15. If a contractor in an excluded industry works for a principal in a mandatory industry, the contractor and their worker(s), if applicable, are not covered as workers of the principal.
16. Contractors who do not hire others are independent workers and may be eligible for their own account. Coverage requirements are detailed in POL 13/2020, Independent Worker Coverage.
17. Contractors who own or lease and/or operate equipment may be covered as a worker of the principal. Coverage requirements are outlined in POL 14/2020, Contracts Involving Equipment.

Cancellation of Coverage

18. An employer's coverage in an industry that is mandatory under the Act will only cease when the business no longer hires workers or contractors.
19. If optional coverage has been purchased for the business owner, coverage will remain in effect until the employer requests in writing that coverage be cancelled or until the WCB cancels it for circumstances outlined in POL 03/2014, Coverage – Personal.

Other Considerations

20. For some industries and occupations, businesses may have various business arrangements with individuals, making it difficult to determine whether an employer-employee or principal-contractor relationship exists.
 - a. In most cases, the business that pays a wage or a monetary amount is considered the employer.

- b. If the employment relationship cannot be easily determined, the decision will be at the discretion of the Employer Services staff based on the information provided.

Effective Date	February 1, 2021
Approved Date	December 7, 2020
Legislative Authority	<p><i>The Workers' Compensation Act, 2013</i> Sections 3(1), 8, 20(2), 122, 131, 164</p> <p><i>The Workers' Compensation General Regulations, 1985</i> Sections 3, 14, 17, 18</p> <p><i>The Workers' Compensation Miscellaneous Regulations</i> Section 3</p>
Document History	<p>(1) POL 11/2011, Employer Coverage and Registration (effective November 1, 2011 to January 31, 2021).</p> <p>(2) POL 34/1977, Coverage – Taxi Cabs (effective January 1, 1978 to January 31, 2021).</p> <p>(3) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> (Bill 58).</p> <p>(4) Board Order 9/86, Non-Employers (effective February, 14 1986 to February 1, 2000).</p> <p>(5) Board Order 56/80, Non-Reporting Subcontractors (effective July 7, 1980 to February 1, 2000).</p>
Complements	<p>POL 09/2011 Failure to Register a Business</p> <p>POL 24/2010 Assessable Earnings</p> <p>POL 07/2004 Assessable Labour Portion of Contracts</p> <p>POL 14/2020 Coverage – Contracts Involving Equipment</p> <p>POL 14/2014 Coverage – Directors</p> <p>POL 07/2005 Coverage – First Responders</p> <p>POL 03/2014 Coverage – Personal</p> <p>POL 12/2012 Coverage – Students in Work-Based Learning Assignments</p> <p>PRO 12/2012 Coverage – Students in Work-Based Learning Assignments</p> <p>POL 21/2014 Coverage – Voluntary</p> <p>POL 04/2006 Coverage – Volunteer Firefighters</p> <p>POL 08/1999 Coverage Within Saskatchewan – Out of Province Employers</p> <p>PRO 08/1999 Coverage Within Saskatchewan – Out of Province Employers</p> <p>POL 02/2019 Decision Making</p> <p>PRO 02/2019 Decision Making</p> <p>POL 22/2014 Employer Accounts – Clearances and Letters of Good Standing</p>

<u>PRO 22/2014</u>	Employer Accounts – Clearances and Letters of Good Standing
<u>POL 03/2018</u>	Employer Audits
<u>POL 08/2020</u>	Maximum Assessable Wage Rate – 2021
<u>POL 07/2011</u>	Minimum Annual Assessment
<u>POL 03/2019</u>	Under and Overestimating Payroll – Penalties and Credits

Policy	Failure to Register a Business (POL 09/2011)
Document Date	16 August 2011
Purpose	To establish guidelines when employers fail to register with the WCB as required.

BACKGROUND

1. In accordance with Section 3 of *The Workers' Compensation Act, 2013* (the "Act"), all employers and workers in Saskatchewan will be subject to the Act, except those engaged in the farming or ranching industry and those industries excluded by *The Workers' Compensation Miscellaneous Regulations*.
2. Under Regulation 4 of *The Workers' Compensation General Regulations, 1985* (the "General Regulations"), an employer in a mandatory industry is required to register with the Saskatchewan Workers' Compensation Board (WCB) within 30 calendar days of commencing or recommencing business. If registration is not received within 30 calendar days, the employer may be assessed an additional five per cent of the premium assessed. In accordance with General Regulation 5, this penalty will not be less than \$5, nor greater than \$500.
3. Under section 124(1), WCB has authority to estimate the probable payroll and assess employers who fail to register as required.
4. Under section 148(1) of the Act, where for any reason an employer who should be assessed is not assessed in any year, the employer shall be liable to pay the WCB the amount for which he/she should have been assessed.
5. In accordance with Section 153(2) of the Act, in the event of a work-related injury, employers who fail to meet their reporting requirement shall be held liable for the total cost of the injury. Under Section 153(3), "if the board is satisfied that failure to make or transmit any payroll statement, return or other statement was not intentional and that the employer honestly desired to furnish an accurate statement, it may relieve the employer in whole or in part from liability".
6. Section 170 permits the WCB to issue an order for the payment of money owed under the Act and such order "may be filed with the local registrar of the Court of Queen's Bench and, when filed, may be enforced as a judgment of that court."

POLICY

1. Employers in a mandatory Saskatchewan industry are required to register with the WCB within 30 calendar days of employing workers.
2. Where an employer fails to register their business as required, the WCB will limit the employer's liability to the premiums due for the current plus preceding three years that the business should have been registered.

3. Where an employer intentionally avoided registration or where a work-related injury has occurred, the employer's liability will not be limited to the current plus previous three years and will be as follows:
 - a. The employer will be liable to pay the premiums due for all years they should have been registered.
 - b. The employer file will be referred to Internal Audit who will determine if the employer has breached the *Criminal Code*.
 - c. Where a work-related injury has occurred and registration was intentionally avoided, the employer file will be referred to the Board members to determine whether the employer should be held liable for the total cost of all injuries that occurred prior to registration.
4. When registration is greater than 30 calendar days from the date of employing a worker, the employer will also be charged an additional 5% of the premium assessed for each year the WCB has determined the employer should have been registered. The penalty will not be less than \$5, nor greater than \$500 for each year of non-compliance.
5. Where the employer does not provide the payroll information, WCB will estimate the employer's assessable payroll to calculate the required premiums. The employer will be bound by that assessment until they provide the actual payroll information.
6. Employers who have not registered as required are not eligible for the Experience Rating Program until the year following their registration. POL 27/2016, Experience Rating Program – Discounts or Surcharges, will apply.

Act Sec #	3, 20, 122, 123, 124, 139, 148, 152, 153, 155, 158, 159, 170, 180; <i>The Workers' Compensation General Regulations</i> 3, 4 and 5; <i>The Workers' Compensation Miscellaneous Regulations</i> ; <i>The Limitations Act</i> ; <i>The Criminal Code</i> .
Effective Date	01 September 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> References updated 01 May 2015 in accordance with <i>The Workers' Compensation Miscellaneous Regulations</i>
Application	All employers.
Supersedes	POL 07/2010 Failure to Register a Business
Complements	PRO 09/2011 Failure to Register a Business POL 26/2013 Fines and Penalties – General POL 12/2020 Employer Coverage and Registration POL 07/2002 Coverage Within Saskatchewan – Out of Province Employers POL 27/2016 Experience Rating Program – Discounts or Surcharges POL 14/2014 Coverage - Directors POL 03/2018 Employer Audits

Procedure	Failure to Register a Business (PRO 09/2011)
Document Date	17 August 2011
Purpose	To establish guidelines when employers fail to register with the WCB as required.

BACKGROUND

The Workers' Compensation Board (WCB) has approved policy POL 09/2011, Failure to Register a Business, to establish the guidelines for the payment of premiums and penalties when employers fail to register as required under *The Workers' Compensation Act, 2013* (the "Act") and *The Workers' Compensation General Regulations, 1985* (the "General Regulations").

PROCEDURE

1. When an employer fails to register within 30 calendar days of employing workers as required by the Act, Employer Services staff will establish an account and will assess the employer's payroll for the current plus preceding three years that the business should have been registered.
2. If there is evidence that an employer deliberately avoided registration, the Manager of Employer Services will review the information and will assess premiums for all years the employer should have been registered. An employer may be considered to have intentionally avoided registration where they have not responded to a registration form sent out to them, an injury claim has been submitted, or by any other means determined by Employer Services.
3. Where intentional avoidance has been determined, the Manager of Employer Services will also refer the employer's file to Internal Audit for further review. Internal Audit will determine if the employer has breached the *Criminal Code*.
4. Where a work related injury has occurred and it is determined that the employer intentionally avoided registration, all information regarding this decision will be referred to the Board Members to determine, at their discretion, whether the employer should be held liable for the total cost of all injuries that occurred prior to registration.
5. In addition to the required premiums, the employer will be responsible for submitting the penalties based on the premiums for each year the employer should have been registered. Point 4 of POL 09/2011, Failure to Register a Business, will apply.
6. If the employer does not provide the assessable payroll as requested, Employer Services will assess the employer on an estimated payroll amount and will adjust this amount when the employer provides the actual payroll information.

Act Sec #	3, 20, 122, 123, 124, 139, 148, 152, 153, 155, 158, 159, 170, 180; <i>The Workers' Compensation General Regulations</i> 3, 4 and 5; <i>The Limitations Act</i> ; <i>the Criminal Code</i> .
Effective Date	01 September 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Application	All employers.
Supersedes	PRO 07/2010 Failure to Register a Business
Complements	POL 09/2011 Failure to Register a Business
	POL 26/2013 Fines and Penalties – General
	POL 07/2002 Coverage Within Saskatchewan – Out of Province
	Employers
	POL 03/2018 Employer Audits

Policy	Coverage – Voluntary (POL 21/2014)
Document Date	10 December 2014
Purpose	To establish guidelines for extending voluntary coverage to industries and occupations excluded from <i>The Workers' Compensation Act, 2013</i> .

BACKGROUND

1. Section 3 of *The Workers' Compensation Act, 2013* (the "Act"), states that the "Act applies to all employers and workers engaged in, about or in connection with any industry in Saskatchewan except the farming and ranching industry and those industries, employers or workers excluded" by *The Workers' Compensation Miscellaneous Regulations* (the "Miscellaneous Regulations").
2. Under Section 3 of the Act, "an industry, employer or worker excluded from this Act may apply to the board to be brought within the scope of this Act." Further, when an excluded employer requests coverage, they are required to notify the workers or their union that WCB coverage has been requested. Additionally, a worker must give notice to their employer that coverage has been requested.
3. Section 20 provides the Workers' Compensation Board (WCB) exclusive jurisdiction to determine whether any industry or worker is within the scope of the Act.
4. In accordance with Section 5 of the Miscellaneous Regulations, if an employer is responsible for an operation that is within the scope of the Act and another operation that the Act does not apply to, coverage will only apply to the work performed in the industry to which the Act applies.

POLICY

1. An industry, employer, or worker who is excluded from coverage under the Act may apply for voluntary coverage.
2. An application for voluntary coverage must be made in writing to Employer Services. An application concerning an industry not previously approved by WCB will be reviewed by the Vice President of Prevention and Employer Services who will determine whether coverage should be granted.
3. Once an application has been approved, coverage will be effective 12:01 a.m. the day following the date the application is received by the WCB. If a worker is injured prior to the effective date of the coverage, the claim will not be accepted.
4. When voluntary coverage has been purchased, the employer and workers are subject to the same requirements and entitled to the same benefits as those required to have coverage under the Act.
5. Once an application for voluntary coverage is approved, an employer is required to provide coverage for all of the employer's workers in that industry.

6. Coverage will remain in effect until the employer requests in writing that coverage be cancelled or until the WCB cancels it for a reason which includes:
 - a. Non-payment of premiums.
 - b. Failure to provide the required payroll information.
 - c. Providing false or misleading information to the WCB.
 - d. Mail is returned and an alternate address cannot be found, or
 - e. Any other instance where the WCB determines coverage should be terminated.
7. Where an employer has operations within a mandatory and an excluded industry, the employer and workers will only have coverage while they are performing work under the industry that is mandatory, unless a voluntary application has been submitted and approved by the WCB.
8. The following industries and occupations may not be found eligible for voluntary coverage due to considerations such as their high rate of injury and/or difficulty in establishing a wage base:
 - a. Artists, entertainers, and performers.
 - b. Circus operations.
 - c. Sports players, including sports coaches and instructors, while participating as a player or competitor in a sporting event.
 - d. Sports coaches and instructors employed by professional sports organizations whose intent is to derive profit from the playing of the sport rather than the providing of instruction, and
 - e. Voluntary workers, except those in mine rescue work, members of the Emergency Measures Organization, volunteer firefighters, and first responders.
9. Any decisions made under this policy may be appealed (POL 20/2013, Appeals – Employer Accounts).

Act Sec #	3, 20; <i>The Workers' Compensation Miscellaneous Regulations</i> Sections 3 and 5
Effective Date	01 January 2015
Application	All excluded industries and occupations.
Supersedes	POL 01/2003 Coverage, Notice of Application POL 12/81 Coverage, Exchange of Farm Labour POL 15/81 Coverage, Family of a Farm Worker
Complements	POL 12/2020 Employer Coverage and Registration POL 03/2014 Coverage – Personal POL 20/2013 Appeals – Employer Accounts

Policy **Coverage – Personal (POL 03/2014)**

Document Date 29 April 2014

Purpose To establish guidelines for personal coverage.

DEFINITION

Personal coverage is optional coverage for individuals not automatically covered under *The Workers' Compensation Act, 2013* (the "Act").

BACKGROUND

1. Section 20 provides the Workers' Compensation Board (WCB) exclusive jurisdiction to determine whether any industry or worker is within the scope of the Act.
 2. Section 12 of *The Workers' Compensation General Regulations, 1985* (the "General Regulations"), provides the guidelines for employer coverage. Section 12 indicates coverage is subject to a period of three months and empowers the Board to grant an employer personal coverage "on any terms and conditions, and for any period, that the Board may prescribe."
 3. Section 14(1) of the General Regulations allows a proprietor or partner of a business or an executive officer of a corporation not on the company's payroll to obtain personal coverage.
 4. Section 14(2) of the General Regulations states:
Every proprietor or partner of a business who employs no workers or who does not submit to the board the statement required by... the Act, and every executive officer of a corporation who is not on the corporation's pay-roll is deemed to be a worker when under contract to a principal and the earnings in respect of their services, as the board may determine, are assessable on the principal's account unless ordered otherwise by the board.
 5. Section 15 of the General Regulations states "where the spouse of a sole proprietor or partner of a business wishes to obtain coverage for himself or herself, section 12 applies".
 6. Section 13 of the General Regulations states:
Unless otherwise fixed by the board, personal coverage requested for an employer engaged in more than one industry under the Act is to be assessed at the rate applying to the industry with the largest payroll reported to the board for the preceding year.
 7. Employers are classified on the basis of industrial undertaking following the premise that employers in like industries are subject to the same relative risks. As noted under Background Point 6, the General Regulations suggest that payroll be the basis on which assessments should be made. In keeping with the underlying principle of risks, the Board believes that it is more fair and equitable to apply assessments on the basis of time spent in the industry working. The Board believes this is a better reflection of the risks to which the employer and workers are subject. Therefore, the Board directs that time spent in the industry or province will be the basis on which premiums will be assessed.
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POLICY

1. Personal coverage may be purchased by:
 - a. Proprietors and their spouses.
 - b. Partners and their spouses.
 - c. Directors of a corporation who are not carried on the payroll.
 - d. Elected officials of a city, town or village, and
 - e. Members of the governing body of a non-profit corporation or organization.
2. When personal coverage has been purchased, the applicant becomes a worker and is eligible for benefits under the Act. Wage loss benefits will be based on the amount of coverage purchased by the applicant.
3. Personal coverage protects the individual only while working in the industry or industries for which coverage was purchased and approved.
4. Where an employer in an industry covered by the Act chooses not to purchase personal coverage for themselves, they will be considered a worker, but one who has chosen not to purchase protection for their own work injuries. This will mean they are a worker for the purposes of a barred action application under Section 169 of the Act (POL 01/2013, Determination of a Worker's Right to Bring Action). All other benefits under the Act will not apply.

Application for Coverage

5. An application for personal coverage can be made by telephone or in writing to the WCB.
6. Coverage will be effective 12:01 a.m. the day following the date the application is received by the WCB or at a later date if requested by the applicant. An injury claim that occurs prior to the effective date of coverage will not be accepted.
7. Personal coverage may be purchased for any amount between the minimum personal coverage amount and the maximum assessable wage rate set for that year. POL 08/2020, Maximum Assessable Wage Rate, will apply.
8. The minimum personal coverage amount is based on assessable earnings for a 40 hour work week at the provincial minimum wage. If the provincial minimum wage changes within the year, the minimum personal coverage amount will not be adjusted until January 1st of the subsequent year.
9. Personal coverage is subject to a minimum premium of three months.
10. Where coverage is purchased during the year, the premiums will be prorated to the end of the calendar year.
11. Coverage will remain in effect with premiums payable until the applicant requests in writing that the coverage be cancelled or until the WCB cancels it for a reason, which includes:
 - a. Non-payment of premiums.

- b. Failure to provide the required payroll information.
- c. Providing false or misleading information to the WCB.
- d. Mail is returned and an alternate address cannot be found, or
- e. Any other instance where the WCB determines coverage should be terminated.

Proof of Earnings

12. Where the amount of coverage requested is higher than the minimum personal coverage amount, the applicant will be required to substantiate actual employment earnings in the event of an injury. The WCB will accept one of the following documents as proof of earnings:
- a. A T4 income tax slip as submitted to the Canada Revenue Agency (CRA).
 - b. A Statement of Business or Professional Activities as submitted to the CRA, or
 - c. A declaration from a Chartered accountant, a Certified Management Accountant (CMA), or a Certified General Accountant (CGA) verifying the actual employment earnings.
- In the absence of these documents, the WCB may accept an audited financial statement.
13. Only earnings reported in industries covered under the Act may be used for substantiation, unless voluntary coverage has been requested and approved by the WCB for an industry excluded under the Act.
14. Failure to provide proof of earnings at the time of injury will result in the coverage being reduced to the minimum personal coverage amount.
15. It is the applicant's responsibility to ensure that the amount of coverage purchased is not more than their actual employment earnings. Where the applicant is unable to substantiate the amount of coverage purchased, they will not be reimbursed for the extra premium paid.
16. Where the applicant can substantiate earnings above the amount purchased, wage loss benefits will be based on the level of coverage purchased.
17. Coverage amounts may be increased or decreased at any time. Any changes will be effective the day the WCB is notified of the change by the applicant. Where coverage is being increased, proof of earnings will be required at the time the increase in coverage is requested.

Premium Assessment

18. Premiums are based on the amount of coverage purchased and the industry in which the applicant operates.
19. Based on the rationale provided under Background Point 7:
- a. Where an applicant operates a business within more than one industry, premiums for personal coverage will be prorated based on the amount of time the applicant spends in each industry.
 - b. Where the applicant works in more than one province, the WCB will prorate the premiums charged based upon the amount of time spent in each province. Benefits

continue to be based on the personal coverage amount selected regardless of how the coverage is split. The coverage amounts are subject to Saskatchewan's minimum personal coverage amount and maximum assessable wage rate.

Act Sec #	3, 20, 43, 119, 169; <i>The Workers' Compensation General Regulations</i> 12, 13, 14, 15, 16
Effective Date	01 May 2014
Application	All personal coverage applicants on or after the effective date.
Supersedes	POL 31/71 Coverage, Personal POL 28/91 Coverage, Personal, and for Elected Officials POL 19/2001 Assessment – Minimum Employer Personal Coverage
Complements	POL 12/2020 Employer Coverage and Registration POL 08/2020 Maximum Assessable Wage Rate POL 13/2020 Independent Worker Coverage POL 14/2014 Coverage – Directors POL 01/2013 Determination of a Worker's Right to Bring Action

Policy	Coverage – Directors (POL 14/2014)
Effective Date	November 1, 2014 – for new accounts. January 1, 2015 – for existing accounts.
Application	Applies to all directors.
Purpose	To establish guidelines for determining the coverage of directors.

DEFINITION

Director, also referred to as an executive officer in *The Workers' Compensation Act, 2013* (the "Act"), means a person chosen to control or govern the affairs of a limited company or corporation and who is registered as a director of that corporation.

Carried on the Payroll means the employer is reporting employment income and taxable allowances or benefits on the Canada Revenue Agency T4, T4A or T5018 income tax slip.

BACKGROUND

1. Under Section 2(1)(ii) of the Act, "an executive officer of an employer, if that executive officer is carried on the employer's payroll," is considered a worker.
2. Section 32 of the Act states an employer is deemed to be a worker where the employer carries themselves on the payroll, reports themselves as a worker on the payroll statement mentioned in Section 122 of the Act, and includes their estimated wages.
3. Under Section 14(1) of *The Workers' Compensation General Regulations, 1985* (the "General Regulations"), "every executive officer of a corporation who is not on the company's pay-roll... may make application to the board for elective personal coverage."
4. Section 14(2) of the General Regulations states, "every executive officer of a corporation who is not on the corporation's pay-roll is deemed to be a worker when under contract to a principal and the earnings in respect of their services, as the board may determine, are assessable on the principal's account unless ordered otherwise by the board."

POLICY

1. A director of a limited company or corporation who is carried on the payroll is considered a worker under the scope of the Act.
2. The employer is required to report to the WCB the assessable earnings for all directors carried on the payroll up to the maximum assessable per calendar year being reported.
3. Where a director of a limited company or corporation is not carried on the payroll, they may apply for personal coverage.

4. A director who is not active in the business is not considered a worker in the scope of the Act and coverage is not required. An inactive director is someone who does not perform any duties relating to the day-to-day operations of the corporation.

Effective Date	November 1, 2014 – for new accounts. January 1, 2015 – for existing accounts.
Approved Date	September 2, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(ii), 32 <i>The Workers' Compensation General Regulations, 1985</i> Sections 12, 14
Document History	(1) February 1, 2021. T4A or T5018 added to carried on payroll definition in accordance POL 12/2020, Employer Coverage and Registration. (2) January 1, 2015. New policy.
Complements	POL 09/2011 Failure to Register a Business POL 12/2020 Employer Coverage and Registration POL 03/2014 Coverage – Personal POL 13/2020 Independent Worker Coverage POL 07/2002 Coverage Within Saskatchewan – Out of Province Employers POL 08/2020 Maximum Assessable Wage Rate POL 24/2010 Assessable Earnings

Policy	Contracts Involving Equipment (POL 14/2020)
Effective Date	February 1, 2021
Application	Applies to all contracts that involve equipment.
Purpose	To establish coverage guidelines for contracts involving equipment.

DEFINITION

Contract for service, also referred to as a principal-contractor relationship, is where a business or individual provides labour services, which may involve the use of equipment, to another business or individual on a contract basis in return for a monetary amount.

Contractor or **subcontractor** means a business or individual hired under a contract for service by another business or individual and can be present in all industries.

Equipment refers to hired equipment, implement or apparatus used to fulfill the terms of a labour contract.

- Examples include, but are not limited to, earth-moving equipment, transportation equipment, buses, tow trucks, mobile welding equipment, agricultural implement, and logging equipment.
- Light-grade or home-use items, such as hand tools, lawnmowers, and snow blowers, are not considered equipment.
- Personal transportation vehicles are considered equipment if used to carry out the work and fulfill the terms of the contract (e.g., delivery, courier, and rideshare). Otherwise, a personal transportation vehicle is not considered equipment if only used for the purpose of travelling to and from the worksite.

Owner-operator means a person who owns/leases and operates equipment used to provide services under contract to a business or another individual.

Principal means any person, association or body that hires a contractor. Principals are considered employers.

BACKGROUND

1. An owner-operator, who is not an employer in their own right and enters into a contract with a principal, is considered a worker of the principal (*The Workers' Compensation Act, 2013*, Section 8(2) and 8(3)).
2. Depending on the circumstances, the owner of the equipment may not be the one operating the equipment and may hire another person to operate it. It is the Workers' Compensation Board's (WCB) intent to:
 - a. Ensure that the operator of equipment is covered for any injuries incurred, and to make the principal responsible for the relevant assessments if there is no individual or business that should already be responsible for them (Section 8(2) and 8(3)).

- b. Treat employers in all industries fairly. If an equipment owner hires a worker or contractor, they will be responsible to register with the WCB like any other employer in a mandatory industry (Section 2(1)(l)).
3. If the owner-operator is considered a worker of the principal, the principal is required to pay WCB premiums for the labour portion of the contract up to the maximum assessable earnings amount per person per calendar year, and may deduct the amount from the owner-operator (Section 8(4)).
4. Due to the deregulation of the trucking industry in 1998 and the replacement of *The Motor Carrier Act* with *The Traffic Safety Act* in 2006, an Operating Authority Certificate is no longer required for the transportation of goods. As a result, Section 18 of *The Workers' Compensation General Regulations, 1985*, is no longer relevant in defining who the employer is within the trucking industry.

POLICY

1. An equipment owner or owner-operator must register for a WCB account if they hire a worker(s) or contractor(s) to operate the equipment on a full-time, part-time, casual, or contract basis.
2. Coverage for the equipment owner or owner-operator who hires a worker(s) or contractor(s) may not be automatic and will be determined in accordance with POL 03/2014, Coverage – Personal, and/or POL 14/2014, Coverage – Directors.
3. An owner-operator is an independent worker if they do not hire a worker(s) or contractor(s). They will be considered a worker of the principal, unless they meet the account eligibility outlined in POL 13/2020, Independent Worker Coverage, and have purchased personal coverage in accordance with POL 03/2014, Coverage – Personal.
4. If the owner-operator is considered a worker of the principal, the principal may deduct or recover WCB premiums from the owner-operator. The amount will be based on:
 - a. The labour portion of the contract as determined by the employer or by using the Assessment Schedule for Contract Labour, attached in PRO 07/2004, Assessable Labour Portion of Contracts, up to the maximum assessable earnings amount per worker per calendar year, and
 - b. The principal firm's net premium rate (see attached example in [PRO 07/2004, Assessable Labour Portion of Contracts](#)).
5. Owner-operators who are considered workers of the principal will be covered:
 - a. From the start of the contract until 10 days following the completion of the contract, and
 - b. For directly-related activities, including equipment servicing and travel to and from the contracted worksite, provided the worker proceeds by the most practical route.

Effective Date February 1, 2021

Approved Date December 7, 2020

Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Section 8
	<i>The Workers' Compensation General Regulations, 1985</i> Section 18
	<i>The Traffic Safety Act</i>
Document History	(1) POL & PRO 02/2011, Coverage – Contracts Involving Equipment (effective February 1, 2011 to January 31, 2021).
	(2) POL 08/2011, Coverage – Trucking, Leased Operators (effective January 1, 2012 to January 31, 2021).
	(3) January 1, 2014. Policies and procedures amended in accordance with <i>The Workers' Compensation Act, 2013</i> (Bill 58).
	(4) POL 01/87, Coverage, Owner Operators (effective January 5, 1987 to February 1, 2011).
Complements	<u>POL 12/2020</u> Employer Coverage and Registration
	<u>PRO 07/2004</u> Assessable Labour Portion of Contracts
	<u>POL 14/2014</u> Coverage – Directors
	<u>POL 03/2014</u> Coverage – Personal
	<u>POL 13/2020</u> Independent Worker Coverage
	<u>PRO 13/2020</u> Independent Worker Coverage
	<u>POL 08/2020</u> Maximum Assessable Wage Rate – 2021
	<u>POL 07/2011</u> Minimum Annual Assessment

Policy	Independent Worker Coverage (POL 13/2020)
Effective Date	February 1, 2021
Application	Applies to all contractors in a mandatory industry who do not hire others.
Purpose	To establish guidelines for independent worker coverage.

DEFINITION

Contract for service, also referred to as a principal-contractor relationship, is where a business or individual provides labour services, which may involve the use of equipment, to another business or individual on a contract basis in return for a monetary amount.

Contractor or **subcontractor** means a business or individual hired under a contract for service by another business or individual and can be present in all industries.

Employer means any person, association or body that hires one or more workers on a full-time, part-time, casual, seasonal or contract basis.

Independent worker is a proprietorship, partnership, or corporation that:

- a. Is operating in a mandatory industry.
- b. Supplies their own work under a contract for service, and
- c. Does not hire a worker(s).

Principal means any person, association or body that hires a contractor. Principals are considered employers.

Worker is a person who has entered into a contract of or for service, written or oral, expressed or implied, and includes:

- a. A learner.
- b. A member of a municipal volunteer fire brigade.
- c. A director of a corporation who reports earnings on a T4.
- d. A contractor (including a director receiving assessable earnings reported on a T4A and T5018), and
- e. Any person who is considered to be a worker by the Board.

BACKGROUND

1. The WCB has authority under *The Workers' Compensation Act, 2013* (the "Act") to determine who are considered workers (Section 2(1)(ii)(iv)).
2. The Workers' Compensation Board (WCB) has jurisdiction in determining whether any worker is within the scope of the Act and may delegate its powers to its employees (Section 20(2)(i) and 18(2)).

3. The worker of a contractor is considered to be the worker of the principal, unless the contractor is an employer in their own right (Section 131(2)).
4. It is the WCB's intent to protect persons whose living depends on their own personal work from the financial consequences of a work-related injury.
5. The changing work environment and the variations of the traditional employer-worker relationship requires the clarification of who is considered a worker for the purposes of the Act.
6. Employers must not reorganize their work force for the purpose of avoiding responsibility for WCB premiums on behalf of their workers.

POLICY

1. An independent worker will be eligible for a WCB employer account, and the owner, partner or director may apply for personal coverage in accordance with POL 03/2014, Coverage – Personal, if they are able to provide satisfactory evidence that they are involved or intend to be involved in multiple contracts:
 - a. With at least two individuals and/or businesses in an industry that may or may not be covered under the Act.
 - b. For the same type of work or industrial undertaking, and
 - c. Within the current and three years prior to application for coverage.
2. An independent worker who is only beginning their business and is not yet involved in multiple contracts may be able to obtain personal coverage. Coverage requirements are outlined in PRO 13/2020, Independent Worker Coverage.
3. An independent worker who is eligible for personal coverage may request coverage at any amount between the minimum personal coverage amount and the maximum assessable amount set for that year. If coverage is requested above the minimum, proof of earnings will be required in the event of an injury, as outlined in POL 03/2014, Coverage – Personal.
4. An independent worker who is not eligible for, or chooses not to elect, personal coverage is considered a worker of the principal(s) who is operating in a mandatory industry.
5. If an independent worker provides labour services to a principal that is in an excluded industry and has not elected voluntary coverage, there will be no coverage for the independent worker unless they have elected personal coverage.
6. For independent workers who own or lease and operate equipment, additional coverage guidelines are outlined in POL 14/2020, Contracts Involving Equipment.

Effective Date	February 1, 2021
Approved Date	December 7, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(l), 2(1)(ii), 3, 18, 20, 122, 131

The Workers' Compensation General Regulations, 1985

Section 14(2)

Document History

- (1) POL 15/2000, Coverage – Independent Worker (effective February 1, 2001 to January 31, 2021).
- (2) January 1, 2014. References updated in accordance with *The Workers' Compensation Act, 2013* (Bill 58).
- (3) Board Order 9/86, Non-Employers (effective February 14, 1986 to February 1, 2000).
- (4) Board Order 56/80, Non-Reporting Subcontractors (effective July 7, 1980 to February 1, 2000).

Complements

- [PRO 13/2020](#) Independent Worker Coverage
- [POL 14/2020](#) Contracts Involving Equipment
- [POL 04/2014](#) Coverage – Directors
- [POL 03/2014](#) Coverage – Personal
- [POL 21/2014](#) Coverage – Voluntary
- [POL 12/2020](#) Employer Coverage and Registration
- [POL 08/2020](#) Maximum Assessable Wage Rate – 2021
- [POL 07/2011](#) Minimum Annual Assessment

Procedure	Independent Worker Coverage (PRO 13/2020)
Effective Date	February 1, 2021
Application	Applies to all contractors in a mandatory industry who do not hire others.
Purpose	To establish guidelines for independent worker coverage.

BACKGROUND

1. POL 13/2020, Independent Worker Coverage, provides guidelines to determine if an independent worker is eligible for an account or if they are considered a worker of the principal they are working for.
2. The Workers' Compensation Board (WCB) requires workers to provide sufficient information, such as names and addresses of principals, to demonstrate that they meet the criteria for personal coverage (*The Workers' Compensation Act*, 2013, Section 20(2)).

PROCEDURE

1. When is personal coverage granted to an independent worker?
 - a. An application for personal coverage will be accepted if a worker is able to provide satisfactory evidence that they are involved in multiple contracts within a particular industry within the current and past three years.
 - b. Applications for personal coverage will be administered in accordance with POL 03/2014, Coverage – Personal.
2. What is considered satisfactory evidence?
 - a. Typically, satisfactory evidence is the provision of names of at least two principals the independent worker is working for or has worked for in the current and past three years.
 - b. Employer Services staff may require the dates of work completed and/or the contact names and phone numbers of the principals.
 - c. Employer Services staff may obtain additional proof of multiple contracts and account eligibility. This includes, but is not limited to:
 - i. Requesting copies of invoices for work performed.
 - ii. Directly contacting the principals to verify the existence of principal-contractor relationships.
 - iii. Requesting proof of payroll to ensure an employer-worker relationship exists, if the independent worker has indicated they are hiring workers.
3. What if an independent worker is just beginning their business and is not yet involved in multiple contracts?
 - a. At the time of application, if an independent worker indicates that they have just started their business, they will be required to provide details of their business plans that

demonstrates the intent to work for more than one principal for the same type of work or industrial undertaking. Proof of multiple contracts must be provided within one year from the date of application.

- b. If the independent worker is able to demonstrate the above:
 - i. Personal coverage will be provided to the independent worker, in accordance with POL 03/2014, Coverage – Personal, and
 - ii. A letter will be sent to the independent worker, requiring them to provide proof of multiple contracts within one year from the date of application.
- c. Employer Services staff may review the independent worker's account at any time to determine if the multiple contracts criteria has been met (e.g., clearances for more than one principal for the same industrial undertaking).
- d. If the independent worker fails to provide proof of multiple contracts within one year:
 - i. Their coverage and account will be discontinued.
 - ii. A letter will be sent to the independent worker notifying them of the account closure as a result of failing to meet the criteria outlined in the policy, and
 - iii. Cancellation of coverage will not be retroactive and will be effective on the date of the written advice, subject to a three-month minimum on the current calendar year.

Effective Date	February 1, 2021
Approved Date	December 7, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(l), 2(1)(ii), 3, 18, 20, 131
Document History	<ul style="list-style-type: none"> (1) POL 15/2000, Coverage – Independent Worker (effective February 1, 2001 to January 31, 2021). (2) References updated in accordance with <i>The Workers' Compensation Act, 2013</i> (effective January 1, 2014). (3) Board Order 9/86, Non-Employers (effective February 14, 1986 to February 1, 2000). (4) Board Order 56/80, Non-Reporting Subcontractors (effective July 7, 1980 to February 1, 2000).
Complements	<ul style="list-style-type: none"> POL 13/2020 Independent Worker Coverage POL 14/2020 Contracts Involving Equipment POL 04/2014 Coverage – Directors POL 03/2014 Coverage – Personal POL 21/2014 Coverage – Voluntary POL 12/2020 Employer Coverage and Registration POL 08/2020 Maximum Assessable Wage Rate – 2021 POL 07/2011 Minimum Annual Assessment

Policy	Coverage Within Saskatchewan – Out of Province Employers (POL 07/2002)
Effective Date	August 1, 2002
Application	Applies to all employers based outside of Saskatchewan who carry on or undertake activities in Saskatchewan.
Purpose	To establish coverage guidelines for out-of-province employers.

DEFINITION

Incidental means out-of-province workers come into Saskatchewan two or less times per year or for a duration of four or less consecutive days.

Principal means any person, association or body that hires a contractor. Principals are considered employers.

Employer means any person, association or body that hires one or more workers on a full-time, part-time, casual, seasonal or contract basis.

Worker is a person who has entered into a contract of or for service, written or oral, expressed or implied, and includes:

- a. A learner.
- b. A member of a municipal volunteer fire brigade.
- c. A director of a corporation who reports earnings on a T4.
- d. A contractor (including a director receiving assessable earnings reported on a T4A and T5018), and
- e. Any person who is considered to be a worker by the Board.

BACKGROUND

1. When employers based outside of Saskatchewan require their employees to travel into Saskatchewan, either as part of the employer's operations in another province or solely for the purpose of operating a portion of their business activities in Saskatchewan, clarification is needed as to when or in what circumstances the employer and their employees become subject to *The Workers' Compensation Act, 2013* (the Act) of Saskatchewan.
2. The Saskatchewan Workers' Compensation Board (the WCB) has exclusive jurisdiction under Section 20 of the Act to determine all matters and questions arising under the Act, including under 20(2)(h) whether any industry is within the scope of the Act and under 20(2)(i) whether any worker is within the scope of the Act.
3. "Industry" is defined in Section 2(1)(q) as "an industry to which this Act applies and includes an establishment, undertaking, trade and business."

4. Section 3(1) makes application of the Act mandatory to all “employers and workers engaged in, about or in connection with any industry in Saskatchewan”, except industries that are specifically excluded. It is necessary for assessment and injury coverage purposes, to determine whether an out-of-province employer is carrying on business in a mandatory Saskatchewan industry and therefore, is required to register and pay premiums to the WCB.
5. Section 26 states: “If a worker suffers an injury, the worker is entitled to compensation. Compensation is to be paid by the board out of the fund.”
6. Employers required to register with the WCB who are in default of submitting a statement of payroll or paying assessments to the Board, shall be subject to the penalties set out under Section 153 of the Act, and Sections 3, 4, 5 and 8 of *The Workers' Compensation General Regulations, 1985* (the “General Regulations”).

POLICY

Mandatory Coverage

1. Where an out-of-province employer is awarded a contract for work to be carried out in a mandatory Saskatchewan industry, registration with the WCB is required if the employer:
 - a. Has established a place of business in Saskatchewan, or
 - b. Employs Saskatchewan resident workers.
2. Where neither of the above is true, out-of-province employers performing work for a principal in a mandatory Saskatchewan industry will be required to register if:
 - a. The employer comes into the province 3 or more times per year, or
 - b. The employer comes into the province 5 or more consecutive days per year.
3. Where an employer has both a Saskatchewan base of operations (in a mandatory Saskatchewan industry) and a non-Saskatchewan base of operations, coverage will only be extended to workers who are engaged in activities that are part of the Saskatchewan base of operations. Workers employed in the employer's non-Saskatchewan base of operations will not be covered if they are engaged in activities that are not part of the Saskatchewan base of operations, even when working in Saskatchewan.

Voluntary Coverage

4. Where the work performed by an out-of-province employer is incidental, registration with the Board is not required and the workers of the out-of-province employer will not be considered workers under the Saskatchewan Act. The Saskatchewan principal may be liable for any legal action commenced by an out-of-province worker in the event of a work injury, unless:
 - a. The Saskatchewan principal becomes responsible for the premiums payable to the Board, or,
 - b. The out-of-province employer elects voluntary coverage with the WCB.

Exceptions

5. The Independent Worker policy (POL 13/2020), will be considered in conjunction with this policy, as registration criteria vary from the provisions contained here.
6. Any other exceptions to the policy outlined above will be forwarded to the Director of Employer Services for consideration.

Payroll Reporting and Payment of Premiums

7. When it has been determined that an out-of-province employer is required to register with the WCB, a statement of the employer's payroll must be submitted within 30 days of the commencement of business and premiums paid accordingly.
8. Where a registered out-of-province employer defaults on premiums payable with respect to the work being carried out in a Saskatchewan industry, the principal will be personally liable to pay the premium on the labour portion of that contract.

Effective Date August 1, 2002

Approved Date July 29, 2002

Legislative Authority *The Workers' Compensation Act, 2013*
Sections 2(1)(l), 2(1)(q), 2(1)(ii), 3(1), 20, 26, 122, 131, 132, 153, 158(1)
The Workers' Compensation General Regulations, 1985
Sections 3,4,5,8

Document History

- (1) February 1, 2021. Definitions updated as per POL 12/2020, Employer Coverage and Registration.
- (2) January 1, 2014. References updated in accordance with *The Workers' Compensation Board, 2013* (Bill 58).
- (3) December 4, 2000. Effective date of POL 03/2000 changed from February 1, 2000 to January 1, 2001.
- (4) POL 03/2000, Incidental Incursions (effective January 1, 2001 to July 31, 2002).

Complements

PRO 07/2002	Coverage Within Saskatchewan – Out of Province Employers
POL 12/2020	Employer Coverage and Registration
POL 13/2020	Independent Worker Coverage
POL 14/2014	Coverage – Directors
PRO 12/2019	Default in Assessment Payment
POL 14/2014	Employer Accounts – Clearances and Letters of Good Standing

Procedure	Coverage Within Saskatchewan – Out of Province Employers (PRO 07/2002)
Document Date	31 July 2002
Purpose	Outlines the responsibilities of all parties with respect to registration and payment of premiums.

BACKGROUND

1. The Board has approved policy guidelines outlining the criteria under which out-of-province employers contracted for services by a principal in a Saskatchewan industry are required to register with the Saskatchewan Workers' Compensation Board (the "Board").
2. The following procedure outlines the responsibilities of all parties with respect to registration and payment of premiums.

PROCEDURE

1. Clear concise documentation will be filed outlining the information obtained and decision process used to arrive at a determination as to whether an out-of-province employer is required to register with the Board.
2. As per Point 1 of the policy, a "place of business" includes but is not limited to:
 - a. a permanent facility or structure
 - b. a rented facility or structure
 - c. oil wells
 - d. offices on construction sites,
 - e. private residence, when used for business.
3. Where it has been determined that an out-of-province employer is required to register, a Letter of Good Standing must be obtained by the principal from the Board indicating that the out-of-province employer is registered and the account is in good standing. A Clearance Letter must be obtained by the principal when the job is completed and prior to releasing final payment for services, to ensure the account is paid in full.
4. Where a registered out-of-province employer defaults on premiums payable with respect to the work being carried out in a Saskatchewan industry, the principal will be personally liable to pay the premium on the labour portion of that contract. The penalties and remedies available under *The Workers' Compensation Act, 2013* (the "Act") and the *Workers' Compensation General Regulations, 1985* (the "General Regulations") will apply.
5. Where registration is not mandatory, applicants will be advised that they will not be regarded as workers under the Saskatchewan Act and therefore, must ensure that coverage is extended by the resident jurisdiction while work is being conducted in Saskatchewan, unless:

- a. the Saskatchewan principal becomes responsible for the premiums payable to the Board, or
 - b. the out-of-province employer elects voluntary coverage with the Saskatchewan Board.
6. If neither 5(a) or (b) is the case, the out-of-province employer must provide a letter to the principal from the resident jurisdiction confirming the employer is in good standing and that coverage has been extended while work is being conducted in Saskatchewan. As notification to the Board, a copy of the letter must be submitted with the principal's payroll report to avoid further assessment in Saskatchewan. It is important to note that even where a non-resident worker receives coverage under the resident jurisdiction, Saskatchewan principals are not protected from legal action commenced by an out-of-province worker in the event of a work-related injury.
 7. Independent workers (with no employees) performing services for a principal in a Saskatchewan industry who demonstrate multiple Saskatchewan contracts over the previous three years are the exception, in which case application for an employer account may be granted (see Policy POL 13/2020).
 8. Any other exceptions must be forwarded to the Director of Employer Services for consideration.

Act Sec #	2(1)(l), 2(1)(q), 3(1), 20, 26, 122, 131, 132, 153, 158(1); <i>The Workers' Compensation Miscellaneous Regulations</i> ; <i>The Workers' Compensation General Regulations</i> 3, 4, 5, 8
Effective Date	August 1, 2002
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> References updated 01 May 2015 in accordance with <i>The Workers' Compensation Miscellaneous Regulations</i>
Application	All employers based outside of Saskatchewan who carry on or undertake to carry on activities in Saskatchewan
Supersedes	PRO 03/2000 Incidental Incursions
Complements	POL 07/2002 Coverage Within Saskatchewan – Out of Province Employers
	POL 22/2014 Employer Accounts - Clearances and Letters of Good Standing
	POL 13/2020 Independent Worker Coverage

Policy	Coverage – Out of Province/Country (POL 08/1999)
Document Date	21 April 1999
Purpose	To provide coverage for workers in the course of employment outside of the province or country.

DEFINITION

Resident of Saskatchewan: A worker will ordinarily be considered a resident of Saskatchewan when it can be determined that their permanent place of residence is within Saskatchewan or, with submission of reasonable proof, would be within Saskatchewan following the employment contract or work term outside of the province. Examples of information required to prove residency would be, but are not limited to, copies of application for Saskatchewan health coverage, copies of application for Saskatchewan driver's license, etc.

Usual place of employment in Saskatchewan:

A worker will ordinarily be considered to have their usual place of employment in Saskatchewan if the worker, prior to leaving the province/country:

- a. performed the greatest percentage of their employment contract or work term with the employer in question within Saskatchewan,
- b. was hired in Saskatchewan, and
- c. was paid from the employer's Saskatchewan office or on the basis of records submitted by the employer's Saskatchewan office.

Continuous period, as referenced in this policy, includes any period of work or paid or unpaid leave of absence, which is not interrupted by a return to Saskatchewan for a period of two months or more.

BACKGROUND

1. On an increasingly regular basis, Saskatchewan employers send workers outside the Province of Saskatchewan to perform work in other parts of Canada and/or outside of Canada. This policy will ensure Saskatchewan workers are provided coverage under *The Workers' Compensation Act, 2013* (the Act) when they perform work in the course of their employment outside the province/country and would not have mandatory coverage in another jurisdiction or coverage similar to what they would receive in Saskatchewan.
2. Section 33 of the Act notes that the Workers' Compensation Board (WCB) may enter into an agreement with its equivalent body of any province or territory of Canada to provide that any compensation payable to any worker or his dependants, where work that is incidental to his employment is performed partly in Saskatchewan and partly in that province or territory, shall be paid either in accordance with the Act or in accordance with the law of that province or territory. This has been formalized in the Inter-jurisdictional Agreement on Workers' Compensation that all provinces and territories have agreed to and signed.
3. Section 34 of the Act speaks to an injury outside Saskatchewan:

Subject to the provisions of an agreement pursuant to Section 33, a worker or a worker's dependants must be paid compensation pursuant to this Act if:

- a. the worker is a resident of Saskatchewan or the usual place of the worker's employment is in Saskatchewan and the employment requires the performance of work both inside and outside Saskatchewan; and
- b. the worker is injured while he or she is performing work outside of Saskatchewan.

It is clear that Section 34 requires coverage for injuries outside Saskatchewan in specifically prescribed circumstances. There must be substantial connection with Saskatchewan consisting of residence or usual place of employment in Saskatchewan and the worker must be required to perform some work in Saskatchewan. This policy will provide an interpretation of Section 34 by clarifying the terms used and by placing time limits beyond which the worker is not considered to be performing work within Saskatchewan.

4. Section 43 states that no employer and no worker or any worker's dependant has a right of action against an employer or a worker with respect to an injury sustained by a worker in the course of his employment. However, this section may not apply to workers and subsequently their employers when injuries are sustained out of the province/country. Coverage is extended on an insurance basis only outside the boundaries of Saskatchewan.

POLICY

1. This policy applies to:
 - a. Workers employed by an employer carrying on an industry inside Saskatchewan where:
 - i. mandatory coverage under another jurisdiction does not apply or
 - ii. mandatory coverage under another jurisdiction applies but the coverage is below that which the Saskatchewan WCB provides. In such cases, the coverage provided by the other jurisdiction will be topped up by the board to the level which would have been provided had the Saskatchewan board provided the initial coverage, and
 - iii. the definitions of "resident of Saskatchewan" or "usual place of employment" are met as outlined in this policy
 - b. Workers of subsidiary companies or other business entities of Saskatchewan employers where:
 - i. the Saskatchewan employer carries on business activities through a subsidiary or other business entity (e.g. joint venture, partnership) outside of Saskatchewan and these activities are a natural extension of an industry the employer conducts in Saskatchewan, and
 - ii. the subsidiary would not require its own account with the WCB, and
 - iii. the definitions of "resident of Saskatchewan" or "usual place of employment" are met as outlined in this policy.
 - c. Workers of Saskatchewan employers who are temporarily transferred or seconded to an employer outside of Saskatchewan where:
 - i. the transfer or secondment is two years or less, or

- ii. if the transfer or secondment is more than two years, notice of the transfer or secondment has been received and verified by the board prior to the occurrence of a work injury, and
- iii. the definitions of “resident of Saskatchewan” or “usual place of employment” are met as outlined in this policy.

2. Compulsory Coverage

If the employer requires the worker to be absent from Saskatchewan for a continuous period of less than two years, the worker shall be considered to be performing work both within and outside of Saskatchewan and the Board shall extend coverage to workers to whom this policy applies. It is not necessary for the employer to make application for coverage for this worker; however, the employer is responsible for reporting the worker’s wages and paying the applicable assessment on these wages.

3. Optional Coverage

If the employer requires the worker to be absent from Saskatchewan for a continuous period of greater than two years but less than five years, the worker may be considered to be performing work both within and outside of Saskatchewan and the Board may extend coverage to workers to whom this policy applies.

Under these circumstances, the employer must submit a written request for coverage. Each application will be reviewed on its own merits and will include such things as:

- a. name and position of worker,
- b. detailed explanation of job duties which would remove the worker from the Province of Saskatchewan,
- c. dates of departure and return, and
- d. detailed information, if required, ensuring the worker and employer meet the definitions outlined in this policy.

4. No Entitlement to Coverage

If the employer requires the worker to be absent from Saskatchewan for a continuous period of greater than five years, the worker will not be considered to be performing work both within and outside of Saskatchewan and the Board will not extend coverage to workers under these circumstances.

5. Health Care Costs

Coverage of applicable health care costs associated with a work injury will be provided based on current case management policies and procedures.

Act Sec #	2(1)(l), 2(1)(ii), 3, 33, 34, 35, and 43
Effective Date	21 April 1999
Amended	01 January 2014. References updated in accordance with <i>The Workers’ Compensation Act, 2013</i>
Application	Employers in Saskatchewan who assign Saskatchewan workers to perform work in other jurisdictions and to the aforementioned Saskatchewan workers.

Supersedes	POL 48/75	Coverage – Out-of-Province
	POL 15/77	Coverage – Out-of-Province
Complements	<u>PRO 08/1999</u>	<u>Coverage, Out of Province/Country</u>
	<u>POL 24/2014</u>	<u>Alternative Assessment Procedure for the Interjurisdictional Trucking Industry</u>
	<u>PRO 24/2014</u>	<u>Alternative Assessment Procedure for the Interjurisdictional Trucking Industry</u>

Procedure	Coverage – Out of Province/Country (PRO 08/1999)
Document Date	21 April 1999
Purpose	To provide coverage for workers in the course of employment outside of the province/country.

BACKGROUND

1. POL 08/1999 provides compulsory coverage under *The Workers' Compensation Act, 2013* for certain workers who are required to work outside the province or country for continuous periods of less than two years.
2. POL 08/1999 also allows employers to apply for optional coverage for certain workers who are required to work outside Saskatchewan for continuous periods of longer than two years but less than five years.

PROCEDURE

1. When considering a request for coverage for workers outside the Province of Saskatchewan for periods of over two years, the following information will be required in writing from the employer prior to a decision being made regarding extension of coverage:
 - a. Name and position of worker.
 - b. Detailed explanation of job duties, which would remove the worker from the Province of Saskatchewan.
 - c. Dates of departure and return.
 - d. Detailed information, if required, ensuring worker and employer meet the definitions outlined in this policy.
2. Each application will be reviewed on its own merits by Employer Services.
3. Where out of province/country coverage is requested, a letter confirming or denying the coverage is to be provided. Where denied, the reasons for denial will be provided. Where coverage is approved, the employer will be informed of the duration of and what is required to maintain the coverage and is to be advised that the immunity from suit under Section 43 is not provided and that the coverage is on an insurance basis only.
4. Where a worker is injured out of province/country, Operations staff will determine the date the worker left and together with Employer Services will determine the coverage which applies, before the claim is accepted.
5. Each situation where coverage is provided will be reviewed on a regular basis, as needed, by Employer Services. Clarification from the employer relating to continued placement of workers will be obtained.

Act Sec #	2(1)(l), 2(1)(ii), 3, 33, 34, 35, and 43
Effective Date	21 April 1999
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	To employers in Saskatchewan who assign Saskatchewan workers to perform work in other jurisdictions and to the aforementioned Saskatchewan workers.
Supersedes	n/a
Complements	POL 08/1999 Coverage, Out of Province/Country

Policy **Coverage – First Responders (POL 07/2005)**

Document Date 24 October 2005

Purpose To establish guidelines for coverage of first responders.

DEFINITION

First Responders means personnel who are:

- a. volunteers that have completed training in emergency first response as certified by the Saskatchewan Department of Health (Saskatchewan Health).
- b. registered with Saskatchewan Health; and
- c. registered as current members of a first responder group that has a mutual aid agreement with a Saskatchewan health region.

Emergency means an occasion when a Saskatchewan health region calls out or dispatches first responders to an emergency situation.

BACKGROUND

1. Under Subsection 3(3) of *The Workers' Compensation Act, 2013*, (the "Act"), the Workers' Compensation Board (WCB) has extended coverage to volunteer first responders sponsored by the various health regions in the Province of Saskatchewan.
2. First responders are unpaid volunteers trained in first aid and organized to provide prompt initial emergency care for the sick or injured. They are able to offer initial resuscitation, stabilization and support while ambulance services are enroute. The health region typically dispatches first responders through the same mechanism as ambulance services, and usually at the same time.

POLICY

1. Subject to the conditions of this policy, coverage under the Act is extended to those first responders while in the course of responding to an emergency incident when called upon by their respective health regions.
2. First responders must be registered with their respective health region.

Terms and Conditions

3. Coverage shall be in effect from the time of notification of an emergency, and includes travel from the individual's residence or location to the site of the emergency and return, provided there is no deviation for personal reasons. Coverage does not extend to situations where a first responder is acting as a "Good Samaritan" without the authority of a call out from a health region.

4. If there is loss of earnings the calculation of wage loss benefits for any claims arising out of this policy will be based on:
 - a. All earnings from a first responder's employment in industries covered by the Act;
 - b. Where there are no covered earnings, the provincial minimum wage for a forty- hour workweek for the first 24 months of demonstrated earnings loss;
 - c. Where wage loss benefits have been paid for a period exceeding 24 consecutive months, on two-thirds of the average weekly wage as of June in the year immediately preceding the year in which the loss of earnings or ability to earn occurs;
 - d. In the event of a fatality, benefits to the dependent spouse will be based on the provisions under Section 81 of the Act.
5. The costs for claims arising out of this policy are to be applied directly to the cost experience of the respective health region in which the first responder is registered and will be reflected in future premiums of the health region.

ATTACHMENTS

[Saskatchewan Association of Health Organizations Authorized to Call Out First Responders](#)

Act Sec #	2(1)(ii)(ii), 3(3), 81 <i>The Workers' Compensation Miscellaneous Regulations</i> 3(gg).
Effective Date	01 November 2005
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> Reference updated 01 May 2015 in accordance with <i>The Workers' Compensation Miscellaneous Regulations</i>
Application	First Responders of Health Regions of Saskatchewan.
Supersedes	POL 11/98 Coverage, First Responders
Complements	<u>PRO 07/2005</u> <u>Coverage – First Responders</u>

Saskatchewan Association of Health Organizations
Authorized to Call Out First Responders

Athabasca Health Region
Keewatin Yatthe Health Region
Mamawetan Churchill River Health Region
Prairie North Health Region
Prince Albert Parkland Health Region
Kelsey Trail Health Region
Heartland Health Region
Saskatoon Health Region
Sunrise Health Region
Cypress Health Region
Five Hills Health Region
Regina Qu'Appelle Health Region
Sun Country Health Region

Procedure Coverage – First Responders (PRO 07/2005)

Document Date 24 October 2005

Purpose To establish guidelines for coverage of first responders.

PROCEDURE

1. The respective Saskatchewan health region is designated as the “Employer” and will be responsible for maintaining records of approved emergencies and the first responders eligible for coverage under this policy.
2. The respective health region is responsible for reporting all injuries to the Workers’ Compensation Board (WCB).
3. Employer Services will verify, on an annual basis, the list of the health regions with the Saskatchewan Association of Health Organizations (SAHO) as listed in Schedule A to POL 07/2005.
4. In the event of a claim Employer Services will verify with the health regions that the claimant is a registered first responder and the appropriate health region rate code will be used for cost identification purposes.
5. Cost statements will be issued to the appropriate health region and the cost of extending coverage to eligible first responders will be reflected in future premiums charged to the health region.
6. Coverage is in effect from notification of an emergency, and includes travel from the individual's residence or location to the site of the incident and return, provided there is no deviation for personal reasons. Coverage does not extend to situations where a first responder is acting as a “Good Samaritan” without the authority of a call out from a health region.

Act Sec # 2(1)(ii)(ii);
The Workers’ Compensation Miscellaneous Regulations 3(gg).

Effective Date 01 November 2005

Amended 01 January 2014. References updated in accordance with *The Workers’ Compensation Act, 2013*
Reference updated 01 May 2015 in accordance with *The Workers’ Compensation Miscellaneous Regulations*

Application First Responders of health regions of Saskatchewan.

Supersedes PRO 11/98 Coverage, First Responders

Complements [POL 07/2005 Coverage – First Responders](#)

Policy	Coverage – Offenders in Work-Based Programs (POL 20/2014)
Document Date	09 December 2014
Purpose	To provide coverage to offenders participating in work-based programs.

DEFINITION

Alternative Measures means programs offered to offenders that provide the opportunity to take responsibility for their behaviour and address the harm that has been committed. Offenders participate in programs that resolve cases within a community agency or with community participation.

Community Service Work means unpaid work done for the community at large, community members or a community organization under the supervision of an agent or agency authorized by the Ministry of Justice and Attorney General (“Justice”).

Community Service Order (CSO) Program means an alternative sanction to incarceration (or some other penalty) for offenders that requires them to perform a specific number of hours of community service work.

Correctional Facility means a correctional centre or a community correctional facility pursuant to Section 2 of *The Correctional Services Act, 2012*.

Fine Option Program means a program authorized and administered by Justice that offers offenders the opportunity to settle a fine by performing community service work in lieu of paying cash for their fine.

Offender means a person who has been accused, charged with or convicted of an offence and who is bound by an alternative measures agreement or court order, including a person sentenced to a correctional facility or youth custody facility. This includes young offenders, meaning a young person charged or who accepts responsibility for committing an offence between the ages of 12 and 17 as defined in the *Youth Criminal Justice Act (Canada)*.

Youth Custody Facility means a place of open custody, secure custody or temporary detention. Facilities may include a centre, home, institution, camp or other place or facility designated under the *Youth Criminal Justice Act (Canada)*.

BACKGROUND

1. Historically, the Workers' Compensation Board (WCB) has extended coverage for offenders in provincial correctional facilities as well as offenders in the Fine Options and CSO Programs through agreements between the WCB and Justice. WCB has also extended coverage to young offenders through agreements between the WCB and the Ministry of Social Services.
2. In 2012, responsibility for all youth and adult corrections functions became part of Justice.

3. Under Section 3 of *The Workers' Compensation Act, 2013* (the "Act"), Justice has requested that coverage continue to be extended to offenders while participating in work-based programs approved by Justice.

POLICY

1. Subject to the Memorandum of Understanding (MOU) between WCB and Justice, coverage under the Act is extended to offenders participating in work-based programs within correctional facilities, youth custody facilities, Alternative Measures programs, Fine Option programs and CSO programs that are offered by agencies authorized and sponsored, in whole or in part, by Justice.
2. Under authority of Section 3 of the Act, WCB deems offenders to be workers while in the course of participating in a work-based program and by Section 20(2)(b) orders that offenders sponsored by Justice are in the course of employment.
3. To be covered by the Act, offenders will be considered workers of Justice while in the course of completing a work-based program.
4. Earnings loss benefits will be suspended during any period of incarceration.
5. If there is a loss of earnings, the calculation of earnings loss benefits for any claims arising out of this policy will be based on:
 - a. All earnings from the offender's employment in industries covered by the Act.
 - b. Where there are no covered earnings or the offender is participating in a Fine Option or CSO program, the provincial minimum wage for a 40 hour workweek for the first 24 months of demonstrated earnings loss.
 - c. The earnings from both the Fine Options program and an offender's regular employment, where the offender has indicated that they are missing time from their employer due to an injury suffered while participating in the Fine Options program.
 - d. After earnings loss benefits have been paid for a period of 24 consecutive months, two-thirds of the average weekly wage as of June in the year immediately preceding the year in which the loss of earnings or ability to earn occurs, and
 - e. In the event of a fatality, benefits to dependents will be based on the provisions of the Act.
6. Any claims costs arising out of this policy will be applied directly to the cost experience of Justice and will be reflected in the premiums charged to the Government of Saskatchewan.
7. Where an offender is participating in a work-based program for an employer who is covered under the Act and pays them an actual salary, the offender will be considered a worker of the employer and any costs arising out of an injury will be charged to the employer's claims experience.
8. Coverage under this policy is not extended to offenders incarcerated in any federal penitentiary or prison.

9. The Chief Executive Officer (CEO) or designate shall have the authority to execute the MOU on behalf of the WCB.

Act Sec #	2(1)(ii), 3, 20, and 80; <i>Criminal Code of Canada</i> 717(1); <i>Youth Criminal Justice Act</i> 10; <i>The Correctional Services Act, 2012</i>
Effective Date	01 March 2015
Application	All offenders in work-related programs sponsored by Justice.
Supersedes	POL 83 Coverage - Inmates POL 47/83 Coverage, Community Service Order Participants POL 12/85 Coverage, Young Offenders Act
Complements	PRO 20/2014 Coverage – Offenders in Work-Based Programs POL 10/2016 Suspension – While Incarcerated

Procedure	Coverage – Offenders in Work-Based Programs (PRO 20/2014)
Document Date	10 December 2014
Purpose	To provide coverage to offenders participating in work-based programs.

BACKGROUND

1. POL 20/2014, Coverage – Offenders in Work-Based Programs, and the Memorandum of Understanding (MOU) between the Workers' Compensation Board (WCB) and the Ministry of Justice and Attorney General (Justice) specify the circumstances under which offenders will be covered by the WCB when participating in work-based programs sponsored, in whole or in part, by Justice.
2. This procedure provides the guidelines and responsibilities for when an injury claim for an offender participating in a work-based program is received by the WCB.

PROCEDURE

1. Justice will be designated as the employer for offenders participating in work-based programs offered by authorized agencies of Justice.
2. Justice shall:
 - a. Approve work-based programs.
 - b. Ensure the maintenance of records of offenders.
 - c. Obtain information required by the WCB to confirm the eligibility of an offender for whom a claim is submitted to the WCB.
 - d. Set up and maintain procedures satisfactory to the WCB for the submission of claims in respect of offenders.
 - e. See that workplace injuries involving offenders are reported to the WCB, and
 - f. Bear the sole responsibility for communicating the terms, conditions and responsibilities under the MOU to all entities that will provide work-based programs to offenders.
3. Justice must hold a signed Work-Based Programs Consent and Agreement for all participating offenders.
4. If any injury is sustained during participation in a work-based program in a correctional facility, there are no benefits payable while the offender is incarcerated. Benefits may become payable upon the offender's release from the correctional facility based on medical confirmation of the work-related injury.
5. Claims costs will be applied to the cost experience of Justice and the cost of extending coverage to eligible offenders will be reflected in the premiums charged to the Government of Saskatchewan.

6. If an offender works for an employer who pays them an actual salary, then the offender is considered a worker of that employer and claim costs will be charged to the employer's claims experience.
7. If applicable, WCB staff will facilitate and assist the injured worker's return to work.
8. Confirmation of coverage for claims involving offenders participating in work-based programs sponsored by Justice will be made by Employer Services.

ATTACHMENTS

[Work-Based Programs Consent and Agreement](#)

Act Sec #	2(1)(ii), 3, 20, and 80; <i>Criminal Code of Canada</i> 717(1); <i>Youth Criminal Justice Act</i> 10; <i>The Correctional Services Act</i> 2
Effective Date	01 March 2015
Amended	Consent and Agreement Form Updated 01 June 2016
Application	All offenders in work-related programs sponsored by Justice.
Supersedes	n/a
Complements	<u>POL 20/2014</u> <u>Coverage – Offenders in Work-Based Programs</u> <u>POL 10/2016</u> <u>Suspension – While Incarcerated</u>

Schedule "A"

Work-Based Programs Consent and Agreement

Work-based programs are programs that have been approved by the Ministry of Justice and Attorney General.

Offenders participating in the programs are covered under the provincial workers' compensation system during the time spent in the work-based programs.

Workers' compensation is a collective liability no-fault protection plan for workers. Offenders are entitled to the benefits that are available to workers who are normally covered by *The Workers' Compensation Act, 2013*, or any legislation succeeding this Act.

Employers and their workers who participate in work-based programs cannot be sued for injuries which occur to Offenders arising out of and in the course of employment.

The Workers' Compensation Board ("Board") and the Ministry Justice and Attorney General ("Ministry") entered into a Memorandum of Understanding ("Memorandum") to extend the foregoing workers' compensation benefits to eligible Offenders while in a work-based program. The Ministry applied to the Board to extend coverage under the Act to eligible Offenders. The Board ordered that such Offenders be covered, upon the proper completion of the following consent.

The Act and the Memorandum detail the rights and obligations of Offenders in work-based programs.

Consent

The Offender (and the parent/guardian, if a minor) consent:

1. to the eligible Offender participating in the work-based program,
_____, (name of program) and
2. to the Ministry having applied on behalf of the eligible Offender to the Board for an order that the Offender be brought within the scope of *The Workers' Compensation Act, 2013*, or any legislation succeeding this Act, as a worker.

Dated at _____, Saskatchewan this _____ day of _____, 20____.

Offender

Parent/Guardian (of a minor Offender)

Print Name of Offender

Print Name of Parent/Guardian

Witness (for Adult Offender)

Print Name of Witness

Policy Coverage – SGEU, L.T.D. Claimants (POL 13/1994)

Document Date 13 June 1994

Purpose To provide coverage of S.G.E.U. members on L.T.D. training.

BACKGROUND

The Saskatchewan Government Employees' Union (SGEU) requests that those members of the Union's Long Term Disability Plan who, as a rehabilitation measure, are placed in work placement assignments as a preliminary to employment be extended the coverage of *The Workers' Compensation Act, 2013* as learners.

POLICY

Coverage is granted under the following conditions:

1. Each placement must satisfy the definition of "learner". That is, the person becomes subject to the hazards of the industry similar to the hazards an employee in that industry faces for the purpose of undergoing training or probationary work as a preliminary to employment.
2. It will be S.G.E.U.'s responsibility to negotiate an agreement for each placement with the prospective employer and the Long Term Disability Plan recipient.
3. No Act coverage may be assumed until the Board has given formal approval. The agreement for each placement negotiated by the SGEU between the prospective employer and the Long Term Disability Plan recipient will include certification from the recipients attending physician that the position being trained for is within their physical or emotional capabilities. Such certification will be forwarded to the Board for approval.
4. The prospective employer, by taking the role of employer, assumes the responsibilities of and receives the protection of *The Workers' Compensation Act, 2013*.
5. If injury occurs during the placement, which interrupts the training, earnings loss benefits will commence when L.T.D. benefits end, subject to the usual waiting period.
6. Earnings loss benefits are to be calculated on the first step of the pay range of the position being trained for.
7. Claims submitted for personal injury are to be assessed in the normal fashion with consideration being given to the provisions of Section 49 where indicated.
8. Recurrences of pre-training conditions not precipitated by something in the training will not be compensated for.
9. No assessment levy will be required from the employer. However, any costs accruing from an injury attributed to the placement for which the Board accepts responsibility will be a charge to the employer's experience.

10. This program is subject to cancellation by either party upon 60 days written notice.
Cancellation, however, will not affect those individuals already enrolled in the program.

Act Sec #	2(1)(t), 2(1)(ii), 49
Effective Date	13 June 1994
Amended	10 January 2000. Amended by ADM 03/2000. 01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All SGEU L.T.D. Members in Work Placement as a Rehabilitation Measure and as a Preliminary to Employment
Supersedes	n/a
Complements	POL 03/1998 Coverage, Trade Unions

Policy	Coverage – Students in Work-Based Learning Assignments (POL 12/2012)
Effective Date	Ministry of Education – January 1, 2013 Ministry of Advanced Education – April 19, 2007
Application	Applies to all bona fide students participating in approved work-based learning programs sponsored by the Ministry of Education or the Ministry of Advanced Education.
Purpose	To define circumstances for providing coverage to students in work-based learning assignments.

DEFINITION

Bona fide student means an individual who is engaged in a work-based learning assignment and who is registered with:

- The Students Records Unit of the Ministry of Education, if the course is offered by a school
- A post-secondary institution, if the course is offered by that institution, or
- The Ministry of Advanced Education (formerly Saskatchewan Advanced Education and Employment), if the course is offered by a community-based organization (CBO).

Work-Based Learning Assignment, as per the Memorandum of Understanding (MOU) between the Workers' Compensation Board (WCB) and the Ministry of Education, means a secondary level course that includes a work placement component which:

- Is offered by a school defined in the MOU between the WCB and the Ministry of Education.
- Provides for students to be engaged with an employer without pay for a minimum of 25 hours in the performance of work normally undertaken by the employer, and
- Is either approved by and/or is partially or totally funded by the Ministry of Education, but shall not include those components of a course which take place outside of Saskatchewan.

Work-Based Learning Assignment, as per the MOU between the WCB and the Ministry of Advanced Education, means a course or component of a course which:

- Is offered by a post-secondary institution or community-based organization defined in the MOU between the WCB and the Ministry of Advanced Education.
- Provides for students to be engaged with an employer without pay for more than one day in the performance of work normally undertaken by the employer, and
- Is either approved by and/or is partially or totally funded by the Ministry of Advanced Education, but

shall not include those components of a course which take place outside of Saskatchewan.

Community-Based Organization (CBO) means an organization recognized by the Ministry of Advanced Education that delivers training or employment services for no profit.

School means a school listed in Schedule “A” - Schools as updated from time to time by the Ministry of Education.

Post-secondary Institution means a post-secondary educational institution listed in Schedule B – Post-Secondary Institutions and Schedule C – Extra Provincial Post-Secondary Institutions as updated from time to time by the Ministry of Advanced Education.

BACKGROUND

Historically the WCB has extended coverage to students in work-based learning assignments under agreements with the Ministry of Education and the Ministry of Advanced Education. Presently, the Ministry of Education is responsible for Kindergarten to Grade 12 (K-12) education and the Ministry of Advanced Education is responsible for post-secondary and CBO programs.

POLICY

1. Subject to this policy and the MOUs executed between the WCB and each education ministry, coverage under *The Workers' Compensation Act, 2013* (the “Act”) is extended to those bona fide students participating in a work-based learning assignment that is sponsored in whole or in part, by the Ministry of Education or the Ministry of Advanced Education.
2. Under the authority of Section 3 of the Act, the WCB deems bona fide students to be workers while in the course of completing a work-based learning assignment.
3. Under Section 20(2)(b) and 20(2)(i) of the Act, the WCB deems bona fide students sponsored by the Ministry of Education or the Ministry of Advanced Education to be in the course of employment.

Terms and Conditions

4. To be covered by the Act, bona fide students will be considered workers of the Ministry of Education or the Ministry of Advanced Education while in the course of completing a work-based learning assignment with an employer covered under the Act.
5. Coverage is not extended to students who attend “Take Your Kids to Work” or any other job-shadowing or similar type of program.
6. Coverage is not provided for an injury occurring on the education institution’s premises unless the injury arises out of and in the course of a work-based learning assignment, as defined by this policy and outlined in the MOUs with the Ministry of Education or the Ministry of Advanced Education.
7. No payment of loss of earnings will be made during a school term or a training period unless actual loss of earnings is demonstrated.

8. If there is loss of earnings between school terms or following termination of schooling, the calculation of wage loss benefits for any claims arising out of this policy will be based on:
 - a. All earnings from a bona fide student's employment in industries covered by the Act;
 - b. Where there are no covered earnings, the provincial minimum wage for a forty- hour workweek for the first 24 months of demonstrated earnings loss;
 - c. After wage loss benefits have been paid for a period of 24 consecutive months, two-thirds of the average weekly wage as of June in the year immediately preceding the year in which the loss of earnings or ability to earn occurs; or
 - d. In the event of a fatality, benefits to dependents will be based on the provisions of the Act.
9. Any claim costs arising out of this policy are to be applied directly to the cost experience of the Ministry of Education or the Ministry of Advanced Education and will be reflected in the premiums charged to the Government of Saskatchewan.
10. The Chief Executive Officer (CEO) or designate shall have the authority to execute the MOUs on behalf of the WCB.

Attachments

Ministry of Education

[Schedule A – Schools](#)

Ministry of Advanced Education

[Schedule B – Post-Secondary Institutions](#)

[Schedule C – Extra Provincial Post-Secondary Institutions](#)

Effective Date

Ministry of Education – January 1, 2013

Ministry of Advanced Education – April 19, 2007

Approved Date

November 14, 2012

Legislative Authority

The Workers' Compensation Act, 2013

Sections 2(1)(i), 2(1)(ii), 3, 20, and 80

Document History

- (1) January 1, 2014. References updated in accordance with *The Workers' Compensation Act, 2013*.
- (2) POL 06/2007 and PRO 06/2007, Coverage – Students in Work-Based Learning Assignments (Saskatchewan Learning effective May 12, 2006 to December 31, 2012; Saskatchewan Advanced Education and Employment effective April 19, 2007).
- (3) POL 07/2006 and PRO 07/2006, Coverage – Students in Work Based Learning Assignments (effective November 1, 2006 to May 11, 2006 for Saskatchewan Learning and April 18, 2007 for Saskatchewan Advanced Education and Employment).
- (4) POL 08/2004 and PRO 08/2004, Coverage – Students in Work Based Learning Assignments (effective October 1, 2004 to October 31, 2006).
- (5) POL 15/1994, Act Coverage for Students Placed in Work Training Assignments by Saskatchewan Education, Training and Employment (effective July 13, 1994 to September 30, 2004).

POL 17/1989, Act Coverage for Students Placed in Work Training Assignments by Saskatchewan Education (effective October 10, 1989 to July 12, 1994).

Complements

[PRO 12/2012](#) Coverage – Students in Work-Based Learning Assignments

Schedule A

Schools

Schools include the following as defined or referred to in *The Education Act, 1995* and *The Independent School Regulations*:

All schools of a school division

All francsaskois schools of the Conseil des écoles francsaskoises

All independent schools

Effective 01 September 2016

Schedule B
Post-Secondary Institutions

Saskatchewan Polytechnic (formerly SIAST)
Carlton Trail Regional College
Cumberland Regional College
Cypress Hills Regional College
Lakeland College – Lloydminster
Northlands College
North West Regional College
Parkland Regional College
Prairie West Regional College
Southeast Regional College
Dumont Technical Institute and Gabriel Dumont Institute
Apprenticeship and Trade Certification Commission
University of Regina, including its federated and affiliated colleges
University of Saskatchewan, including its federated and affiliated colleges
Saskatchewan Indian Institute of Technologies

19 April 2007

Schedule C

Extra Provincial Post-Secondary Institutions

University of Alberta

British Columbia Institute of Technology (BCIT)

Northern Alberta Institute of Technology (NAIT)

Southern Alberta Institute of Technology (SAIT)

19 April 2007

Procedure	Coverage – Students in Work-Based Learning Assignments (PRO 12/2012)
Effective Date	Ministry of Education – January 1, 2013 Ministry of Advanced Education – April 19, 2007
Application	Applies to all bona fide students participating in approved work-based learning programs sponsored by the Ministry of Education or the Ministry of Advanced Education.
Purpose	To define circumstances for providing coverage to students in work-based learning assignments.

BACKGROUND

1. POL 12/2012, Coverage – Students in Work-Based Learning Assignments, specifies the circumstances under which students will be covered by the Workers' Compensation Board (WCB) when participating in work-based learning assignments.
2. This procedure provides specific guidelines for implementing POL 12/2012, Coverage – Students in Work-Based Learning Assignments.

PROCEDURE

1. The Ministry of Education is designated as the employer for students attending Kindergarten to Grade 12 (K-12). The Ministry of Education is responsible for:
 - a. Maintaining records of programs and K-12 students eligible for coverage, and
 - b. Reporting all injuries to the WCB within the time periods specified in *The Workers' Compensation Act, 2013* (the "Act").
2. The Ministry of Advanced Education is designated as the employer for students attending post-secondary institutions or courses offered by community-based organizations (CBOs). The Ministry of Advanced Education is responsible for:
 - a. Maintaining records of approved programs and post-secondary and CBO students eligible for coverage, and
 - b. Reporting all injuries to the WCB within the time periods specified in the Act.
3. The Ministry of Education and the Ministry of Advanced Education must hold a signed Work-Based Learning Consent and Agreement for all participating students.
4. Coverage is not provided for an injury occurring on the education institution's premises unless the injury arises out of and in the course of a work-based learning assignment, as defined by POL 12/2012, Coverage – Students in Work-Based Learning Assignments, and outlined in the Memorandums of Understanding (MOUs).
5. No payment for loss of earnings will be made during training programs or school terms unless actual loss of earnings is demonstrated.

6. Claim costs will be applied to the cost experience of the Ministry of Education or the Ministry of Advanced Education. The cost of extending coverage to eligible students will be reflected in future premiums charged to the Government of Saskatchewan.
7. Confirmation of coverage for claims involving bona fide students in a work-based learning assignment under the Ministry of Education or the Ministry of Advanced Education will be made by the Employer Services department.

Effective Date	Ministry of Education – January 1, 2013 Ministry of Advanced Education – April 19, 2007
Approved Date	November 14, 2012
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(l), 2(1)(ii), 3, 20, and 80
Document History	<ol style="list-style-type: none"> (1) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (2) POL 06/2007 and PRO 06/2007, Coverage – Students in Work-Based Learning Assignments (Saskatchewan Learning effective May 12, 2006 to December 31, 2012; Saskatchewan Advanced Education and Employment effective April 19, 2007). (3) POL 07/2006 and PRO 07/2006, Coverage – Students in Work Based Learning Assignments (effective November 1, 2006 to May 11, 2006 for Saskatchewan Learning and April 18, 2007 for Saskatchewan Advanced Education and Employment). (4) POL 08/2004 and PRO 08/2004, Coverage – Students in Work Based Learning Assignments (effective October 1, 2004 to October 31, 2006). (5) POL 15/1994, Act Coverage for Students Placed in Work Training Assignments by Saskatchewan Education, Training and Employment (effective July 13, 1994 to September 30, 2004). POL 17/1989, Act Coverage for Students Placed in Work Training Assignments by Saskatchewan Education (effective October 10, 1989 to July 12, 1994).
Complements	POL 12/2012 Coverage – Students in Work-Based Learning Assignments

Policy	Coverage – Trade Unions (POL 03/1998)
Document Date	25 February 1998
Purpose	To establish guidelines for coverage of trade union members.

POLICY

1. A trade union is an industry subject to *The Workers' Compensation Act, 2013* with its salaried employees regarded as workers.
2. Members of the union who act as representatives of the trade union or the trade union movement at conventions, seminars, etc., or on public bodies or while attending meetings of public bodies, and are paid for these activities, are regarded as workers within the meaning of the Act.
3. Members of the union appointed as delegates in the same activities as 2 above, for which they receive no pay, are not workers, but may be deemed to be by the Board upon application of a trade union pursuant to Section 2(1)(ii)(iv) of the Act.
4. Where the delegate's usual employer is not a trade union but where the usual employer grants temporary leave of absence for union activities and continues usual salary, benefits, etc., pursuant to Section 2(4) the usual employer is considered to be the employer while the worker is temporarily engaged in union activity.
5. For each delegate who is not a worker of the trade union or is a person who has not been granted leave with pay by the usual employer, a per delegate fee as determined by the Board from time to time, is to apply where the union makes application for coverage. The per delegate fee can only apply to one person, and must be paid in advance of any claim in the same manner as any employer levy.
6. Coverage as delegate shall apply only to administrative functions of the union, and not activities normally thought of as being related to membership activity, such as attending membership meetings or picketing.
7. Scope of Coverage - Except for salaried employees of the union or union organization when travelling to and from their residence to the place of their usual employment, individuals will be considered to be in the course of their employment from the time they leave their place of residence on official business until they return thereto, except for deviation for personal reasons, and activities related to daily living such as the taking of meals, occupancy of accommodation, etc.
8. Injuries occurring while enroute to dine at an establishment in reasonable proximity to the temporary work site or temporary domicile of the individual, or due to fire, structural failure of the hotel or motel where an individual is housed will be regarded as compensable.
9. Assessment Payable and Allocation of Injury Costs

- a. Assessment for the salaried employees of a trade union is to be calculated in the normal way, that is, upon the basis of payroll, and injury costs are to be charged to the trade union's experience.
- b. Where the delegate's usual employer is not a trade union, but where the usual employer grants temporary leave of absence for union activities and continues usual salary, benefits, etc., assessment will be expected from the usual employer, and any costs arising out of injury will be charged to the usual employer's experience.
- c. For each delegate who is not a worker of the trade union or is a person who has not been granted leave with pay by their usual employer, a per delegate fee, as determined from time to time by the Board, is to apply where the union makes application for coverage. Costs occurring from any injury are to be a charge to the trade union's experience.

10. Earnings Loss Wage Base

- a. For salaried employees of a trade union the worker's usual average weekly earnings as determined by Section 70.
- b. For delegates who are employees of a trade union or other employer who have been granted leave with pay for union activities, the worker's average weekly earnings as defined by Section 70.
- c. While unusual, there may be situations where the delegate is unemployed. Such cases are to be referred to the Members of the Board for the establishment of an earnings loss base if, in fact, there is such a loss claimed.

Act Sec #	2(1)(ii)(iv), 2(4), 3(1), 3(2), 70
Effective Date	Immediate
Amended	10 January 2000. Amended by ADM 03/2000. 01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	Trade Union Members
Supersedes	POL 09/94 Coverage of Trade Unions
Complements	n/a

Policy **Coverage – Volunteer Firefighters (POL 04/2006)**

Document Date 10 January 2006

Purpose To provide coverage for volunteer firefighters.

DEFINITION

Volunteer Firefighter means a volunteer registered with a Saskatchewan municipality for the purpose of fighting fires. Volunteer firefighters are normally unpaid but may receive an honorarium.

BACKGROUND

1. Section 2(1)(ii) of *The Workers' Compensation Act, 2013* (the "Act") defines a member of a municipal volunteer fire brigade as a worker.
2. Under Section 3(gg) of *The Workers' Compensation Miscellaneous Regulations* volunteers are excluded except those who are members of a municipal fire brigade.
3. The Workers' Compensation Board (WCB) in Board Directive 25/74 restricted coverage to "regular members of a brigade documented as such in a municipality's records" and to "persons who are conscripted by an individual qualified to do so." Board Directive 25/74 also stipulated wage loss benefits under the previous Act and needs to be updated to establish wage loss benefits under the current Act.

POLICY

1. Coverage under the Act is restricted to volunteer firefighters who are registered with a Saskatchewan municipality.
2. Under the authority of Section 20(2)(b) of the Act, the WCB determines that volunteer firefighters sponsored by a Saskatchewan municipality are in the course of employment while performing firefighting duties.

Terms and Conditions

3. Volunteer firefighters must be registered with their respective Saskatchewan municipality.
4. Coverage shall be in effect from the time of notification of a fire and includes travel from the individual's residence or location to the site of the fire and return provided there are no deviations for personal reasons. Coverage is also in effect while attending volunteer firefighter training.
5. Any remuneration, excluding expense reimbursement, over \$1,000.00 paid to volunteer firefighters by a Saskatchewan municipality to provide firefighting services is to be reported as assessable earnings.

6. If there is loss of earnings the calculation of wage loss benefits for any claims arising out of this policy will be based on:
 - a. All earnings from a volunteer firefighters employment in industries covered by the Act;
 - b. Where there are no covered earnings, the provincial minimum wage for a forty- hour workweek for the first 24 months of demonstrated earnings loss;
 - c. Where wage loss benefits have been paid for a period exceeding 24 consecutive months, two-thirds of the average weekly wage as of June in the year immediately preceding the year in which the loss of earnings or ability to earn occurs; and,
 - d. In the event of a fatality, benefits to the dependent spouse will be based on the provisions under Section 81 of the Act.
7. The costs of claims arising out of this policy are to be applied directly to the cost experience of the respective Saskatchewan municipality in which the volunteer firefighter is registered.

Act Sec #	2(1)(ii)(ii), 20(2)(b), 81 <i>The Workers' Compensation Miscellaneous Regulations</i> 3(gg)
Effective Date	01 February 2006
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> References updated 01 May 2015 in accordance with <i>The Workers' Compensation Miscellaneous Regulations</i>
Application	Claims for volunteer firefighters from Saskatchewan municipalities.
Supersedes	Board Directive 25/74 Coverage – Volunteer Fire Brigade
Complements	POL 08/2007 Compensation Rate – Where No Earnings at Disablement or Death PRO 04/2006 Coverage – Volunteer Firefighters

Procedure Coverage – Volunteer Firefighters (PRO 04/2006)

Document Date 8 February 2006

Purpose To provide coverage for volunteer firefighters.

PROCEDURE

1. The respective Saskatchewan municipality is designated as the “Employer” and will be responsible for maintaining records of volunteer firefighters eligible for coverage under this policy, and for reporting all injuries to the Workers’ Compensation Board.
2. Coverage shall be in effect from the time of notification of a fire and includes travel from the individual’s residence or location to the site of the fire and return provided there are no deviations for personal reasons. Coverage is also in effect while attending volunteer firefighter training.
3. In the event of a claim, Employer Services will verify with the respective Saskatchewan municipality that the claimant is registered as a volunteer firefighter. The cost of the claim will be applied directly to the cost experience of the municipality in which the volunteer firefighter is registered and the appropriate municipality rate code will be used for cost identification purposes.
4. Cost statements will be issued to the respective Saskatchewan municipality and the cost of extending coverage to volunteer firefighters will be reflected in future premiums charged to the Saskatchewan cities, towns, villages and rural municipalities rate code.

Act Sec # 2(1)(ii)(ii), 20(2)(b);
The Workers’ Compensation Miscellaneous Regulations 3(gg).

Effective Date 01 February 2006

Amended 01 January 2014. References updated in accordance with *The Workers’ Compensation Act, 2013*
Reference updated 01 May 2015 in accordance with *The Workers’ Compensation Miscellaneous Regulations*

Application Claims for volunteer firefighters from Saskatchewan municipalities

Supersedes Board Directive 25/74 Coverage – Volunteer Fire Brigade

Complements [POL 04/2006](#) [Coverage – Volunteer Firefighters](#)

Policy	Alternative Assessment Procedure for the Interjurisdictional Trucking and Transport Industry (AAP) (POL 24/2014)
Document Date	10 December 2014
Purpose	To outline the process for interjurisdictional trucking and transport employers participating in the AAP.

DEFINITION

Interjurisdictional Agreement on Workers' Compensation (IJA) means an agreement between Canadian jurisdictions that helps:

- Ensure the effective, efficient and timely administration and resolution of interjurisdictional issues.
- Workers who work in more than one jurisdiction report injuries and get benefits.

Alternative Assessment Procedure for the Interjurisdictional Trucking and Transport Industry (AAP) means an elective assessment procedure under which employers in industries included in the AAP pay premiums for workers to the assessing board in the jurisdiction where the worker resides.

Assessing Board means the workers' compensation boards or commissions in the jurisdiction that the workers reside and to which the employer pays premiums under the AAP.

Registering Board means the workers' compensation boards or commissions, other than the Assessing Board, in the jurisdiction that the employer operates or travels through.

BACKGROUND

1. *The Workers' Compensation Act, 2013* allows the Saskatchewan WCB to participate in the Interjurisdictional Agreement on Workers' Compensation (IJA). The IJA allows workers to file claims in either (Section 33):
 - a. Their home jurisdiction, or
 - b. The jurisdiction where the injury occurred.
2. The Alternative Assessment Procedure for the Interjurisdictional Trucking and Transport Industry (AAP) is part of the IJA.
3. Beginning January 1, 2015, commercial bus operators can participate in the AAP.

POLICY

1. Trucking and transport employers who travel between jurisdictions can:
 - a. Pay premiums based on kilometres driven in each jurisdiction, or

- b. Participate in the AAP and pay premiums to Assessing Boards.
2. To participate in the AAP, all individuals operating trucks or commercial buses in more than one jurisdiction in Canada, including the proprietor, any partners or directors, must have coverage.
3. The AAP does not apply to:
 - a. Drivers that travel outside Canada (POL 08/1999, Coverage – Out of Province/Country).
 - b. Local drivers, repair staff, garage staff, warehouse staff, and administrative staff. Employers will report earnings for these workers to the jurisdiction which they are employed.
4. If the Saskatchewan WCB is designated as a Registering Board, the employer will not have to pay the minimum annual assessment.
5. The AAP does not alter the worker's right to claim benefits from either the Assessing or Registering Board. Workers can file a claim in either their home jurisdiction or the jurisdiction where they were injured (POL 10/2017, Interjurisdictional Agreement on Workers' Compensation).

ATTACHMENTS

[Interjurisdictional Agreement on Workers' Compensation](#)

Act Sec #	20, 33, 34, 35
Effective Date	01 January 2009 – Saskatchewan participation in AAP 01 January 2014 – Section 12 revisions 01 January 2015 – Inclusion of commercial bus operators
Application	Interjurisdictional trucking employers and commercial bus operators as per the above noted effective dates.
Supersedes	POL 12/2011 Alternative Assessment Procedure for the Interjurisdictional Trucking Industry
Complements	<u>PRO 24/2014</u> <u>Alternative Assessment Procedure for the Interjurisdictional Trucking and Transport Industry</u> <u>POL 10/2017</u> <u>Interjurisdictional Agreement on Workers' Compensation (IJA)</u> <u>POL 08/1999</u> <u>Coverage, Out of Province/Country</u> <u>POL 07/2011</u> <u>Minimum Annual Assessment</u>

Procedure	Alternative Assessment Procedure for the Interjurisdictional Trucking and Transport Industry (AAP) (PRO 24/2014)
Document Date	10 December 2014
Purpose	To outline the process for interjurisdictional trucking and transport employers participating in the AAP.

BACKGROUND

POL 24/2014 establishes Saskatchewan's participation in the Alternative Assessment Procedure for the Interjurisdictional Trucking and Transport Industry (AAP).

PROCEDURE

AAP Participation

1. To participate in the AAP, employers will:
 - a. Determine which jurisdictions are the Assessing Boards and Registering Boards based on where their workers live.
 - b. Complete the AAP application and send it to the Assessing Board.
 - c. Ensure that all individuals operating trucks or commercial buses in more than one jurisdiction in Canada, including the proprietor, any partners or directors, have coverage.
 - d. Report the earnings of workers who drive in more than one jurisdiction to the Assessing Boards.
 - e. Report the earnings of all other workers to the jurisdiction where they are employed. Such workers could include:
 - i. Local drivers.
 - ii. Repair staff.
 - iii. Garage staff.
 - iv. Warehouse staff, and
 - v. Administrative staff.
2. Employers participating in the AAP will pay premiums to the Assessing Boards.
3. Employers participating in the AAP will not report earnings or pay premiums to Registering Boards. However, employers will maintain accounts with all Registering Boards.

AAP Applications – Saskatchewan WCB (SWCB) is the Assessing Board

4. Participation in the AAP starts January 1 of each year. Interjurisdictional trucking and transport employers have until February 28 of that year to apply to participate in the AAP.
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5. Interjurisdictional trucking and transport employers who become eligible to participate after January 1 have 60 days from the time they become eligible to apply to participate in the AAP.
6. Appendix E of the IJA lists the industries that are included in the AAP. If eligible, Employer Services will notify the employer. Employer Services will send a copy of the application to each jurisdiction where the employer operates.

Withdrawing from or Non-Participation in the AAP

7. To withdraw from the AAP for the following year, employers will give written notice by December 31 to Employer Services and to any other Assessing or Registering Boards.
8. Employers cannot withdraw from the AAP part way through a year unless they:
 - a. Stop interjurisdictional operations, or
 - b. Close their business in Saskatchewan.
9. Employer Services will automatically assess employers that do not participate in the AAP based on kilometres driven in each jurisdiction.

Claim Management

10. If a worker who drives in more than one jurisdiction files a claim with the WCB, Employer Services will see if the worker's employer:
 - a. Is participating in the AAP, and
 - b. Has designated the WCB as their Assessing or Registering Board.
11. If a worker files a claim with the WCB, Operations will manage the claim in accordance with *The Workers' Compensation Act, 2013*.

Information and Disclosure

12. Employers participating in the AAP will give any information that Registering or Assessing Boards need (e.g., records and other documents).
13. Employers participating in the AAP allow the Assessing Board and Registering Boards to share information (subject to POL 05/2017, Privacy of Information).

Act Sec #	22, 34, 35, 36
Effective Date	01 January 2009 – Saskatchewan participation in AAP 01 January 2014 – Section 12 revisions 01 January 2015 – Inclusion of commercial bus operators
Application	Interjurisdictional trucking and transport employers as per the above noted effective dates
Supersedes	PRO 12/2011 Alternative Assessment Procedure for the Interjurisdictional Trucking Industry
Complements	POL 24/2014 Alternative Assessment Procedure for the Interjurisdictional Trucking and Transport Industry

Alternative Assessment Procedure for the Interjurisdictional Trucking and Transport Industry (AAP) (PRO 24/2014)

<u>POL 05/2017</u>	<u>Privacy of Information</u>
<u>POL 10/2017</u>	<u>Interjurisdictional Agreement on Workers' Compensation (IJA)</u>
<u>POL 08/1999</u>	<u>Coverage, Out of Province/Country</u>
<u>POL 07/2011</u>	<u>Minimum Annual Assessment</u>

Rate Setting, Classification, and Experience

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Rate Setting Model	POL 13/2017		01 January 2018
Industry Premium Rates – 2021	POL 11/2020		01 January 2021
Safety Associations	POL 06/2020		01 January 2021
Employer Classification	POL 14/2011		01 January 2012
Classification Change	POL 01/2020		01 February 2020
Experience Rating Program – Discounts or Surcharges	POL 27/2016		01 January 2017
Transferring a Firm's Experience	POL 21/2016		01 December 2016

Policy **Rate Setting Model (POL 13/2017)**

Document Date 18 September 2017

Purpose To outline WCB's rate setting model.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") authorizes the Workers' Compensation Board (WCB) to levy an assessment on the employers in each class of industries an amount based on any percentage of the employers' payrolls or on any other rate, or an amount specified by the WCB, that is sufficient to pay (Section 134(1)):
 - a. The compensation with respect to injuries to workers in the businesses within the class.
 - b. The expenses of the administration of the Act; and
 - c. The cost of the administration of the occupational health and safety program for that year.
2. If, in any year, an industry premium rate will exceed the previous year rate by greater than 10.5%, WCB will publish a notice in *The Saskatchewan Gazette*. Employers can submit a written representation to the WCB regarding the increase (Section 134(4)).
3. An Asset Liability Study completed in 2015, recommended a review of WCB's premium rate setting model. The review was completed in 2016 and several enhancements recommended and approved by the Board Members. In 2016 and 2017, WCB held public consultation sessions, including industry specific presentations to educate employers and interested parties on the enhancements to the rate setting model approved by the Board Members.
4. The main objectives of WCB's annual rate setting process are to ensure that:
 - a. The overall premium requirements of the WCB for the coming year are met. Premiums should cover all current and future costs for claim from employers operating during the year: worker compensation and vocational rehabilitation benefits, healthcare, dependant benefits, administration, safety associations, and other requirements (e.g., legislative changes, funding requirements, etc.).
 - b. The distribution of these revenue requirements across all employers is equitable. While maintaining collective liability, it should promote accountability and fairness, and recognize injury prevention and effective claims management.

POLICY

Guiding Principles

1. The WCB's rate setting model process balances competing guiding principles:
 - a. Fairness (i.e., accountability, equity and incentives for prevention).
 - i. Premiums paid by current employers should cover the costs of their injured workers during the premium period.

- ii. This principle covers:
 - (a) Inter-generational equity – current employers should not be paying for claim costs generated by past employers, nor should they be subsidizing the claim costs of future employers.
 - (b) Intragenerational equity – employers that incur injuries should be responsible for the costs associated with those injuries.
- iii. A fair rate setting model encourages workplace safety and effective return to work programs.
- b. Collective liability (i.e., insurance).
 - i. Employers, as a group and those within the same industry, are jointly responsible for all workers' compensation costs. Also, employers should not be excessively punished for unusually costly claims, therefore portions of unusually costly claims' costs should be shared by all employers.
- c. Predictability (i.e., rate stability).
 - i. Employers should rely on a level of predictability and stability in premiums.
- d. Transparency (i.e., ease of understanding).
 - i. Employers should be able to understand the factors that went into setting premiums, and the WCB should be able to clearly communicate this information to employers.

Rate Setting Model Elements

2. The rate setting model is used annually to determine industry premium rates. It takes into account the following key elements:
 - a. Credibility (extent to which an industry's past claims costs experience can be used to predict future claims costs):
 - i. The rate setting model uses the collective claims costs experience of all employers within an industry rate code to determine the credibility percentage of the industry rate code.
 - ii. If an industry rate code has sufficient claims costs experience and is determined to be 100% credible, five most recent years of claims costs are used to predict future costs for the industry rate code.
 - iii. If an industry rate code does not have sufficient claims costs experience and is less than 100% credible:
 - (a) The credibility percentage will be applied to the five most recent years of claims costs experience of the industry rate code, and
 - (b) The remaining percentage to realize 100% credibility will be applied to the ten most recent years of claims costs experience of the industry rate code.

For example, if an industry rate code is 75% credible, 75% of the five most recent years of claims costs will be added to 25% of the ten most recent years of claims cost to predict future costs for the industry rate code.
 - b. Costly claim pooling:
 - i. Individual claims with costs are assigned to the industry rate code.

- ii. Individual claims with costs greater than three times the maximum assessable earnings will be shared proportionally among all industry rate codes.
- c. Long term claim pooling:
 - i. After seven years, a claim's costs will be shared proportionally among all industry rate codes.
- d. Fatality costs:
 - i. Fatality costs are assigned to the industry rate code in which they occur and are subject to costly claim and long term claim pooling.
- e. Projection of claims costs:
 - i. The rate setting model uses the estimated change in the number of workers covered by WCB in the rate year and historical claims costs to project future costs.
 - ii. The projected future costs are converted to a net present value revenue requirement as expressed in the change in the benefits liability recognized by the WCB.
 - iii. Assumptions to the benefits liabilities are applied as approved by the Board Members annually.
- f. Administration costs:
 - i. Administration costs are allocated to each rate code based on the payroll and claims costs incurred within each rate code.
- g. Industry payroll:
 - i. Industry payroll projections are determined by examining historical payroll information, industry trends within each industry rate code, and payroll estimates provided by employers.
- h. Safety associations:
 - i. Some industries sponsor safety associations that promote workplace safety through education and other initiatives. WCB collects revenue on behalf of the safety associations by increasing premium rates for all employers in the participating industry rate code by the amount necessary to fund the respective safety association.
- 3. The rate setting model is reviewed annually by an external actuary. A comprehensive review is also completed periodically to ensure the rate setting model effectively balances WCB's guiding principles.
- 4. WCB staff will ensure that the WCB website contains up to date information on the rate setting model, including an explanation of how industry premium rates are set. A table of industry premium rates will be published each year (POL 11/2020, Industry Premium Rates).
- 5. Discounts or surcharges may be applied to an employer's industry premium rate through WCB's Experience Rating Program (POL 27/2016).

Act Sec #	66, 67, 116, 119, 120, 121, 134, 135, 144, 145, 146, 149, 150
Effective Date	01 January 2018
Application	All employers.
Supersedes	POL 05/2015 Rate Setting Model
Complements	POL 11/2020 Industry Premium Rates
	POL 14/2017 Funding
	POL 27/2016 Experience Rating Program – Discounts or Surcharges
	POL 21/2016 Transferring a Firm's Experience
	POL 14/2011 Employer Classification

Policy Industry Premium Rates – 2021 (POL 11/2020)

Effective Date January 1, 2021

Application Applies to all industries listed below.

Purpose To establish the 2021 industry premium rates.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") authorizes the Workers' Compensation Board (WCB) to collect an assessment on employers in each industry an amount based on any percentage of the employers' payrolls or on any other rate, or an amount specified by the WCB, that is sufficient to pay (Section 134(1)):
 - a. The compensation with respect to injuries to workers in the businesses within the class.
 - b. The expenses of the administration of the Act; and
 - c. The cost of the administration of the occupational health and safety program for that year.
2. In October 2020, provisional premium rates were established and discussed with employer representatives and members of trade and safety associations. Taking into consideration the feedback received from these meetings and written submissions, the WCB Board Members approved the 2021 premium rates.

POLICY

1. Industry premium rates are set annually using WCB's rate setting model (POL 13/2017, Rate Setting). These rates, applied to all employers within a rate code, are expressed as a dollar amount for every \$100 of assessable payroll.
2. The WCB hereby directs the 2021 industry premium rates:

Rate Code	Rate Code Description	2021 Premium Rate
A11	Light Agricultural Operations	2.44
A21	Farming and Ranching	1.52
A31	Grain Elevators and Inland Terminals	0.62
B11	Construction Trades	1.65
B12	Residential Construction	2.54
B13	Commercial, Industrial Construction	1.83
C12	Light Commodity Marketing	0.62
C32	Grocery, Department Store, Hardware	1.03
C33	Wholesale, Chain Stores	1.53
C41	Co-operative Associations	1.12

Rate Code	Rate Code Description	2021 Premium Rate
C51	Lumber Yards, Builders Supplies	1.78
C61	Automotive and Implement Sales and Service	1.00
C62	Automotive Service Shops, Towing	1.49
D32	Operation of Oilwells	0.45
D41	Oilwell Servicing	1.31
D51	Service Rigs and Water Well Drilling	1.44
D52	Drilling	1.44
D71	Open Pit Mining	0.87
D72	Underground Softrock Mining	0.66
D73	Underground Hardrock Mining	0.76
G11	Post Secondary Education	0.36
G12	Elementary and Secondary Education	1.23
G22	Health Authority, Hospitals and Care Homes	1.64
G31	Cities, Towns, Villages and Rural Municipalities	1.36
G51	Government of Saskatchewan and Ministries	1.16
M31	Manufacturing, Pipeline Operations	0.47
M33	Refineries and Upgrader	0.66
M41	Dairy Products, Soft Drinks	2.19
M42	Bakeries, Food Preparation and Packaging	1.34
M62	Mills, Semi-Medium Manufacturing	1.82
M72	Processing Meat, Poultry and Fish	1.93
M81	Metal Foundries and Mills	1.62
M91	Agricultural Equipment	1.34
M92	Machine Shops, Manufacturing	1.42
M94	Iron and Steel Fabrication	1.80
R11	Road Construction and Earthwork	1.62
S11	Legal Offices, Financial, Drafting	0.17
S12	Offices, Professionals	0.29
S14	Unions (<i>per delegate</i>)	6.00
S21	Community and Social Services	1.18
S22	Restaurants, Catering, Dry Cleaning	0.89
S23	Hotels, Motels, Taxis	1.68
S32	Personal, Business and Leisure Services	1.22

Rate Code	Rate Code Description	2021 Premium Rate
S33	Caretaking, Park Authorities	1.31
S41	Engineering, Testing and Surveying	0.37
T42	Transportation, Courier, Commercial Bus	3.03
T51	Operation of Railways	1.03
T61	Commercial Air Transportation	0.87
U11	Telecommunications	0.43
U31	Electric Systems	0.48

Effective Date January 1, 2021

Approved Date November 30, 2020

Legislative Authority *The Workers' Compensation Act, 2013*
Sections 119, 134, 146(1)
The Workers' Compensation General Regulations, 1985
The Workers' Compensation Miscellaneous Regulations

Document History (1) POL 13/2019, Industry Premium Rates – 2020 (effective January 1, 2020 to December 31, 2020).
(2) POL 06/2018, Industry Premium Rates – 2019 (effective January 1, 2019 to December 31, 2019).
(3) POL 17/2017, Industry Premium Rates – 2018 (effective January 1, 2018 to December 31, 2018).
(4) POL 26/2016, Classification of Industries – 2017 Premium Rates (effective January 1, 2016 to December 31, 2016).

Complements [POL 07/2011](#) Minimum Annual Assessment
[POL 13/2017](#) Rate Setting Model

Policy	Safety Associations (POL 06/2020)
Effective Date	January 1, 2021
Application	Applies to all safety association funding on or after the effective date.
Purpose	To establish guidelines for establishing and funding of safety associations.

DEFINITION

Safety association means an association of employers in any of the industry rate codes established under *The Workers' Compensation Act, 2013* (the "Act") for the purpose of injury prevention and safety.

BACKGROUND

1. The Workers' Compensation Board (WCB) has authority under *The Workers' Compensation Act, 2013* (the "Act") to provide a grant to a safety association formed by employers in any industry class for the purpose of injury prevention and workplace safety (Section 146(1)).
2. The grant will be funded equitably by all employers in the industry rate code(s) represented by the safety association as part of their WCB premium assessment (Sections 119, 120, 134, 146(2)).
3. The WCB has the legal responsibility to ensure funds granted to the safety associations are utilized appropriately and that the interests of all employers in the rate code(s) are represented (Sections 20, 115, 116, 134).

POLICY

1. Employers in any industry rate code may organize and sponsor a safety association that promotes injury prevention and workplace safety through education and other initiatives.
2. To support their injury prevention and safety programs for workers and employers in the industry rate code(s) they represent, safety associations may apply for a grant.
3. The grant will be funded equitably by all employers the safety association represents. The WCB will charge employers in participating industry rate code(s) a premium rate component to fund the safety association.
4. All employers within an industry rate code represented by a safety association will be charged the same member rate per \$100 of payroll.

Safety Association Application

5. Applicants must:
 - a. Review the [Safety Association Guidelines](#).

- b. Understand the obligations of a WCB-funded safety association and determine the industry rate code(s) that their safety association intends to serve.
- c. Represent at least one rate code. Rate codes from any industry class with similar safety-related issues may be grouped into one safety association.
- d. Establish evidence of sufficient industry support.

Evidence of Sufficient Industry Support for New Applications

- 6. Applicants must be able to establish industry support for the safety association as determined by a survey, a vote, letters of support, or other means at the discretion of WCB.
- 7. Support from the industry rate code(s) will be considered sufficient if the proposed safety association is endorsed by:
 - a. 50 per cent plus one of the employers in the industry rate code(s), or
 - b. Employers who account for 50 per cent of the industry rate code(s) weighted payroll. The industry weighted payroll means that more weight is placed according to the size of the employer's assessable payroll.
- 8. At-risk industries will be considered for safety association funding if supported by at least 20% of the industry rate code(s) weighted payroll.
 - a. The WCB considers an industry rate code(s) to be at-risk if it has been trending 80th percentile or higher than the provincial average for:
 - i. The time loss injury rate for a period no less than three consecutive years, and
 - ii. The total injury rate for a period no less than three consecutive years.
 - b. The WCB may collaborate with the employers or employer groups in at-risk industry rate codes to assist in establishing evidence of sufficient industry support.
- 9. The Vice President of Prevention and Employer Services will review the evidence of industry support and make recommendations to the Board for approval. A written approval confirming sufficient support from the industry rate code(s) will be provided to the safety association.
- 10. Existing safety associations are not responsible for establishing industry support for the purpose of adding a new rate code(s) to their safety association. Requests for additional rate code(s) will be submitted to the WCB for review and approval.

Establishing a Non-Profit Safety Association

- 11. Applicants are required to establish a non-profit organization in accordance with *The Non-profit Corporations Act, 1995* and *The Non-profit Corporations Regulations, 1997*, and if the organization incorporates at the federal level, the *Canada Not-for-profit Corporations Act* (NFP Act) and the *Income Tax Act*. Federal non-profit safety associations must have a registered office in Saskatchewan.

Safety Association Board Composition Requirement

- 12. Safety associations will be governed by a board of directors with:

- a. Equal representation from employers and workers from the safety association's rate code(s), and
 - b. Involvement by a member representative from the WCB or designate in an advisory or similar capacity as reasonably acceptable to the WCB.
13. The majority of the board of directors must be workers and employers from the safety association's rate code(s).
- a. However, WCB may make an exception and allow directors who are neither a worker nor an employer in the industry rate code(s) represented by the safety association but possess special knowledge or expertise (e.g., accounting). This type of director may only make up a maximum of 20% of the safety association's board of directors. This includes employer industry representatives, worker industry representatives, other union representatives, etc. The Vice President of Prevention and Employer Services, or designate, will consider any requests for an exception.

Funding

14. The safety association must submit a letter of intent by June 30 to apply for funding for the following year.
15. The safety association is required to provide the supporting documentation and a detailed funding application as outlined in the [Safety Association Guidelines](#).
16. Application for first-time funding will be reviewed by the Vice President of Prevention and Employer Services to make recommendations to the Board for approval.
17. Release of any funds is contingent on the applicant entering into a signed Safety Association Funding Agreement. The agreement outlines the confidential sharing of injury statistics and the terms the safety association must comply with, including the appropriate allocation of funds to their Saskatchewan operations.

Conflict of Interest

18. Safety association board members, staff, contractors, and other individuals with authority to act on behalf of the safety association must avoid creating, being involved in, or being perceived to be involved in, conflicts of interest.

Reporting Requirements

19. The Vice President of Prevention and Employer Services, or designate, is responsible for the administration of safety association program.
20. Safety associations must select a representative to attend annual meetings with a designated representative of the WCB.
21. To ensure the safety association is achieving its intended mission and purpose, the association will submit annual reports using the templates provided by the WCB.
22. The WCB will monitor and evaluate reporting requirements and reserves the right to audit the association. The audit is a formal inspection and verification of the safety association's

financial and operational records, programs, and any other supporting documents to ensure funds are utilized appropriately and that the interests of all employers in the industry rate code(s) are represented.

23. To evaluate member satisfaction on the value and delivery of the safety association's strategies and programs, the safety association must obtain feedback from its members at least once every five years and provide the results to the WCB. Feedback can be sought by any means reasonably acceptable to the WCB.

Annual Funding Applications

24. Required documentation listed in the [Safety Association Guidelines](#) must be submitted by the safety association by September 15 of each year.
25. The annual funding application must be completed in full and include all supporting documentation to be considered for all or portions of the grant requested.
26. Annual funding applications and grant amounts will be approved by the WCB internal committee.

Disbursements

27. Disbursement of funds will be quarterly, subject to fulfillment of reporting requirements outlined above and the safety association's compliance with the funding agreement.
28. Where the terms and conditions of the Safety Association Funding Agreement have not been met, the WCB may terminate funding and/or take legal action including remedies to obtain reimbursement of any misused funds.

Effective Date	January 1, 2021
Approved Date	October 20, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20, 115, 116, 119, 120, 134, 146 The Non-profit Corporations Act, 1995 The Non-profit Corporations Regulations, 1997 Information Services Corporation, non-profit corporation information Canada Not-for-profit Corporations Act Income Tax Act
Document History	(1) POL 04/2019, Safety Associations (effective January 1, 2020 to December 31, 2020). (2) POL 20/2010, Safety Association Funding (effective October 1, 2010 to December 31, 2019). (3) POL and PRO 11/2008, Safety Association Funding (effective September 1, 2008 to September 30, 2010).

- (4) POL and PRO 06/2002, Safety Association Funding (effective June 1, 2002 to August 31, 2008).

Complements

[Safety Association Guidelines](#)

[POL 13/2017](#) Rate Setting Model

POL 11/2020 Industry Premium Rates – 2021

[POL 05/2017](#) Privacy of Information

[POL 27/2016](#) Experience Rating Program – Discounts or Surcharges

Policy	Employer Classification (POL 14/2011)
Document Date	23 November 2011
Purpose	To provide guidelines on the industry classification structure.

DEFINITION

Industrial Undertaking means the work, trade, or service in which an employer is engaged (i.e., the primary business activity of the employer).

Industry Classification means the major industrial sector that best reflects an employer's industrial undertaking or primary business activity.

Industry Rate Code means a collective liability grouping comprised of employers with a similar industrial undertaking or injury experience. All employers with the same rate code pay the same industry premium rate.

Industry Premium Rate means the rate applied to all employers within a rate code expressed as a dollar amount for every \$100 of assessable payroll.

BACKGROUND

1. Section 20 of *The Workers' Compensation Act, 2013* (the "Act") provides the WCB exclusive jurisdiction to determine whether any industry or worker is within the scope of the Act and the class to which it is assigned.
2. Section 119(1) of the Act authorizes the WCB to "establish any classes of industries that it considers necessary for the purposes of this Act."
3. Section 19 of *The Workers' Compensation General Regulations, 1985* (the "General Regulations") establishes that an employer who operates in more than one industry may be registered in more than one rate group.
4. Section 5 of *The Workers' Compensation Miscellaneous Regulations* states:
Unless the employer applies to the board in the manner set out in the Act, the Act does not apply to work performed in the operation mentioned in clause (b) if an employer is carrying on both:
 - (a) an operation that is within the scope of the Act; and
 - (b) an operation that is not within the scope of the Act.
5. Section 138 of the Act states:
 - (2) It is not necessary that the assessment levied on the employers in a class or subclass of industries be uniform.

- (3) The board may fix the assessment on an employer in relation to the hazard found in the type of work or in relation to the hazard in any of the businesses included in the class or subclass.

POLICY

Classification – General

1. The Workers' Compensation Board classifies employers based on the nature of their industrial undertaking. Each industry classification includes all occupations within the industry.
2. The following factors shall be considered in determining an employer's classification:
 - a. the nature of the service or product provided;
 - b. the process involved in providing the service or manufacturing the product;
 - c. the customers and competitors of the business;
 - d. any other information the WCB requires to gain a complete understanding of the business.
3. Employers are assigned the industry rate code that best represents the industrial undertaking of the employer. All employers with similar industrial undertakings are classified in the same industry rate code since they are generally exposed to similar risks and hazards.
4. Where an industry rate code is not clearly or easily determined, the WCB will assign the rate code that most closely represents the industrial undertaking of the employer.
5. Where the industrial undertaking of a business is such that it does not align with other classifications, or the group of employers with the same industrial undertaking is not large enough to support its own rate code, injury experience may be considered and the employer(s) may be classified with other employers with a similar risk profile.
6. Where two or more legal entities contribute to one business in the production of goods and services, the WCB will assign the same classification to each firm, regardless of ownership.

Employers Operating in More than One Industry

7. The WCB will only consider providing more than one industry classification to an employer where the business operations are distinct and independent. This means:
 - a. The industrial activity is not an extension of or incidental to the employer's other business, and is not provided primarily to benefit the other business;
 - b. Each industrial activity is independently viable with distinct sources of revenue; and
 - c. Staff or personnel, excluding administrative staff, are not working in both businesses at the same time and the earnings paid to each worker are distinguishable for each business.

8. Where the above conditions are not met, the WCB will assign a single industry classification based on the business with the highest industry premium rate.
9. Where an additional classification is assigned, the employer will be required to prorate the earnings of the administrative staff between the businesses. The proration is to be based on the payroll size of each business.

Premium Rates

10. Industry premium rates are set annually at the rate code level based on the collective claims experience of all employers within an industry rate code.

Act Sec #	2(1)(l), 2(1)(q), 3, 20, 119, 138 <i>The Workers' Compensation General Regulations</i> 19; <i>The Workers' Compensation Miscellaneous Regulations</i> 3 and 5.
Effective Date	01 January 2012 For all existing employer accounts with multiple rate codes, any changes to classification will be effective January 1 st of the year following the review of the employer's account.
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> References updated 01 May 2015 in accordance with <i>The Workers' Compensation Miscellaneous Regulations</i>
Application	All employers.
Supersedes	n/a
Complements	POL 01/2020 Classification Change POL 13/2017 Rate Setting Model POL 27/2016 Experience Rating Program – Discounts or Surcharges POL 11/2020 Industry Premium Rates

Policy	Classification Change (POL 01/2020)
Effective Date	February 1, 2020
Application	Applies to all employer accounts on or after the effective date.
Purpose	To provide guidelines for reclassifying employers.

BACKGROUND

1. The WCB has exclusive jurisdiction in determining whether industries or employers are within the scope of the Act and in assigning industry or employer classification (Section 20).
2. Industry classes may be established and rearranged by the WCB (Section 119).
3. No person shall knowingly provide false or misleading information to the Board (Section 180(a)).

POLICY

1. An employer's industry classification will be changed if:
 - a. The nature of the business changes and the current industry classification is no longer appropriate, or
 - b. The firm is misclassified.
2. A review of an employer's classification may be initiated by the WCB (e.g., as a result of an audit, industry classification review, etc.) or by the employer.
3. Employers are responsible for notifying the WCB in writing of any change in their business operations or the addition of a new line of business.
4. Employer Services will review the information received from the employer and will notify the employer of the decision in writing.
5. If a change in classification is required due to a distinct change in the nature of the business, the effective date of the change will be the later of:
 - a. The date the nature of business changed, or
 - b. January 1st of the year that WCB received the request or initiated the review of the employer's classification.
6. If a change in classification is required due to a gradual change in the nature of the business and the date of change cannot be determined, the effective date of the change will be January 1st of the year that WCB received the request or initiated the review of the employer's classification.
7. If an employer has been misclassified or if an industry review results in a reclassification:

- a. If the change results in a premium decrease, the effective date of the change will be January 1st of the year the review is requested by the employer or initiated by the WCB, or
 - b. If the change results in a premium increase, the effective date of the change will be January 1st of the year following the review.
8. If an employer misrepresents the details of their business operations, resulting in the firm being misclassified under a lower rate code, the WCB will backdate the classification change up to three years prior to the classification review.
 9. Experience rating may be transferred from one classification to another in accordance with POL 21/2016, Transferring a Firm's Experience.

Effective Date	February 1, 2020
Approved Date	January 16, 2020
Legislative Authority	The Workers' Compensation Act, 2013 Sections 20, 119, 180
Document History	<ol style="list-style-type: none"> (1) POL and PRO 09/2007, Classification Change of (effective September 1, 2007 to January 31, 2020). (2) POL 05/83, Classification, Change Of (effective February 16, 1983 to August 31, 2007).
Complements	POL 14/2011 Employer Classification POL 03/2018 Employer Audits POL 21/2016 Transferring a Firm's Experience

Policy **Experience Rating Program – Discounts or Surcharges
(POL 27/2016)**

Document Date 22 November 2016

Purpose Establish guidelines to apply discounts or surcharges.

DEFINITION

Evaluation Window is the three years of data used to determine an employer's discount or surcharge. This is the three complete years immediately preceding the year when the discount or surcharge is calculated. For example, discounts and surcharges for 2017 are determined using data from 2015, 2014 and 2013.

Industry rate code means a collective liability grouping comprised of employers with a similar industrial undertaking or injury experience. All employers with the same rate code have the same industry premium rate.

Industry premium rate means the rate applied to all employers within a rate code expressed as a dollar amount for every \$100 of assessable payroll.

Base premiums are the employer's total premiums due before any discounts or surcharges are applied.

Firm rate is the industry premium rate plus or minus any applicable discounts or surcharges an employer may receive.

BACKGROUND

1. The WCB uses an actuarial based model to set annual premium rates. Industry premium rates are based on the collective claims experience of employers within each industry rate code (POL 13/2017, Rate Setting Model).
2. The WCB established the Experience Rating Program in 2005. The Experience Rating Program is an annual process where employers may receive a discount or surcharge to their industry premium rate based on their individual claims experience.
3. The following guiding principles are in place to ensure the Experience Rating Program:
 - a. Fairly and equitably represents employers' individual claims experience.
 - b. Provides incentive that positively influences employer prevention and safety behavior change.
 - c. Contributes to lower injury frequency and claim durations.

POLICY

1. Discounts or surcharges are based on an employer's individual claims history during the evaluation window.
-

2. Discounts or surcharges are calculated during the annual rate setting process and applied to an employer's industry premium rate.
3. Each line of business an employer operates is designated an industry rate code. An employer may have more than one line of business with different industry rate codes.
4. For each of their industry rate codes an employer participate in either the Standard or Advanced Program based on their base premiums over the evaluation window. Discounts or surcharges are determined for each of the employer's industry rate codes.

Standard Program

5. The Standard Program is for employers with base premiums of less than \$21,000 over the evaluation window.
6. To be considered for a discount or surcharge, an employer must have premiums of at least the minimum annual assessment (POL 07/2011, Minimum Annual Assessment) in each year of the evaluation window.
7. Discounts or surcharges are based on the number of time loss claims an employer has during the evaluation window. Claims recorded as time loss for medical appointments only are excluded from the discount or surcharge calculation. See [Appendix A – Discounts and Surcharges – Standard Program](#).
8. The maximum discount is 25% and the maximum surcharge is 75%.
9. To ease the transition from a frequency to cost based program, employers who move from the Standard Program to the Advanced Program will maintain their discount, or continue to pay the industry premium rate. This will change once the employer has a new claim(s) in the most recent year of the evaluation window.

Advanced Program

10. The Advanced Program is for employers with base premiums of \$21,000 or more over the evaluation window.
11. To be considered for a discount or surcharge, employers must have premiums in the most recent year in the evaluation window.
12. The Advanced Program is cost based, and discounts or surcharges are calculated based on a review of an employer's claims cost history within the evaluation window.
13. For experience rating purposes, individual claim costs in a given year are capped at an amount equal to the maximum assessable wage (POL 08/2020, Maximum Assessable Wage Rate) to protect an employer from the impact of a single claim.
14. An employer's firm rate under the Advanced Program is determined by calculating their base discount or surcharge. Their discount or surcharge is then adjusted to account for the number of consecutive years the employer has been in business (eligibility factor) and the size of the business (participation factor). See [Appendix B – Discounts and Surcharges – Advanced Program](#).

15. The maximum discount is 30% and the maximum surcharge is 200%.

Employers Not Eligible

16. An employer will not receive a discount in any industry rate code, if:
- Payroll statements have not been submitted by the annual deadline.
 - A fatality has occurred and been accepted within the year or the previous year. This excludes any fatality arising from an occupational disease or other circumstances where the exposure occurred many years prior to the acceptance of the fatality claim.
 - The employer or any of their employees have been convicted of a criminal offence for failing to provide a safe workplace (Section 217.1 of the *Criminal Code of Canada*) within the year or the previous year.

Cost Relief

17. An employer may receive cost relief under the following circumstances:
- Application of cost relief to the Second Injury and Re-employment Reserve, Disaster Reserve or Occupational Reserve.
 - Third party recovery of cost (subrogation).
 - Transfer of claim costs to another employer or claim.
 - Any other consideration as directed by WCB.
18. If an employer receives cost relief on a claim, a credit will be applied to the employer's claims costs in the year cost relief was applied. Credit for the claim costs relieved will be used to offset claim costs used in the calculation of future discounts or surcharges.
19. In situations where cost relief has been granted, employers may request to have their previous years' discount/surcharge calculation reviewed. Recalculations of discounts or surcharges are limited to the current and previous two years only.

Appeals

20. An employer may request that their discount or surcharge be reviewed or re-considered (POL 20/2013, Appeals – Employer Accounts).

Disclosure of Information

21. To facilitate the development of workplace safety programs, statistical information regarding surcharged employers may be provided to another government agency or organization (e.g., Occupational Health & Safety, WCB sponsored industry safety associations). Information disclosed to a third party will follow POL 05/2017, Privacy of Information.

ATTACHMENTS

[Standard Program](#)

[Advanced Program](#)

Act Sec #	116,121(1), 121(2), 122, 139
Effective Date	01 January 2017
Application	All employers.
Supersedes	POL 01/2007 Experience Rating Program
Complements	POL 07/2011 Minimum Annual Assessment
	POL 08/2020 Maximum Assessable Wage Rate
	POL 20/2013 Appeals – Employer Accounts
	POL 21/2013 Appeals – Claims
	POL 11/2017 Second Injury and Re-Employment Reserve
	POL 05/2014 Occupational Disease Reserve
	POL 12/2014 Disaster Reserve
	POL 05/2017 Privacy of Information
	POL 03/2018 Employer Audits

Discounts and Surcharges – Standard Program

An employer's discount or surcharge is based on the number of time loss claims they have during the evaluation window, as follows:

# of Time Loss Claims	Discount or Surcharge
0	25% Discount
1 to 2	Industry Premium Rate
3	25% Surcharge
4	50% Surcharge
5 or more	75% Surcharge

Applicable discounts or surcharges are applied to an employer's industry premium rate to determine their individual firm rate under the Standard Program.

Discounts and Surcharges – Advanced Program

There are five steps in calculating a discount or surcharge in the Advanced Program.

Step 1: Calculate Base Discount or Surcharge

- An employer's base discount or surcharge is calculated by determining their Weighted Loss Ratio (WLR) and comparing it to their industry's WLR.
- The WLR is the employer's ratio of their claim costs to their base premiums and each year of the evaluation window is assigned a weight. To be more responsive to improved safety and prevention strategies, the most recent year in the evaluation window has the highest weight.
 - i. For example, an employer's discount or surcharge for 2017 is determined in 2016. The years would be weighted as follows:

Evaluation Year	Weight
2015 (most recent year)	50%
2014 (second most recent year)	33%
2013 (third most recent year)	17%

- The employer's WLR is compared to the industry's WLR to determine a base discount or surcharge, as follows:

Employer's WLR compared to the industry's WLR	Potential Discount or Surcharge
If an employer's WLR is better than the industry's WLR.	For every 3.33% better, the employer can receive up to a 1% discount.
If an employer's WLR is equal to the industry's WLR.	Employer pays industry premium rate.
If an employer's WLR is worse than the industry's WLR.	For every 1.5% worse, the employer can receive up to a 1% surcharge.

Step 2: Determine Eligibility Factor

- An employer's base discount or surcharge is adjusted by an eligibility factor, which is based on the number of consecutive years they have premiums. The more years' experience an employer has, the higher the eligibility factor.

Consecutive Years of Experience	Eligibility Factor
1	33%
2	67%
3	100%

Step 3: Calculate Participation Factor

- An employer's base discount or surcharge is also adjusted by a participation factor, which accounts for an employer's size. Larger employers have more influence on their industry's experience and therefore participate more fully in the program.
- The participation factor is based on total base premiums in the evaluation window. The higher the premiums, the more fully an employer participates in the program.
- Every employer starts with a base participation factor of 41.5% and increases by 1% for every \$1,500 in additional base premiums over \$21,000.

Step 4: Calculate Final Discount or Surcharge

- An employer's final discount or surcharge is calculated as follows:

$$\begin{array}{ccccccc} \text{Base Discount} & & & & & & \\ \text{or Surcharge} & \times & \text{Eligibility} & \times & \text{Participation} & = & \text{Final Discount or} \\ & & \text{Factor} & & \text{Factor} & & \text{Surcharge} \end{array}$$

ii. Step 5: Calculate Firm Rate

- The WCB determines an employer's firm rate by applying their final discount or surcharge to their industry premium rate.

Policy **Transferring a Firm's Experience (POL 21/2016)**

Document Date 18 October 2016

Purpose To establish guidelines for transferring a firm's experience.

DEFINITION

Experience is an employer's claims and premium history.

Original firm means the firm that the business operations or assets are moving from.

Successor firm means the firm that the business operations or assets are moving to.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") authorizes the WCB to:
 - a. Set the assessments of employers at different amounts related to the hazards or activities of each employer (Section 138), and
 - b. Adopt a system of merit rating (Section 139).
2. This policy establishes the process for transferring a firm's experience from one:
 - a. Firm to another, and/or
 - b. Classification to another.

POLICY

General

1. The WCB will determine if the original firm's experience should be transferred to the successor firm in situations including, but not limited to, the following:
 - a. Ownership or a significant portion of ownership changes.
 - b. Significant aspects of the business activities change.
 - c. Assets move between firms.
2. The WCB transfers experience to ensure an appropriate premium rate is charged.
3. If the WCB transfers the original firm's experience to the successor firm, the WCB will use the combined experience to determine the successor firm's premiums.

Transfer of experience from one firm to another

4. The WCB considers firms to be affiliated when:
 - a. A firm's business activities are supportive to another business (e.g., administration).
-

- b. There is common ownership between two firms operating in a similar industry (e.g., one firm controls another firm or both firms are controlled by the same group of people), or
 - c. Family members, either immediate or extended, have the ability or power to direct or cause the direction of the management of the firm's business operations (e.g., a child or other family member has the power to direct the management of the parents/family business operations).
5. In most cases, the WCB will not transfer the original firm's experience to the successor firm if the firms are not affiliated.
6. In most cases, the WCB will transfer the original firm's experience to the successor firm if the:
 - a. Firms are affiliated, or
 - b. Change in ownership results from a share purchase.
7. If the WCB determines that the original firm's experience should transfer to the successor firm, the effective date of the transfer will be January 1st of the year the business ownership, operations or assets move.

Transfer of experience from one classification to another

8. The WCB will transfer the firm's experience from one industry classification to another if the:
 - a. Nature of the business has gradually changed and the current industry classification is no longer appropriate, or
 - b. Firm is misclassified.
9. In most cases, the WCB will not transfer experience from one classification to another if the firm:
 - a. Starts a new operation in a different industry, or
 - b. Operates in more than one industry and they are eligible for an additional industry classification.
10. The effective date of the transfer will be determined by POL 01/2020, Classification Change.

Act Sec #	138, 139
Effective Date	01 December 2016
Application	All employer accounts.
Supersedes	POL 01/98 New Accounts, Opening of and Carry-Forward of Cost Histories after Reorganization in Business
Complements	POL 14/2011 Employer Classification POL 12/2020 Employer Coverage and Registration POL 01/2020 Classification Change POL 27/2016 Experience Rating Program – Discounts or Surcharges POL 03/2018 Employer Audits

Employer Payroll and Premiums

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Maximum Assessable Wage Rate	POL 08/2020		01 January 2021
Assessable Earnings	POL 24/2010		01 September 2010
Minimum Annual Assessment	POL 07/2011		01 January 2012
Assessable Labour Portion of Contracts	POL 07/2004	PRO 07/2004	01 November 2004
Clearances and Letters of Good Standing	POL 22/2014	PRO 22/2014	01 January 2015
Default in Assessment Payment – 2020		PRO 12/2019	01 January 2021
Cancellation of Penalties and Interest	POL 06/2011	PRO 06/2011	01 September 2011
Interest on Employer Account Refunds	POL 07/2001		01 October 2001
Under and Overestimating Payroll – Penalties and Credits	POL 03/2019		01 March 2019
Employer Audits	POL 03/2018		01 December 2018

Policy	Maximum Assessable Wage Rate – 2021 (POL 08/2020)
Effective Date	January 1, 2021
Application	Applies to all employers.
Purpose	To establish the maximum assessable wage rate for 2020.

BACKGROUND

1. Section 137(2) of *The Workers' Compensation Act, 2013* directs the Workers' Compensation Board to set a maximum assessable wage rate for each year.
2. On March 18, 2020, the Government of Saskatchewan declared a provincial State of Emergency to address the coronavirus pandemic (i.e., COVID-19). Public health orders were implemented to protect Saskatchewan residents and reduce the risk of potential transmission in the province. The closure of non-essential businesses impacted industry sectors with relatively lower average weekly earnings. Therefore, for the calculation of the maximum assessable wage rate, it is the Board Members' view that it would be fair and equitable for Saskatchewan workers and employers to use the March average weekly wage prior to the economic shutdown.

POLICY

1. Effective January 1, 2021, the Board Members have determined that the maximum assessable wage rate will be \$91,100.
2. In subsequent years, the maximum assessable wage rate will be adjusted in accordance with the maximum wage rate.

Effective Date	January 1, 2021
Approved Date	November 3, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 37, 137(2), 182
Document History	<ol style="list-style-type: none"> (1) POL 10/2019, Maximum Assessable Wage Rate – 2020 (effective January 1, 2020 to December 31, 2020). (2) POL 05/2018, Maximum Assessable Wage Rate – 2019 (effective January 1, 2019 to December 31, 2019). (3) POL 16/2017, Maximum Assessable Wage Rate – 2018 (effective January 1, 2018 to December 31, 2018). (4) POL 25/2016, Maximum Assessable Wage Rate – 2017 (effective January 1, 2017 to December 31, 2018). (5) POL 05/2015, Maximum Assessable Wage Rate – 2016 (effective January 1, 2016 to December 31, 2016).

- (6) POL 18/2014, Maximum Assessable Wage Rate – 2015 (effective January 1, 2015 to December 31, 2015).

Complements

- [POL 24/2010](#) Assessable Earnings
- [POL 12/2020](#) Employer Coverage and Registration
- [POL 03/2014](#) Coverage – Personal
- [POL 14/2014](#) Coverage – Directors
- [POL 27/2016](#) Experience Rating Program – Discounts or Surcharges
- [POL 07/2020](#) Maximum Wage Rates – 2021

Policy	Assessable Earnings (POL 24/2010)
Effective Date	September 1, 2010
Application	Applies to all employers.
Purpose	To determine the types of earnings used to assess employer's premiums.

DEFINITION

Assessable earnings are workers' gross earnings before deductions for income tax, Employment Insurance, Canada Pension Plan, and other similar deductions up to the maximum assessable amount for the calendar year being reported.

BACKGROUND

1. The Workers' Compensation Board (WCB) has exclusive jurisdiction under Section 20(2)(h) of *The Workers' Compensation Act, 2013* (the "Act") to determine whether any industry or any part, branch or department of any industry is within the scope of the Act and the class to which it is assigned. Under Section 20(2)(i), WCB may also determine whether any worker is within the scope of the Act.
2. Section 3(1) makes application of the Act mandatory to all "employers and workers engaged in, about or in connection with any industry in Saskatchewan", except the farming or ranching industry in Saskatchewan and those industries, employers or workers that are specifically excluded pursuant to *The Workers' Compensation Miscellaneous Regulations*.
3. Subject to Section 122 of the Act and Regulation 4 of *The Workers' Compensation General Regulations, 1985*, employers must report the earnings of all workers in their employ.
4. Under Section 134(1) of the Act, "the board shall levy an assessment on the employers in each class of industries an amount based on any percentage of the employers' payrolls or on any other rate, or an amount specified by the board, that, allowing for any surplus or deficit in the class, the board considers sufficient to pay: the compensation with respect to injuries to workers in the businesses within the class".
5. Section 137(2) of the Act states WCB will annually set a maximum assessable wage rate.

POLICY

1. All employers covered under the Act are required to report to WCB the assessable earnings of their full-time, part-time, casual and contract workers.
2. Employers must report all assessable earnings for each worker up to the maximum assessable amount per calendar year being reported.
3. Assessable earnings include all employment income reported on the Canada Revenue Agency's T4 income tax slips and any other taxable allowances or benefits as listed below.

4. Assessable earnings include, but are not limited to:
 - a. Salaries and wages;
 - b. Director's earnings (as reported on a T4, T4A, or T5018);
 - c. Management fees (as reported on T4A);
 - d. Labour portion of contract earnings or piecework;
 - e. Overtime pay;
 - f. Commissions;
 - g. Bonuses;
 - h. Vacation pay;
 - i. Tips and Gratuities (as reported on T4);
 - j. Honorariums and Financial awards;
 - k. Gifts (as reported on T4);
 - l. Advances of future earnings (as reported on T4);
 - m. Pay in lieu of notice;
 - n. Paid leave (e.g., sabbatical, maternity);
 - o. Salary continuance;
 - p. Maternity or paternity "top up" benefits;
 - q. "Top up" of WCB benefits;
 - r. Taxable benefits such as:
 - i. Housing, board & room, lodging;
 - ii. Personal or living allowances;
 - iii. Car Allowance;
 - iv. Loans;
 - v. Employer paid premiums on group life insurance, provincial medical services, disability plans;
 - vi. Stock Options; and
 - vii. Travel allowances;
 - s. Profit Sharing Plan (distribution of profits reported on income tax form T4 or T4A);
 - t. Share Purchase Plan; and
 - u. Registered Retirement Saving Plans (if paid by the employer).
5. Assessable earnings also include any other remuneration or allowance WCB determines is assessable.
6. Employers are not required to report earnings that WCB excludes from assessments such as (but not limited to):

- a. WCB benefits;
- b. Severance/Retiring Allowance;
- c. Dividends;
- d. Shareholder loans;
- e. Jurors' fees;
- f. Pension and retirement benefits; and
- g. Reimbursement of travel expenses.

Effective Date	September 1, 2010
Approved Date	August 26, 2010
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 2(1)(l), 2(1)(ii), 3(1), 4, 5, 20, 116, 122, 132, 134, 137 <i>The Workers' Compensation General Regulations, 1985</i> Section 4 <i>The Workers' Compensation Miscellaneous Regulations</i>
Document History	<ul style="list-style-type: none"> (1) February 1, 2021. Clarification added for directors (policy point 4(b) in accordance with POL 12/2020, Employer Coverage and Registration. (2) May 1, 2015. References updated in accordance with <i>The Workers' Compensation Miscellaneous Regulations</i>. (3) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (4) September 1, 2010. New policy.
Complements	<ul style="list-style-type: none"> POL 14/2014 Coverage – Directors POL 08/1999 Coverage – Out of Province/Country POL 07/2004 Assessable Labour Portion of Contracts POL 08/2020 Maximum Assessable Wage Rate POL 03/2018 Employer Audits POL 12/2020 Employer Coverage and Registration

Policy Minimum Annual Assessment (POL 07/2011)

Document Date 16 August 2011

Purpose To establish the minimum annual assessment.

BACKGROUND

Section 7 of *The Workers' Compensation General Regulations, 1985* (the "General Regulations") states that unless otherwise specified by the board, the minimum annual assessment for an employer is \$25.

POLICY

A minimum annual assessment of \$100 will apply to all employers registered with the WCB.

Act Sec #	<i>The Workers' Compensation General Regulations 7</i>
Effective Date	01 January 2012
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All registered employers covered under the Act.
Supersedes	POL 05/2001 Minimum Annual Assessment
Complements	POL 11/2020 Industry Premium Rates
	POL 27/2016 Experience Rating Program – Discounts or Surcharges
	POL 12/2020 Employer Coverage and Registration

Policy	Assessable Labour Portion of Contracts (POL 07/2004)
Effective Date	November 1, 2004
Application	Applies to all principals and contractors.
Purpose	To provide guidelines for determining and assessing the labour portion of contracts.

DEFINITION

Principal means any person, association or body that hires a contractor. Principals are considered employers.

Contractor or subcontractor means a business or individual hired under a contract for service by another business or individual and can be present in all industries.

Contract means any work within the scope of the Act undertaken by a contractor or subcontractor for a principal.

BACKGROUND

1. Under Section 122 of The Workers' Compensation Act, 2013 (the "Act") and Regulation 4 of The Workers' Compensation General Regulations, 1985 (the "General Regulations"), every employer in a mandatory or covered industry shall, register with the Workers' Compensation Board (the WCB) by submitting a statement of payroll when starting operations and annually thereafter.
2. When a principal hires a contractor or subcontractor, the principal pays the contractor/subcontractor a negotiated contract amount for the work performed, which generally includes the contractor's wages and overhead (equipment, materials, tools, etc.). Since compensation benefits are payable only on the actual wages, only the labour portion of the contract is considered as assessable earnings.
3. Where a principal or primary contractor hires a non-registered contractor or subcontractor, the Act states that the contractor or subcontractor is deemed to be a worker of the principal unless the contractor or subcontractor hired is assessed as an employer in their own right and is therefore individually liable for payment of WCB premiums.
4. Where the WCB considers contractors or subcontractors to be workers, the principal must report the total labour portion of the contract on their employer payroll statement. Where this does not occur, the WCB uses a schedule developed in consultation with industry representatives for determining the assessable labour portion of a contract. The labour percentage applied is based on the contractor or subcontractor's trade or industry as outlined in the schedule.
5. Finally, the Act forbids an employer from deducting from the wages of a worker any sum that the employer is liable to pay to the WCB as premiums, except in cases where the contractor

or subcontractor owns and operates equipment or hires another person to operate that equipment as stipulated in Section 8 of the Act.

POLICY

1. A Saskatchewan principal who contracts for services with a contractor/subcontractor must report the total labour amount of the contract on their annual employer's payroll statement.
2. Where the actual labour portion of the contract has not been provided, the labour amount of the total contract will be based on the applicable industry percentage as set out in the Assessment Schedule for Contract Labour attached to PRO 07/2004. If the industry is not listed in the Assessment Schedule, the labour percentage shall be calculated on the basis of the most similar industry in the Schedule.

Effective Date	November 1, 2004
Approved Date	October 12, 2004
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 8, 122, 131 <i>The Workers' Compensation General Regulations, 1985</i> Sections 4
Document History	(1) February 1, 2021. Definitions updated as per POL 12/2020, Employer Coverage and Registration. (2) January 1, 2014. Reference updated in accordance with <i>The Workers' Compensation Act, 2013</i> (Bill 58). (3) November 1, 2004. New policy and procedure came into force.
Complements	PRO 07/2004 Assessable Labour Portion of Contracts POL 14/2020 Contracts Involving Equipment POL 12/2020 Employer Coverage and Registration

Procedure	Assessable Labour Portion of Contracts (PRO 07/2004)
Effective Date	November 1, 2004
Application	Applies to all principals and subcontractors.
Purpose	To provide guidelines for determining and assessing the labour portion of contracts.

BACKGROUND

1. The WCB has approved POL 07/2004 governing the process for allocating the assessable labour portion of contracts when principals subcontract work.
2. The following procedure provides staff with specific guidance for determining and assessing the labour portion of contracts.

PROCEDURE

1. On receipt of the statement of payroll, the Employer Service Representatives (ESR) will determine whether the contractor/subcontractor is registered with WCB and has the appropriate rate classification.
2. If the ESR determines that the subcontractor does not have a WCB account and the principal has not indicated the actual labour amount of the contract, the ESR will assign a labour percentage based on the attached Assessment Schedule for Contract Labour.

Attachments	Calculating Premiums on the Labour Portion of Contracts Assessment Schedule for Contract Labour
Effective Date	November 1, 2004
Approved Date	October 14, 2004
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 8, 122, 131 <i>The Workers' Compensation General Regulations, 1985</i> Sections 4
Document History	(1) February 1, 2021. Updated to include attachment "Calculating Premiums on the Labour Portion of Contracts". (2) January 1, 2014. Reference updated in accordance with <i>The Workers' Compensation Act, 2013</i> (Bill 58). (3) November 1, 2004. New policy and procedure came into force.
Complements	POL 07/2004 Assessable Labour Portion of Contracts POL 14/2020 Contracts Involving Equipment POL 12/2020 Employer Coverage and Registration

Calculating Premiums on the Labour Portion of Contract

If the equipment owner-operator is considered a worker of the principal, the principal must report the total amount of the contract (net of sales taxes) on the employer's payroll statement. The principal may deduct or recover from the owner-operator the sum equivalent to the premiums paid based on the labour portion of the contract up to the maximum assessable earnings amount per person per calendar year, and the firm's net premium rate for the work being completed.

Example

Company A enters into a contract for \$3,000 with an owner-operator to complete an excavation project that requires the use of major equipment. Using the Assessment Schedule for Contract Labour (PRO 07/2004), Company A determines that 25% of the total contract value (net of sales tax) is assessable. Therefore, Company A reports \$750 as the labour portion of the excavation contract to Employers Services staff.

Total contract value (net of sales tax)	\$3,000.00
Multiplied by the labour percentage (25%)	x 0.25
Labour portion of contract	750.00

To determine WCB premiums required for the labour portion of the contract and the allowable portion to deduct from the contractor of the excavation equipment, Company A uses their net premium rate, which is \$1.67 per \$100 of assessable payroll:

Labour portion of contract	\$750.00
per \$100 of assessable payroll	÷ 100.00
	7.50
multiplied by principal's net premium rate	x \$1.67
Amount principal must remit and is allowed to deduct	\$12.53

Assessment Schedule for Contract Labour

AIRCRAFT TRANSPORTATION	25%
APPLIANCE REPAIR	75%
BALING	25%
BOBCAT WORK	25%
BUILDING MOVING	25%
CARPET CLEANING	75%
CENTRAL VAC INSTALLATION	85%
COMPRESSOR REPAIR	85%
CORRAL CLEANING	25%
CONSTRUCTION - BRICKLAYING, CABINET INSTALLATION, CONCRETE/CEMENT WORK, DRYWALL, EAVESTROUGHING, ELECTRICAL, FRAMING, INSULATING, MASONRY, PAINTING, PILING (CAISSON WORK), PLUMBING, SANDBLASTING, SHINGLING, SIDING, STUCCOING, AND WINDOW/DOOR INSTALLATION	50%
COURIER – HWY (¾ TON & SMALLER)	50%
COURIER – HWY (1 TON & LARGER)	25%
COURIER – URBAN DELIVERY	66.67%
CARPET/FLOOR INSTALLATION	25%
CUSTOM COMBINING	25%
DEMOLITION	25%
DRAPERY INSTALLATION	85%
DRIVER TRAINING	50%
EXCAVATING	25%
FENCING (installation, labour, sundry materials)	75%
FENCING (complete material & installation)	35%
FERTILIZER APPLICATION	33.33%
FORESTRY	
BUCKING/FELLING/LIMBING	90%
CONVENTIONAL LOGGING	50%
GRAPPLE SKIDDER	25%
LINE SKIDDER	33.33%
MECHANICAL LOGGING	25%
PLANING/SAWING	75%
STUMP TO DUMP	25%
TREE PLANTING (HEAVY EQUIPMENT)	60%
TREE PLANTING (NO EQUIPMENT)	90%
FURNACE CLEANING	25%
GARBAGE COLLECTING	50%
HAIRDRESSING/BARBERING	\$500/week/chair
INTERIOR FINISHING	85%

JANITORIAL	85%
LANDSCAPING	25%
LAWN MAINTENANCE	75%
LINE CUTTING – RIGHT OF WAY	66.67%
LINE PAINTING (WITH EQUIPMENT)	25%
LINE PAINTING (NO EQUIPMENT)	75%
MOBILE MECHANICS	75%
MOWING	25%
OIL AND MINING	
ACIDIZING	50%
BATTERY OPERATING/OILWELL PUMPING	75%
CHEMICAL SERVICE	50%
CORE ANALYSIS (LAB ONLY)	85%
CORING	25%
DEWAXING FLOWLINES	25%
DRILLING/SHOT HOLE DRILLING, WATER WELL DRILLING	25%
DRILL STEM TESTING	50%
FENCING	75%
FIRE PROTECTION	25%
FLOW EVALUATION	75%
FRAC WORK	50%
GEOLOGICAL WORK	85%
GEOPHYSICAL SURVEY/SEISMIC SURVEY	50%
HOT OIL SERVICES	25%
HOT SHOT SERVICE	33.33%
INSTRUMENTATION	75%
INSULATION (PIPELINE)	50%
LANDMEN/LAND AGENTS	85%
LEASE CLEARING/RECLAIMING	25%
LINE CUTTING/SLASHING	50%
LOGGING	25%
MUDMEN	50%
METER SERVICE	75%
OILFIELD CONSTRUCTION	50%
OILFIELD EQUIPMENT MAINTENANCE	75%
PERFORATING	50%
POWER TONGS	25%
PRESSURE TESTING (OIL)	50%
PROSPECTING	50%
PUMPJACK MAINTENANCE	75%

SLASHING/LINE CUTTING	50%
STEAM CLEANING OILWELLS	25%
VACUUM TRUCK	25%
WELL SERVICING WITH RIG	25%
WELL SERVICING WITHOUT RIG	75%
WIRELINE	25%
PEST CONTROL/EXTERMINATION	75%
POST HOLE DRILLING	25%
PRESSURE WASHING	40%
REFRIGERATION	50%
SCHOOL BUS	25%
SEED CLEANING	25%
SEPTIC TANK CLEANING	25%
SIGN ERECTION	50%
SPOTTING TRAILERS LOCALLY	50%
SPRAYING - VEGETATION	33.33%
TELEPHONE & POWERLINE CONSTRUCTION	25%
TOWING	66.67%
TRUCKING	25%
UPHOLSTERING	50%
WINDOW WASHING	85%
X-RAY INSPECTION	85%

Policy	Employer Accounts – Clearances and Letters of Good Standing (POL 22/2014)
Effective Date	January 1, 2015
Application	Applies to all principals and contractors.
Purpose	To outline the process for issuing clearances and letters of good standing.

DEFINITION

Principal means any person, association or body that hires a contractor. Principals are considered employers.

Contractor or subcontractor means a business or individual hired under a contract for service by another business or individual and can be present in all industries.

Clearance means a letter from the Workers' Compensation Board (WCB) that authorizes a principal to make payment to a contractor for work completed as of the date of the clearance. A clearance protects the principal from having to pay any overdue premiums the contractor owes.

Letter of good standing means a letter requested before a contract begins which indicates whether a contractor has a WCB account and whether their premiums are paid.

BACKGROUND

1. In accordance with Section 131 of *The Workers' Compensation Act, 2013* (the "Act"), a contractor is considered to be a worker of the principal unless they are eligible for and choose to purchase optional personal coverage.
2. Where a principal has not obtained a clearance from the WCB prior to making payment to a contractor, Section 132 of the Act allows the WCB to hold the principal liable for outstanding premiums owing to the WCB with respect to that work.
3. Under Section 17 of *The Workers' Compensation General Regulations, 1985* (the "General Regulations"), the principal shall withhold any payment to a contractor until the WCB confirms that the contractor has fulfilled all obligations under the Act.

POLICY

1. A principal may request a letter of good standing prior to hiring a contractor to inquire about the contractor's WCB status. The letter of good standing does not replace the need for a clearance letter prior to releasing payment.
2. A clearance letter must be obtained prior to a principal releasing any payment to a contractor, including any advance, progress, or final payment.

3. If a clearance letter is not obtained prior to making payment to a contractor and that contractor has not paid their WCB premiums, the principal will be liable to the WCB for the premiums relating to the labour portion of the contract.
4. If a contractor is not registered with the WCB, they will be considered a worker of the principal and the principal will be responsible for paying premiums on behalf of the contractor.
5. A clearance letter is only valid for the date shown on the letter and only applies to work performed in Saskatchewan.
6. Clearances are not required when a business is only supplying goods regardless of whether a delivery charge is included.
7. Clearances are not required when a homeowner, who has not applied for voluntary coverage, hires contractors for the purpose of construction or renovations to their residence.

Effective Date January 1, 2015

Approved Date December 10, 2014

Legislative Authority *The Workers' Compensation Act, 2013*
Sections 8, 20, 131, 132, 148, 159, 164
The Workers' Compensation General Regulations, 1985
Sections 17
The Workers' Compensation Miscellaneous Regulations
Sections 3(e)(i-iii)

Document History

- (1) February 1, 2021. Definitions updated as per POL 12/2020, Employer Coverage and Registration.
- (2) POL 25/95, Clearance, Letters of (effective January 1, 1996 to December 31, 2014).
- (3) POL 42/86, Letters of Clearance (effective November 24, 1986 to December 21, 1995).

Complements

[PRO 22/2014](#) Employer Accounts – Clearances and Letters of Good Standing

[POL 07/2002](#) Out of Province Employers – Coverage Within Saskatchewan

[POL 03/2014](#) Coverage – Personal

[POL 21/2014](#) Coverage – Voluntary

Procedure	Employer Accounts – Clearances and Letters of Good Standing (PRO 22/2014)
Document Date	10 December 2014
Purpose	To outline the process for issuing clearances and letters of good standing.

BACKGROUND

POL 22/2014, Employer Accounts – Clearances and Letters of Good Standing, establishes the guidelines for requesting and issuing clearances and letters of good standing.

PROCEDURE

1. A clearance or letter of good standing may be requested by a principal or contractor online (www.wcbsask.com), or by contacting Employer Services by fax, telephone, or email (employerservices@wcbsask.com).
2. Prior to beginning work, a letter of good standing may be requested to advise the principal of the status of a contractor's account with the Workers' Compensation Board (WCB). The letter of good standing will provide one of the following statuses:
 - a. OK – the contractor's account is in good standing.
 - b. Deemed – the contractor is not registered with the WCB and they will be considered a worker of the principal, or
 - c. Denied – the contractor is not in good standing.
3. Before making payment to a contractor for work completed, a principal is required to obtain a clearance. The clearance letter provides the principal with the following statuses:
 - a. Cleared – the principal is authorized to pay the contractor for the work completed.
 - b. Deemed – the contractor is not registered with the WCB and is considered a worker of the principal, or
 - c. Hold – the contractor's account is not in good standing.
4. When a clearance letter with a "Hold" status is issued, Employer Services staff will notify the contractor to bring their account into good standing. The principal will be notified of any updates on the status of the contractor's account and should not issue payment until WCB advises the status is cleared. If the contractor fails to bring their account up to date, the WCB may request that the principal issue payment directly to the WCB from the funds owed to the contractor.
5. Where a clearance is not obtained prior to making payment to a contractor:
 - a. The principal will be responsible for premiums relating to the labour portion of the contract up to the amount outstanding on the contractor's account.
 - b. The premium charged to the principal's account will be calculated based on the contractor's experience rate, and

- c. The premium charged will remain on the principal's account and interest will accrue until the payment is made.

Act Sec #	8, 20, 131, 132, 148, 159, 164; <i>The Workers' Compensation General Regulations</i> 17; <i>The Workers' Compensation Miscellaneous Regulations</i> 3 (e)(i-iii).
Effective Date	01 January 2015
Application	All principals and contractors.
Supersedes	n/a
Complements	POL 22/2014 Employer Accounts – Clearances and Letters of Good Standing PRO 07/2002 Out-of-Province Employers – Coverage Within Saskatchewan POL 03/2014 Coverage – Personal POL 21/2014 Coverage – Voluntary

Procedure	Default in Assessment Payment (PRO 12/2019)
Effective Date	January 1, 2021
Application	Applies to all defaulting employers.
Purpose	To establish the 2021 penalty for default in assessment payments.

BACKGROUND

1. *The Workers' Compensation General Regulations, 1985* directs the Workers' Compensation Board (WCB) to apply a penalty when an employer fails to pay an assessment when it is due (Section 8).
2. The penalty is a percentage of the amount in default, including any prior penalties, and will be equal to:
 - a. The Bank of Canada bank rate on October 31 of the prior year, and
 - b. Six per cent.
3. The Bank of Canada rate effective October 31, 2020 is 0.50%.
4. The Chief Executive Officer (CEO) has the authority to approve updates to the penalty percentage. As this is set in accordance with the specific directions provided in the Regulations, the CEO authorizes the Manager of Corporate Policy to revise this annual penalty following the release of the October 31 Bank of Canada rate.

PROCEDURE

1. When an employer fails to pay their assessment by the due date, a penalty will be applied to their account.
2. Effective January 1, 2021:
 - a. The annual penalty will be 6.50%.
 - b. The monthly rate will be 0.54%.

Effective Date	January 1, 2021
Approved Date	November 9, 2020
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 152 <i>The Workers' Compensation General Regulations, 1985</i> Sections 8
Document History	(1) November 9, 2020. Penalty updated by Manager of Corporate Policy for 2021.

- (2) PRO 53/2018, Default in Assessment Payment – 2019 (effective January 1, 2019 to December 31, 2019).
- (3) PRO 58/2017, Default in Assessment Payment – 2018 (effective 01 January 2018 to 31 December 2018).
- (4) PRO 59/2016, Default in Assessment Payment – 2017 (effective 01 January 2017 to 31 December 2017).

Complements

POL 12/2020	Employer Coverage and Registration
POL 07/2002	Coverage Within Saskatchewan – Out of Province Employers
POL 22/ 2014	Employer Accounts – Clearances and Letters of Good Standing
POL 09/2011	Failure to Register a Business
POL 06/2011	Employer Accounts – Cancellation of Penalties and Interest
POL 03/2018	Employer Audits
POL 03/2019	Under and Overestimating Payroll – Penalties and Credits

Policy	Employer Accounts – Cancellation of Penalties and Interest (POL 06/2011)
Document Date	16 August 2011
Purpose	To establish guidelines for when the Workers' Compensation Board (WCB) may cancel penalties and interest charges applied to employers' accounts.

BACKGROUND

The Workers' Compensation Act, 2013 (the "Act") and *The Workers' Compensation General Regulations, 1985* (the "General Regulations") authorize the WCB to charge penalties and interest to employers who fail to register their business, provide payroll information, or remit premiums promptly.

POLICY

1. A penalty or an interest charge may only be cancelled in limited situations where:
 - a. the penalty or interest is charged after:
 - i. the assignment date for bankruptcy or receivership; or
 - ii. the notification to terminate an employer's account due to a business ceasing operations;
 - b. the penalty or interest resulted from an administrative error by the WCB;
 - c. the penalty or interest resulted from extraordinary circumstances including:
 - i. death or severe illness of a proprietor, partner, family member, or accountant within the last remittance period;
 - ii. the loss, destruction, or theft of payroll records within the last three (3) months prior to the penalty being applied;
 - d. the penalty or interest resulted from an issued cheque failing to arrive, which can be supported by a copy of the general ledger or cheque stubs;
 - e. the penalty or interest is the only cost on a closed account with a balance less than five (5) dollars; or
 - f. in exceptional cases for any other reason as determined by the WCB.
2. The receipt of post-dated cheques to cover overdue amounts will not constitute sufficient cause to relieve an employer of penalties or interest. Penalties or interest will continue to accrue until the account is paid in full.

Act Sec #	122, 123; <i>The Workers' Compensation General Regulations</i> 3, 4, 5, 8, 9
Effective Date	01 September 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Application	All employer accounts.
Supersedes	n/a
Complements	<u>PRO 06/2011 Employer Accounts – Cancellation of Penalties & Interest</u> <u>POL 26/2013 Fines and Penalties – General</u> <u>PRO 12/2019 Default in Assessment Payment</u> <u>POL 07/2001 Interest on Employer Accounts Refunds</u> <u>POL 20/2013 Appeals – Employer Accounts</u> <u>PRO 20/2013 Appeals – Employer Accounts</u> <u>POL 03/2019 Under and Overestimating Payroll – Penalties and Credits</u>

Procedure	Employer Accounts – Cancellation of Penalties and Interest (PRO 06/2011)
Document Date	16 August 2011
Purpose	To establish guidelines for when the Workers' Compensation Board (WCB) may cancel penalties and interest charges applied to employers' accounts.

BACKGROUND

The WCB has approved POL 06/2011, Employer Accounts – Cancellation of Penalties and Interest, to establish the guidelines for cancelling penalties and/or interest applied to an employer's account.

PROCEDURE

1. All penalties and interest are due in 30 days. Any cancellation of penalties and/or interest will only be granted in accordance with POL 06/2011, Employer Accounts – Cancellation of Penalties and Interest.
2. Where an employer issues a cheque and it fails to arrive, the employer will be required to provide the WCB with supporting information which shows the payment was sent prior to the due date. The WCB will accept a copy of the cheque ledger or the immediately preceding and subsequent cheque stubs.
3. Where an employer believes they have an exceptional case under Point 1(f) of POL 06/2011, Employer Accounts – Cancellation of Penalties and Interest, a request for cancellation of penalties or interest must be made in writing to the Manager of Employer Services. The request should outline the specific reason(s) why the situation should be considered an exceptional circumstance.
4. Where an employer's initial request to remove a penalty or interest is denied by Employer Services staff, the employer may submit an appeal. During the appeal process:
 - a. the decision by Employer Services staff remains;
 - b. payment will be required by the employer in order to avoid additional penalties and/or interest; and
 - c. where payment has been made and the appeal decision is in favor of the employer, all interest and penalties in relation to the decision will be reversed.

Act Sec #	122, 123; <i>The Workers' Compensation General Regulations</i> 3, 4, 5, 8, 9
Effective Date	01 September 2011
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Application	All employer accounts.
Supersedes	n/a
Complements	<u>POL 06/2011 Employer Accounts – Cancellation of Penalties & Interest</u> <u>POL 26/2013 Fines and Penalties – General</u> <u>PRO 12/2019 Default in Assessment Payment</u> <u>POL 07/2001 Interest on Employer Accounts Refunds</u> <u>POL 20/2013 Appeals – Employer Accounts</u> <u>PRO 20/2013 Appeals – Employer Accounts</u>

Policy	Interest on Employer Accounts Refunds (POL 07/2001)
Document Date	04 September 2001
Purpose	To establish guidelines on providing interest on employer account refunds.

DEFINITION

Situations that may result in a “credit balance” on an employer’s account include, but are not limited to:

- a. A request from an employer to review the account in regards to classification issues, wage reporting or personal coverage issues.
- b. The sale or closure of the business.
- c. The application of a refund.

BACKGROUND

1. As per Section 152, of *The Workers’ Compensation Act, 2013* (the “Act”), Regulation 8 of *The Workers’ Compensation General Regulations, 1985* (the “General Regulations”), an employer operating in a mandatory industry and making payment of assessments to the Board after 30 calendar days from initial billing, is assessed a late payment penalty. In effect, the employer is charged interest on the amount owing.
2. In order to be accountable and provide fair and timely service to the employers of Saskatchewan, interest should be provided to employers where applicable, as outlined in this policy.

POLICY

1. Situations resulting in an employer having to wait longer than 30 calendar days for a requested refund on their account with the WCB will result in interest being paid in addition to the applicable refund in accordance with the following:
 - a. Interest is payable only on refunds initiated by a written request from an employer or their representative.
 - b. Interest will be issued only when the delaying factor in providing the employer with a refund can be solely attributed to internal administrative delays.
 - c. Interest will bear a rate equal to the Board’s financial institution’s prime rate at the date payment is issued.
 - d. Interest will be payable from the 31st calendar day after the request for refund or review is received within the Board’s office (either Saskatoon or Regina), up to and including the date that the refund is made. Interest payments will be made only on refund amounts exceeding \$5.00.

Act Sec #	115, 152
Effective Date	01 October 2001
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Application	All requests for refund and/or file review which may result in a refund or credit to Saskatchewan employers.
Supersedes	n/a
Complements	PRO 12/2019 Default in Assessment Payment POL 06/2011 Employer Accounts – Cancellation of Penalties and Interest POL 03/2018 Employer Audits

Policy	Under and Overestimating Payroll – Penalties and Credits (POL 03/2019)
Effective Date	March 1, 2019
Application	Applies to all employer accounts.
Purpose	To outline penalties and credits related to under and over estimating payroll.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") requires employers to report the employer's actual payroll for their workers covered under the Act from the previous year and the estimated payroll for the current year (Sections 122, 136, 137).
2. If an employer under or overestimates their payroll by more than 50%, WCB will adjust their premiums and may charge penalties or apply credits (*The Workers' Compensation General Regulations, 1985*, Section 9 and 10).

POLICY

1. Employers are required to annually report an estimate of their payroll for the current calendar year and their actual payroll for the preceding year in accordance with POL 24/2010, Assessable Earnings.
2. Employers should revise their estimated payroll for the current calendar year when it no longer reflects the amount they expect to pay their workers for the year. Employers can revise their estimates any time during the year.
3. Any difference in actual payroll compared to the estimated payroll from the preceding year will be reconciled and adjusted. WCB will calculate underestimate penalties or overestimate credits using the industry premium rate.

Underestimated Payroll – Penalty

4. An underestimate penalty will apply when the actual payroll reported on the annual EPS exceeds the last reported estimate by more than 50%.
5. The amount of the underestimate penalty is equal to 6% of the difference between:
 - a. The assessment on the actual payroll, and
 - b. The assessment on the estimated payroll.

Overestimated Payroll – Credit

6. An overestimate credit will apply when actual payroll reported is less than 50% of the last reported estimate and the employer's account has been paid in full no later than September 30.

7. The overestimate credit is equal to 6% of the difference between:
 - a. The assessment on the actual payroll and
 - b. The assessment on the estimated payroll.
8. Generally, the last date when WCB receives payment in full and the date the actual payroll is submitted are the dates used to determine whether an overestimate credit applies.
9. The overestimate credit will be prorated on a daily basis – number of days from date payment in full was received to actual payroll submitted date.
 - a. For example, an employer reported their actual payroll 172 days after their account was paid in full. The actual payroll reported is less than 50% of the reported estimate. Therefore, the employer is eligible for an overestimate credit equal to 2.83% (i.e., $172 / 365 \times 6\% = 2.83\%$).
10. An overestimate credit will not be provided if the employer does not provide payroll information and WCB has estimated the employer's assessable payroll.

Effective Date	March 1, 2019
Approved Date	February 21, 2019
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 122, 123, 136, 137, 141, 142, 143, 148, 180, 183 <i>The Workers' Compensation General Regulations, 1985</i> Sections 9, 10
Document History	(1) n/a; this is a new policy.
Complements	POL 12/2020 Employer Coverage and Registration POL 06/2011 Employer Accounts – Cancellation of Penalties and Interest PRO 12/2019 Default in Assessment Payment

Policy	Employer Audits (POL 03/2018)
Effective Date	01 December 2018
Application	Applies to all employers.
Purpose	To outline the WCB's authority and process to audit an employer's financial records and operations.

DEFINITION

Audit means a formal inspection and verification of an employer's:

- a. Financial records to determine compliance with reporting assessable earnings, and
- b. Operations to determine if they are classified within the correct industry.

Assessable earnings are workers' gross earnings before deductions for income tax, Employment Insurance, Canada Pension Plan, and other similar deductions up to the maximum assessable amount for the calendar year being reported.

Industry rate code means a collective liability grouping comprised of employers with a similar industrial undertaking or injury experience. All employers with the same industry rate code have the same industry premium rate.

BACKGROUND

1. To safeguard the integrity of the compensation system and to ensure compliance with *The Workers' Compensation Act, 2013* (the "Act"), employer audits are conducted to:
 - a. Verify that employers are correctly reporting assessable earnings and amounts for contractors hired.
 - b. Ensure that employers are classified in the appropriate industry rate code to help maintain fairness amongst employers operating within similar industries, and within the WCB system as a whole.
 - c. Educate employers, establish open communication and prevent irregular reporting.
2. The Workers' Compensation Board (WCB) has the same authority as the Court of Queen's Bench to subpoena records (Section 21). The WCB may, at any reasonable time without a warrant, enter and inspect an employer's establishment, including any books, records, papers or documents required to be kept in accordance with the Act (Section 127). A warrant may be obtained to enter, search and seize records (Section 128).
3. When the WCB is carrying out its duties as authorized by the Act, no person shall (Section 129):
 - a. Fail to comply with any reasonable request of the WCB,
 - b. Knowingly make any false or misleading statements to the WCB, or
 - c. Obstruct or interfere with the WCB.

4. Upon inspection, if assessable earnings and contractors reported to the WCB are determined to be inaccurate, the employer's assessment will be adjusted (Section 130).

POLICY

1. All employers covered under the Act are subject to an audit.
2. The WCB may audit an employer for any of the following reasons:
 - a. The employer is engaged in a targeted industry being reviewed.
 - b. The employer is part of a random sample.
 - c. A refund is owed on the employer's account.
 - d. The employer is not compliant with their reporting responsibilities as per the Act.
 - e. Any other reason as determined by WCB.
3. An audit will confirm:
 - a. The employer has reported the correct assessable earnings and/or the assessable labour portion for contract workers.
 - b. The industry rate code in which the employer has been classified is appropriate and reflects their industrial undertaking (POL 14/2011, Employer Classification).

Conducting an Audit

4. When requesting an audit, the WCB will notify an employer verbally or in writing and will provide at least five business days' notice. The notice will outline what information the employer may be required to provide for the audit.
5. Audits will generally include the three complete years immediately preceding the year when the audit is being conducted. However, at the WCB's discretion, the audit may be extended beyond three years.
6. To confirm assessable earnings and the amounts for contractors are correct, the WCB will review documentation and other financial records which may include, but is not limited to:
 - a. Payroll records.
 - b. T4 Statements of Remuneration Paid and summaries.
 - c. Status of directors/proprietors.
 - d. Amounts paid to contractors and a breakdown of labour, equipment and materials used.
 - e. Trial balance and general ledgers.
 - f. Cheque registry (synoptic).
 - g. WCB file and working papers for Saskatchewan WCB and any other provinces, if registered elsewhere.
 - h. For interprovincial trucking, a fuel tax report.

7. The WCB completes audits on the employer's premises or where the records are maintained. The WCB may require an employer to submit records directly to the WCB's office.
8. The WCB may request a tour of the employer's premises to confirm that the employer has been assigned the correct industry rate code.
9. The WCB may take possession of, examine, remove, take extracts from, or obtain reproductions of any information that is relevant to an audit.
10. If an employer does not cooperate with an audit:
 - a. A clearance hold may be placed on their account (PRO 22/2014, Employer Accounts – Clearances and Letters of Good Standings).
 - b. If it is a refund audit, the credit balance may be cancelled.
 - c. Their personal or optional coverage may be cancelled.
 - d. They may be subject to a summary conviction (POL 26/2013, Fines and Penalties – General).
 - e. The WCB may request records from the Canada Revenue Agency to complete the audit.

Audit Results and Adjustments

11. The WCB will provide the employer with the results of the audit in writing with details of the information verified and if adjustments are required because of:
 - a. Changes to assessable earnings or contractor amounts previously reported.
 - b. A change to their industry rate code (POL 01/2020, Classification Change).
12. The WCB will issue the employer a revised statement of account. The employer is responsible to pay the revised premiums resulting from the audit.
13. Any assessment owing as a result of an adjustment must be paid within 30 days of the employer being issued a revised statement of account, PRO 12/2019, Default in Assessment Payment may apply.
14. If an audit identifies that an employer overpaid premiums they will receive a credit for future premiums or may request a refund.
15. Following an audit an employer may request that any decision to adjust their account be reviewed or reconsidered (POL 20/2013, Appeals – Employer Accounts).
16. The WCB may share the results of an audit with another provincial or territorial Board/Commission, if the employer is required to have coverage and report earnings in another jurisdiction (i.e., province or territory). The disclosure of information to another Board/Commission will follow POL 05/2017, Privacy of Information.

Effective Date

01 December 2018

Approved Date 19 November 2018

Legislative Authority [The Workers' Compensation Act, 2013](#)
Sections 20, 21, 127, 128, 132, 133

[The Income Tax Act](#)
Sections 230(4)

Document History (1) n/a; this is a new policy.

Complements	<u>POL 12/2020</u>	Employer Coverage and Registration
	<u>POL 24/2010</u>	Assessable Earnings
	<u>POL 07/2004</u>	Assessable Labour Portion of Contracts
	<u>PRO 12/2019</u>	Default in Assessment Payment – 2020
	<u>POL 01/2020</u>	Classification Change
	<u>POL 21/2016</u>	Transferring a Firm's Experience
	<u>POL 09/2011</u>	Failure to Register a Business
	<u>POL 26/2013</u>	Fines and Penalties – General
	<u>POL 05/2017</u>	Privacy of Information
	<u>POL 20/2013</u>	Appeals – Employer Accounts
	<u>POL 27/2016</u>	Experience Rating – Programs and Services
	<u>POL 07/2001</u>	Interest on Employer Account Refunds
	<u>ADM PRO 08/2014</u>	Employer Accounts – Write-Offs

Employer Accounts – Claims Costs Adjustments & Cost Relief

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Capitalization of Claims	POL 14/2010	PRO 14/2010	01 May 2010
Second Injury and Re-employment Reserve	POL 11/2017	PRO 11/2017	01 October 2017
Occupational Disease Reserve	POL 05/2014	PRO 05/2014	01 December 2014
Disaster Reserve	POL 12/2014	PRO 12/2014	01 December 2014

Policy	Capitalization of Claims (POL 14/2010)
Document Date	30 March 2010
Purpose	To establish the guidelines to capitalize a claim receiving long-term earnings replacement.

DEFINITION

Capitalization means funds calculated and set aside to pay future wage loss costs for a worker with permanent work restrictions who is eligible for long-term earnings replacement until the age of sixty-five. Medical or rehabilitation costs are not capitalized.

BACKGROUND

1. In accordance with Section 116(1) of *The Workers' Compensation Act, 2013* (the "Act"), the Workers' Compensation Board (WCB) will maintain an adequate injury fund so that employers are not unfairly burdened in future years with injuries expected to incur long-term earnings replacement.
2. In accordance with Section 121 of the Act, the employer may be liable for an additional levy where an employer's total claim cost is greater than the average cost within the same industry.
3. Section 139 of the Act authorizes the WCB to adopt a system of merit rating. Under that authority, the WCB established the Experience Rating Program, which adjusts premium rates to reflect an employer's claims cost experience.

POLICY

1. A worker with a permanent functional impairment will be eligible for long-term earnings replacement (LTER) when the medical condition has stabilized, the vocational rehabilitation process is completed, and a loss of earning capacity exists.
2. To reduce the long-term effects of a claim on the employer's cost experience and to ensure that the WCB is financially viable in the future, the WCB may capitalize a LTER claim that is expected to continue until the injured worker has reached age 65.
3. When a claim is capitalized, the employer's cost experience will be charged with the net present value of the future earnings replacement required for the duration of the claim, to age 65. This amount will reflect total earnings replacement payments that the injured worker is expected to receive.
4. The capitalized amount will be included in the Experience Rating calculation for employers in the Advanced Program. Policy POL 27/2016, Experience Rating Program – Discounts or Surcharges, will apply.

5. For premium rate setting purposes, the capitalized amounts will be included in the year in which they were applied. The amounts will be used to calculate the premium rates for the industry in which the employer is classified.
6. Once LTER has been established, annual verification of earnings will be completed. POL 07/2016, Earnings Verification, will apply. If the LTER is adjusted on the basis of a review, the capitalization may also be adjusted.

Act Sec #	115, 116(1), 121(1), 134, 139, and 145
Effective Date	01 May 2010
Amendment	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	Long-term earnings replacement claims
Supersedes	n/a
Complements	PRO 14/2010 Capitalization of Claims POL 27/2016 Experience Rating Program – Discounts or Surcharges POL 01/2018 Benefits – Long-Term Earnings Loss PRO 01/2018 Benefits – Long-Term Earnings Loss POL 07/2016 Earnings Verification PRO 07/2016 Earnings Verification PRO 23/2016 Vocational Rehabilitation – Programs and Services

Procedure	Capitalization of Claims (PRO 14/2010)
Document Date	30 March 2010
Purpose	To establish the guidelines to capitalize a claim receiving long-term earnings replacement.

BACKGROUND

The Workers' Compensation Board (WCB) has approved POL 14/2010, Capitalization of Claims to establish the guidelines for the capitalization of claims receiving long-term earnings replacement (LTER) payments.

PROCEDURE

1. Where LTER is implemented under POL 01/2018, Benefits – Long-Term Earnings Loss, capitalization will be applied the following month in most situations except for the following:
 - a. where the worker has a decreasing staged earnings replacement which is expected to result in the elimination of earnings loss; or.
 - b. where the LTER is expected to be paid for a period of less than one year; or.
 - c. where the worker has a staged earnings replacement with ongoing LTER, the Case Manager will delay capitalization until staging is complete and the LTER has stabilized.
2. Where it has been determined that the claim should be capitalized, the file will be referred to the Case Manager.
3. The Case Manager will ensure the information is placed on file and the net present value amount is calculated to determine the amount of funds to be set aside in order to pay for the expected wage loss in the future until the worker has reached age 65. Medical and rehabilitation costs will not be capitalized.
4. The net present value amount of the injured worker's future LTER benefits will be charged to the employer's cost experience as a capitalized cost in the year the amount is determined.
5. For experience rating purposes, Employer Services will include this capitalized amount in the employer's cost experience. However, the total cost used in the calculation will be limited to an amount equal to the maximum assessable wage. Policy POL 27/2016, Experience Rating Program – Discounts or Surcharges, will apply.
6. The Case Manager will annually review and verify the worker's earnings to determine if adjustments to the LTER benefits are required. If the LTER is adjusted on the basis of a review (POL 07/2016, Earnings Verification), the Case Manager will adjust the capitalized amount.
7. Where the capitalized amount is adjusted, any variance will be recorded in the employer's cost experience in the year that it is applied.

8. When LTER benefits are capitalized, the amount will be shown on the employer's monthly cost statement in the month that it is applied. Since the future value of medical and rehabilitation costs cannot be projected, these costs will continue to be included in future cost statements.

Act Sec #	115, 116(1), 121(1), 139, and 145
Effective Date	01 May 2010
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	Long-term earnings replacement claims
Supersedes	n/a
Complements	POL 14/2010 Capitalization of Claims POL 27/2016 Experience Rating Program – Discounts or Surcharges POL 01/2018 Benefits – Long-Term Earnings Loss PRO 01/2018 Benefits – Long-Term Earnings Loss POL 07/2016 Earnings Verification PRO 07/2016 Earnings Verification PRO 23/2016 Vocational Rehabilitation – Programs and Services

Policy	Second Injury and Re-Employment Reserve (POL 11/2017)
Document Date	15 August 2017
Purpose	To establish guidelines for charging claim costs to the Second Injury and Re-Employment Reserve.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") allows the Workers' Compensation Board (WCB) to establish the Second Injury and Re-Employment Reserve. This is consistent with the WCB's authority to set up a reserve(s) to meet losses from any disaster or other circumstance the liability for which would, in the opinion of the WCB, unfairly burden the employers in any class (Section 145).
2. The purpose of the Second Injury and Re-Employment Reserve (the "reserve") is to:
 - a. Provide employers with cost relief on claims attributed to an earlier work-related injury.
 - b. Provide employers cost relief on compensable claims that may involve a worker's pre-existing condition.
3. The reserve is set at one per cent of benefit liabilities (POL 14/2017, Funding).

POLICY

Cost Relief

1. Cost relief eligibility will be considered on claims for all workers and throughout the life of a claim.
2. If a claim is eligible for cost relief the employer will be provided total or partial cost relief and costs are charged to the reserve.
3. If an employer is provided cost relief a credit is applied to their account (POL 27/2016, Experience Rating Program – Discounts or Surcharges will apply).

Pre-Existing Conditions and Second Injuries

4. A non-work related pre-existing injury, disease, degenerative condition or psychological condition is a risk to a worker in and out of employment (POL 03/2017, Arising Out of and In the Course of Employment). The WCB will charge total claim costs to the reserve if conditions of a worker's employment increased the risk of an injury occurring or the severity of the injury.
5. The WCB will charge total claims costs to the reserve if a worker's prosthetic device, prescribed for a previous work injury, fails and causes an injury. Costs to repair damage to the prosthetic device will not be charged to the reserve.
6. The WCB will charge partial claim costs to the reserve in the following situations:

- a. If recovery from a work injury is prolonged because a worker's non-work related pre-existing condition (POL 12/2017, Pre-Existing Conditions – Aggravation or Acceleration) is:
 - i. Aggravated by the work injury.
 - ii. Accelerated by the work injury.
 - b. If a prior work injury with another employer:
 - i. Prolongs the recovery of a new work injury because a prior work injury is aggravated or accelerated.
 - ii. Causes a new work injury.
7. An employer will be eligible for partial cost relief if a workplace exposure contributes to a respiratory disease (e.g., asthma, emphysema, lung cancer) and smoking is partially responsible. The WCB will charge 50 per cent of claims costs to the reserve.

Injury Following a Return-to-Work

8. If a worker sustains a new injury, the WCB will charge total claims costs for that injury to the reserve if it arises out of and in the course of:
- a. A return-to-work (RTW) plan (POL 08/96, Return-to-Work Plans).
 - b. Alternate or accommodated employment, with either the pre-injury or a new employer:
 - i. Within one year of starting alternate or accommodated employment., and
 - ii. To the same area of injury as the work-related injury.

Other

9. The WCB will charge partial claim costs to the reserve in the following situations:
- a. The worker or dependent spouse has a good reason for not participating in health care or an individualized vocational plan (IVP) (POL 15/2016, Suspension of Benefits; POL 01/2008, Suspension of Benefits – Pregnancy).
 - b. The worker is incarcerated and benefits are redirected to a dependent spouse (POL 10/2016, Suspension – While Incarcerated). Costs redirected to the dependent spouse during a notice period will be charged to the reserve.
 - c. The worker sustains an injury while travelling to or from treatment or RTW program and the WCB is paying for travel (POL 04/2011, Injuries – Travelling for or Attending Medical Aid or Return-to-Work Programming).
 - d. The worker is entitled to benefits (i.e., medical or wage loss benefits) for a claim involving serious and wilful misconduct (POL 08/2017, Serious and Wilful Misconduct).
 - e. The worker sustains an injury because of an imported personal hazard of another worker (POL 03/2017, Arising Out of and In the Course of Employment).

Act Sec #	145
Effective Date	01 October 2017
Application	All injuries on or after the effective date.
Supersedes	POL 21/2010 Second Injury and Re-Employment Reserve

Complements	POL 25/2010	Administrative Error – Cost Relief
	<u>PRO 11/2017</u>	<u>Second Injury and Re-Employment Reserve</u>
	<u>POL 01/2008</u>	<u>Suspension of Benefits – Pregnancy</u>
	<u>POL 14/2017</u>	<u>Funding</u>
	<u>POL 03/2017</u>	<u>Arising Out of and In the Course of Employment</u>
	<u>POL 04/2011</u>	<u>Injuries – Travelling for or Attending Medical Aid or</u>
		<u>Return-to-Work Programming</u>
	<u>POL 04/2017</u>	<u>Injuries – Occupational Disease</u>
	<u>POL 05/2014</u>	<u>Occupational Disease Reserve</u>
	<u>POL 13/2017</u>	<u>Rate Setting Model</u>
	<u>POL 05/2017</u>	<u>Privacy of Information</u>
	<u>POL 08/2017</u>	<u>Serious and Wilful Misconduct</u>
	<u>POL 08/96</u>	<u>Return-to-Work Plans</u>
	<u>POL 12/2017</u>	<u>Pre-Existing Condition – Aggravation or Acceleration</u>
	<u>POL 14/2016</u>	<u>Interest on Benefits Accruing from Successful Appeals</u>
	<u>POL 15/2016</u>	<u>Suspension of Benefits</u>
	<u>POL 27/2016</u>	<u>Experience Rating Program – Discounts or Surcharges</u>
	<u>PRO 04/2017</u>	<u>Injuries – Occupational Disease</u>

Procedure	Second Injury and Re-Employment Reserve (PRO 11/2017)
Document Date	16 August 2017
Purpose	To establish guidelines for charging claim costs to the Second Injury and Re-Employment Reserve.

BACKGROUND

POL 11/2017, Second Injury and Re-Employment Reserve – Cost Relief establishes guidelines for providing employers with cost relief and charging costs to the Secondary and Re-Employment Reserve (the “reserve”).

PROCEDURE

1. Operations staff will review claims for cost relief throughout the life of a claim. This includes reviewing claims for cost relief as decisions are made (e.g., referral from Claims Entitlement Services to Case Management, when a claim is placed on long-term earnings loss benefits and at claim closure).
2. Operations staff will identify:
 - a. Claims which qualify for cost relief, and
 - b. The portion of claims costs (i.e., full or partial) that will be charged to the reserve.
3. Operations staff will determine what amount of claim costs to charge to the reserve by using:
 - a. A percentage of costs charged to expense codes (e.g., wage loss, medical, etc.),
 - b. Costs before and/or specific dates, or
 - c. A combination of (a) and (b) above.
4. Operations staff will charge claim costs to the reserve. Team Leaders will approve charges that total more than \$100,000.
5. If the employer qualifies for cost relief, Operations staff will notify the employer in writing. The letter will note:
 - a. The reason why the employer is receiving cost relief, and
 - b. How much cost relief the employer will receive.
6. If an employer requests a review for cost relief, Operations will provide the employer the results of the review in writing.
7. If an employer receives cost relief, a credit is applied to the employer’s account (POL 27/2016, Experience Rating Program – Discounts or Surcharges will apply).

8. If an employer appeals the WCB's decision regarding cost relief, the WCB may provide copies of claim documents relevant to the cost relief decision to the employer or their representative (POL 05/2017, Privacy of Information).

Act Sec #	145
Effective Date	01 October 2017
Application	All injuries on or after the effective date.
Supersedes	PRO 21/2010 Second Injury and Re-Employment Reserve
Complements	POL 11/2017 Second Injury and Re-Employment Reserve
	POL 03/2017 Arising Out of and In the Course of Employment
	POL 04/2017 Injuries – Occupational Disease
	POL 05/2017 Privacy of Information
	POL 27/2016 Experience Rating Program – Discounts or Surcharges

Policy **Occupational Disease Reserve (POL 05/2014)**

Document Date 29 April 2014

Purpose To establish guidelines for the Occupational Disease Reserve.

BACKGROUND

1. Under Section 20 of *The Workers' Compensation Act, 2013* (the "Act"), the Workers' Compensation Board (WCB) will determine:
 - a. Whether a condition or death was a result of an injury, and
 - b. Whether an injury has arisen out of or in the course of employment.
2. Section 145 of the Act allows the WCB to create a fund to help meet the demands of any disaster or other circumstances that might unfairly burden employers. The Occupational Disease Reserve serves this purpose.

POLICY

1. The Occupational Disease Reserve covers the high costs for latent occupational diseases. The amount of the Occupational Disease Reserve is set under POL 14/2017, Funding.
2. There are latent occupational diseases that have a cause and effect link to work known at exposure. The WCB will charge all or a portion of the costs to the Occupational Disease Reserve when:
 - a. The disease results from exposure at work:
 - i. With an employer who no longer reports to the WCB.
 - ii. With two or more employers, where one is reporting to the WCB, or
 - iii. In an industry under the Act, but there is no confirmation of the employer, or
 - b. The disease is partly caused by exposure at work under the Act and the work exposure was combined with:
 - i. Exposure at work not covered by the Act.
 - ii. Exposure at work covered by other jurisdictions, or
 - iii. Non-work exposure.
3. There are latent occupational diseases that do not have a cause and effect link to work known at exposure. Rather, the link establishes from future scientific evidence. The WCB will charge all costs for these claims to the Occupational Disease Reserve.

Conditions

4. The WCB will charge costs to the Occupational Disease Reserve after considering:
 - a. Recoveries (for example, Third party recoveries), or

- b. Relief under the Second Injury and Re-employment Reserve.

Experience Rating

5. When the WCB provides cost relief, an employer may request to have their previous years' experience rating reviewed (POL 27/2016, Experience Rating Program – Discounts or Surcharges).

Act Sec #	2(1)(r)(iii), 2(1)(aa), 20, 145
Effective Date	01 December 2014
Application	All new injury claims on or after the effective date.
Supersedes	POL 10/1999 Disaster and Occupational Disease Reserve
Complements	PRO 05/2014 Occupational Disease Reserve
	POL 11/2017 Second Injury and Re-Employment Reserve
	PRO 11/2017 Second Injury and Re-Employment Reserve
	POL 14/2017 Funding
	POL 04/2017 Injuries – Occupational Disease
	PRO 04/2017 Injuries – Occupational Disease
	POL 12/2014 Disaster Reserve
	PRO 12/2014 Disaster Reserve
	POL 27/2016 Experience Rating Program – Discounts or Surcharges

Procedure Occupational Disease Reserve (PRO 05/2014)

Document Date 29 April 2014

Purpose To establish guidelines for the Occupational Disease Reserve.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 05/2014, Occupational Disease Reserve.
2. This procedure provides rules on how to apply POL 05/2014.

PROCEDURE

1. An employer may face high claim costs from an occupational disease. The WCB can charge all or a portion of the claim costs to the Occupational Disease Reserve.
 2. The Occupational Disease Reserve will be charged costs based on the net costs of a claim. In determining the net costs, Operations staff will consider all relevant:
 - a. Recoveries (for example, third party recoveries), or
 - b. Relief under the Second Injury and Re-employment Reserve.
 3. Operations staff will decide if a disease is:
 - a. Occupational, and
 - b. The cause of a work injury (POL 04/2017, Injuries – Occupational Disease).
 4. Operations staff will determine whether a claim meets the conditions for cost relief (POL 05/2014).
 5. If the claim meets the conditions for cost relief, Operations staff will determine:
 - a. The percentage of costs to be transferred, and
 - b. The effective date.
 6. All or a portion of the claim costs will be charged to the Occupational Disease Reserve when the claim has a cause and effect link to work known at exposure. Operations staff will determine the portion of costs by comparing the exposure covered by *The Workers' Compensation Act, 2013* (the "Act") against the factors identified in Point 2 of POL 05/2014.
 7. Operations staff will charge all costs to the Occupational Disease Reserve when the claim does not have a cause and effect link to work known at exposure. Rather, the link establishes from future scientific evidence.
 8. Operations staff will advise the employer, in writing, of all decisions regarding cost relief.
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9. When the WCB provides cost relief, an employer may request to have their previous years' experience rating reviewed by a Quantitative Research Analyst (POL 27/2016, Experience Rating Program – Discounts or Surcharges).

Act Sec #	2(1)(r)(iii), 2(1)(aa), 20, 145
Effective Date	01 December 2014
Application	All new injury claims on or after the effective date.
Supersedes	n/a
Complements	POL 05/2014 Occupational Disease Reserve POL 11/2017 Second Injury and Re-Employment Reserve PRO 11/2017 Second Injury and Re-Employment Reserve POL 14/2017 Funding POL 04/2017 Injuries – Occupational Disease PRO 04/2017 Injuries – Occupational Disease POL 12/2014 Disaster Reserve PRO 12/2014 Disaster Reserve POL 27/2016 Experience Rating Program – Discounts or Surcharges

Policy	Disaster Reserve (POL 12/2014)
Effective Date	December 1, 2014
Application	Applies to all new injury claims on or after the effective date.
Purpose	To establish guidelines for the Disaster Reserve.

BACKGROUND

1. Under Section 20 of *The Workers' Compensation Act, 2013* (the "Act"), the Workers' Compensation Board (WCB) will determine:
 - a. Whether a condition or death was a result of an injury, and
 - b. Whether an injury has arisen out of or in the course of employment.
2. Section 145 of the Act allows the WCB to create a fund to help meet the demands of any disaster or other circumstances that might unfairly burden employers. The Disaster Reserve serves this purpose.

POLICY

1. The Disaster Reserve has two parts:
 - a. Part 1 covers the less severe disasters that would fall under Point 3(a).
 - b. Part 2 covers the rare severe disasters that would fall under Point 3(b).
2. Each part of the Disaster Reserve is set at 1 per cent of benefit liabilities (POL 14/2017, Funding).
3. The WCB will charge a portion of a claim's costs to the Disaster Reserve.
 - a. For one claim:
 - i. The WCB will charge the portion of costs exceeding 10 times above the maximum wage rate at the time of injury to the Disaster Reserve.
 - b. For an incident resulting in injury to two or more workers of the same employer:
 - i. The WCB will calculate the total costs of the claims. The WCB will then charge the portion of costs 20 times above the maximum wage rate at the time of injury to the Disaster Reserve.
4. The WCB will provide the maximum amount of cost relief to the employer. When the calculation under Point 3(b) does not benefit the employer, the WCB will consider cost relief for the individual claims.

Conditions

5. The WCB will charge costs to the Disaster Reserve after considering:

- a. Recoveries (for example, third party recoveries), or
- b. Relief under the Second Injury and Re-employment Reserve or the Occupational Disease Reserve.

Exceptions

6. An industry or rate group may incur costs that are less than those in 3(a) or (b). The industry or rate group can apply for cost relief. If accepted, the WCB will assign the costs to the Second Injury and Re-Employment Reserve.

Experience Rating

7. When the WCB provides cost relief, an employer may request to have their previous years' experience rating reviewed (POL 27/2016, Experience Rating Program – Discounts or Surcharges).

Effective Date	December 1, 2014
Approved Date	September 2, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20, 145
Document History	<ol style="list-style-type: none"> (1) POL 10/1999, Disaster and Occupational Disease Reserve (effective February 1, 1999 to November 30, 2014). (2) Board Order 74/80, Application of the Disaster Reserve Fund (effective January 1, 1979). (3) Board Order 08/73, Disaster Reserve Fund (effective January 1, 1973). (4) Board Order 43/70, Disaster Reserve (effective December 3, 1970).
Complements	PRO 12/2014 Disaster Reserve POL 11/2017 Second Injury and Re-Employment Reserve PRO 11/2017 Second Injury and Re-Employment Reserve POL 14/2017 Funding POL 05/2014 Occupational Disease Reserve PRO 05/2014 Occupational Disease Reserve POL 27/2016 Experience Rating Program – Discounts or Surcharges

Procedure	Disaster Reserve (PRO 12/2014)
Effective Date	December 1, 2014
Application	Applies to all new injury claims on or after the effective date.
Purpose	To establish guidelines for the Disaster Reserve.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 12/2014, Disaster Reserve.
2. This procedure provides rules on how to apply POL 12/2014.

PROCEDURE

1. An employer may incur high claim costs from a disaster. The WCB can charge a portion of the claim costs to the Disaster Reserve.
2. The Disaster Reserve will be charged costs based on the net costs of a claim. In determining the net costs, Operations staff will consider all relevant:
 - a. Recoveries (for example, third party recoveries), or
 - b. Relief under the Second Injury and Re-employment Reserve or the Occupational Disease Reserve.
3. For one claim:
The WCB claims computer system will transfer costs 10 times above the maximum wage rate at the time of injury to the Disaster Reserve.
4. For an incident resulting in injury to two or more workers of the same employer:
Information Technology Services (ITS) and Operations staff will find and link claims caused by the same incident. The computer system will transfer costs 20 times above the maximum wage rate at the time of injury to the Disaster Reserve.
5. The WCB will provide the maximum amount of cost relief to the employer. When the calculation under Point 4 does not benefit the employer, the WCB will consider cost relief for the individual claims.
6. Operations staff will advise the employer, in writing, of all decisions regarding cost relief.
7. When the WCB provides cost relief, an employer may request to have their previous years' experience rating reviewed by a Quantitative Research Analyst (POL 27/2016, Experience Rating Program – Discounts or Surcharges).

Effective Date December 1, 2014

Approved Date	September 2, 2014
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 20, 145
Document History	<ul style="list-style-type: none">(1) POL 10/1999, Disaster and Occupational Disease Reserve (effective February 1, 1999 to November 30, 2014).(2) Board Order 74/80, Application of the Disaster Reserve Fund (effective January 1, 1979).(3) Board Order 08/73, Disaster Reserve Fund (effective January 1, 1973).(4) Board Order 43/70, Disaster Reserve (effective December 3, 1970).
Complements	<ul style="list-style-type: none">PRO 12/2014 Disaster ReservePOL 11/2017 Second Injury and Re-Employment ReservePRO 11/2017 Second Injury and Re-Employment ReservePOL 14/2017 FundingPOL 05/2014 Occupational Disease ReservePRO 05/2014 Occupational Disease ReservePOL 27/2016 Experience Rating Program – Discounts or Surcharges

Reconsiderations and Appeals

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Reversing Decisions	<u>POL 23/2014</u>	<u>PRO 23/2014</u>	01 January 2015
Appeals – Claims	<u>POL 21/2013</u>	<u>PRO 21/2013</u>	01 January 2014
Appeals – Employer Accounts	<u>POL 20/2013</u>	<u>PRO 20/2013</u>	01 January 2014
Appeals – Board Appeal Tribunal	<u>POL 22/2013</u>		01 January 2014
Medical Review Panels	<u>POL 18/2010</u>	<u>PRO 18/2010</u>	02 June 2010
Appeals – Charter and Constitutional Issues	<u>POL 05/2005</u>	<u>PRO 05/2005</u>	01 October 2005
Interest on Benefits Accruing from Successful Appeals	<u>POL 14/2016</u>	<u>PRO 14/2016</u>	01 August 2016

Policy	Reversing Decisions (POL 23/2014)
Document Date	10 December 2014
Purpose	To establish the process for reversing decisions.

BACKGROUND

The Workers' Compensation Act, 2013 (the "Act") authorizes the WCB to rescind, alter or amend any decision it has previously made (Section 20(5)).

POLICY

1. The WCB may reverse decisions when:
 - a. There is new evidence.
 - b. The Medical Consultant provides a contrary opinion regarding the relationship of medical issues to the injury and/or employment.
 - c. The Appeals department, Assessment Committee or Board Members provide a contrary decision to that of the decision maker.
 - d. Operations or Employer Services staff determine that the original decision is unreasonable.
2. If a reversed decision results in the termination of benefits, POL 17/2010, Termination of Compensation Benefits – Notice, will apply.

Act Sec #	18, 20(5), 100(1)
Effective Date	01 January 2015
Application	Claim and employer account decisions
Supersedes	POL 13/91 (Amended by POL 07/98) Reversing Decisions
Complements	PRO 23/2014 Reversing Decisions
	POL 02/2019 Decision Making
	PRO 02/2019 Decision Making
	POL 20/2013 Appeals – Employer Accounts
	POL 21/2013 Appeals – Claims
	PRO 21/2013 Appeals – Claims
	POL 22/2013 Appeals – Board Appeal Tribunal
	POL 17/2010 Termination of Compensation Benefits – Notice

Procedure	Reversing Decisions (PRO 23/2014)
Document Date	10 December 2014
Purpose	To provide administrative guidelines for reversing decisions.

DEFINITION

Customer means an injured worker, surviving dependent spouse, or employer.

BACKGROUND

POL 23/2014, Reserving Decisions establishes the process for reversing decisions.

PROCEDURE

General

1. WCB staff will reverse decisions only after careful consideration.

Reviewing and Reversing Decisions

2. If Case Management or Claims Entitlement staff decide to reverse or significantly alter a decision, they must get approval from one of the following:
 - a. Team Leader.
 - b. Assistant Director of Operations, or
 - c. Executive Director of Operations.
3. If Employer Services staff decide to reverse or significantly alter a decision, they must get approval from one of the following:
 - a. Manager, or
 - b. Director of Employer Services.

Communicating Decisions

4. If the WCB reverses a decision, the WCB staff member that made the reversal will:
 - a. Discuss the reversal with the customer in person or by phone, and
 - b. Send a letter to the customer that outlines the reasoning for the reversal.

Appeals – Reversed Decisions

5. Customers can appeal reversed claim decisions. The following policies will apply:
 - a. POL 21/2013, Appeals – Claims.
 - b. POL 20/2013, Appeals – Employer Accounts

c. POL 22/2013, Board Appeal Tribunal.

Act Sec #	18, 20(5), 100(1)
Effective Date	01 January 2015
Application	Claim and employer account decisions
Supersedes	PRO 51/2006 Reversing Decisions
Complements	POL 23/2014 Reversing Decisions
	POL 02/2019 Decision Making
	PRO 02/2019 Decision Making
	POL 20/2013 Appeals – Employer Accounts
	POL 21/2013 Appeals – Claims
	PRO 21/2013 Appeals – Claims
	POL 22/2013 Appeals – Board Appeal Tribunal
	POL 17/2010 Termination of Compensation Benefits – Notice

Policy **Appeals – Claims (POL 21/2013)**

Document Date 18 December 2013

Purpose To provide guidelines for appeals of claim decisions.

BACKGROUND

1. Section 18 of *The Workers' Compensation Act, 2013* (the "Act") allows the Board Members to delegate any of their powers or functions to WCB employees. Persons affected by delegate decisions can make appeals. This section also directs that the WCB must create policy to guide the appeals process.
2. Section 20(5) of the Act states that the WCB can reconsider any matter that it has dealt with and any decision that it has made.
3. Section 23 of the Act requires staff to base every decision on the merits and justice of each case. However, WCB recognizes that from time to time, workers and employers desire an independent review of a decision on an injury claim.
4. Section 171 of the Act clarifies that oral hearings are not a right under the Act.
5. The intent of the appeals process is to provide workers and employers with an easily accessible and independent process of review for a decision regarding a worker's claim for entitlement to benefits.
6. Employer appeals regarding decisions on employer accounts (e.g., assessments) are not covered by this policy (see POL 20/2013, Appeals – Employer Accounts).

POLICY

Appealing WCB Claim Decisions (Workers or Employers)

1. Workers and employers (and their approved representatives) may appeal any claim decision.
 2. WCB has established a four-level process for workers or employers appealing a WCB claim decision:
 - a. Review of the original decision by the staff responsible for the decision.
 - b. Review of the original decision by an Appeals Officer. Appeals Department staff are bound by WCB policy and have authority to confirm, change or reverse any claim decision, except a decision made by the Board Appeal Tribunal, and
 - c. Final review by the Board Appeal Tribunal comprised of two or more members of the Board. The Board Appeal Tribunal is bound only by the Act and has full discretionary authority in all matters as delegated to it under the Act (POL 22/2013).
 - d. Review by a Medical Review Panel (bona-fide medical questions only) (POL 18/2010, Medical Review Panels).
-

3. All requests for appeals must be in writing to the Manager of Appeals. The request should specify the decision in dispute, why the appellant disagrees with the decision, and their expected resolution to the appeal.
4. Access to the claim file is in accordance with the provisions of section 173 and 174 respectively and will follow the process outlined under PRO 06/2017, Authority for Disclosure.
5. All appeals at the Appeals Department level will be acknowledged in writing, including an outline of the decision in dispute, to all interested parties (workers, employers and their representatives).
6. At each level of appeal, the decision is made by the staff member(s) who review the documents and/or hear the evidence. The decision maker will ensure that he or she has obtained information that, in the staff member's opinion, is required to provide the best available evidence upon which to make the decision. Decisions made by the Board Appeal Tribunal will only be reviewed by the Board Appeal Tribunal.
7. The decision will be made in accordance with the Act, policies and the rules of natural justice, which require the decision maker to:
 - a. Act properly, fairly and without bias.
 - b. Provide an opportunity for each party to state their case.
 - c. Inform each party of the case that they must respond to.
 - d. Consider all of the evidence.
 - e. Ensure that the decision is made by those who consider the evidence, and
 - f. Provide the parties with meaningful and timely reasons.
8. Where the worker or employer provides new information that was not available when the decision being appealed was made, this information must first be considered by the WCB staff member responsible for that decision (e.g., Case Manager, Appeals Officer), before progressing to the next level of appeal (e.g., the Appeals Department, Board Appeal Tribunal).
9. Following each level of appeal, the decision will be communicated in writing to all interested parties. The written decision will comply with POL 05/2017, Privacy of Information, and will outline:
 - a. The decision in dispute.
 - b. The appeal decision now being made, and
 - c. The full reasons for the appeal decision, including the applicable authority as set out in the Act or WCB policy.

Standard of Proof

10. At all levels of appeal, all information relevant to the issue(s) under dispute is considered and given weight appropriate to its relevance and level of verification. Decisions are based in accordance with the conclusion that is more likely, considering the merits and justice of

the appeal. Where the evidence on both sides of an issue is approximately equal, the issue is settled in favor of the worker; POL 02/2019, Decision Making, will apply.

Burden of Proof

11. There is no burden of proof on the worker or employer submitting the appeal. However, the worker or employer is expected to provide a reason for disagreeing with the original decision, and to cooperate in providing the information required by the WCB. The onus is on the WCB to ensure that there is sufficient information to make the appeal decision.

Act Sec #	14, 15, 18, 20, 21, 22, 23, 29, 73, 80, 100, 169, 171, 173, 174
Effective Date	01 January 2014
Amended	References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All appeals
Supersedes	POL 31/2010 Appeals – Claims
Complements	PRO 21/2013 Appeals – Claims
	POL 22/2013 Appeals – Board Appeal Tribunal
	POL 20/2013 Appeals – Employer Accounts
	PRO 20/2013 Appeals – Employer Accounts
	POL 05/2017 Privacy of Information
	POL 05/2020 Annuities
	PRO 05/2005 Appeals – Charter and Constitutional Issues
	PRO 06/2017 Authority for Disclosure
	POL 02/2019 Decision Making
	PRO 02/2019 Decision Making
	POL 04/2014 Fatalities, Presumption
	POL 18/2010 Medical Review Panels
	POL 13/2016 Pension Commutation (<i>The Workers' Compensation Act, 1974</i>)
	POL 23/2014 Reversing Decisions
	PRO 23/2014 Reversing Decisions

Procedure	Appeals – Claims (PRO 21/2013)
Document Date	18 December 2013
Purpose	To detail the appeals process for claim decisions.

BACKGROUND

1. POL 21/2013, Appeals – Claims has been approved, which provides workers and employers (or their representatives) with an easily accessible review or reconsideration of any claim decision.
2. The following guidelines ensure that staff apply Workers' Compensation Board (WCB) policy and the appropriate provisions of *The Workers' Compensation Act, 2013* (the "Act") when reviewing a decision, keeping in mind the individual merits and justice of the issue.
3. Service quality is maintained by responsible managers at each stage, setting suitable standards for quality and timeliness, and monitoring claims to ensure that delays are minimized in:
 - a. Collecting information needed for a well-informed decision.
 - b. Arriving at an Appeals Officer decision or Board Appeal Tribunal decision.
 - c. Implementing an Appeals Officer decision or Board Appeal Tribunal decision.

PROCEDURE

Appealing WCB Claim Decisions (Workers or Employers)

Review

1. The worker's or employer's first step should be to contact the staff member responsible for the original decision. The staff member will consider any new information provided by the worker or employer, and gather any additional information necessary.
2. The staff member will provide a written response or document any discussion with the worker or employer.
3. Where the original decision is upheld, the worker or employer will be reminded of the Appeal process.

Appeals Department

4. Upon receipt of a written request for a review, the Appeals Department will conduct an immediate initial review to determine if:
 - a. The decision was previously considered by the Board Appeal Tribunal and ruled on and, if so, the request will be sent directly to the Board Appeal Tribunal.

- b. A reconsideration decision has been made and communicated by the original decision-maker.
 - c. There is sufficient information on file to proceed with an appeal.
 - d. There is new information in the appeal, which was not previously available.
5. Depending on the last three criteria noted in point 4 above, the review may be delayed and appropriate directions will be given to the Operations Division concerning further inquiries to collect additional information. The worker is advised by the Appeals Department in writing as to how the situation will be handled. Alternatively, Operations staff will be asked to review the original decision, and respond directly to the request.
6. The Appeals Department will monitor directions on such claims and where the decision is not changed by Operations staff, review by the Appeals Department will proceed on a priority basis.
7. Where it is determined that a review can proceed, the Appeals Department will immediately acknowledge the appeal in writing and provide the appellant a time estimate of when the review will take place.
8. The worker and employer are advised in writing of the decision(s) in dispute, and invited to provide additional information in support of their respective positions.
9. An Appeals Officer will review all claim information relevant to the issue in dispute. The Appeals Officer may then make inquiries to collect additional information, direct Operations staff to make such inquiries, or seek advice from a WCB medical consultant. Under normal circumstances, the review is limited to the decision(s) in dispute. However, the Appeals Officer has authority to consider other issues, which may come to light in the course of the review, in cases of blatant error or non-compliance with policies.
10. The worker or employer may request a meeting or telephone conference with the Appeals Officer. The purpose of such a meeting is to allow them the opportunity to provide additional information or clarify certain issues related to the appeal.
11. Following a thorough review, the Appeals Officer will provide a written appeal decision to the worker and employer. The appeal decision will provide detailed reasons, including the information used and the applicable authority as set out in the Act and/or WCB policy. The worker or employer who submitted the appeal will be invited to discuss the decision with the Appeals Officer to facilitate understanding.
12. Where an appeal decision relates to multiple claims and/or multiple employers, each employer will only be provided with information directly related to their own interests.
13. Any decision or direction of the Appeals Officer will be carried out by Operations staff without delay.

Board Appeal Tribunal

14. If the worker or employer disagrees with the decision of the Appeals Officer, they may request a further review by the Board Appeal Tribunal as outlined in policy POL 22/2013, Appeals – Board Appeal Tribunal.

15. In accordance with Section 20 of the Act, WCB has established that only the Board Appeal Tribunal will have exclusive jurisdiction to reach a decision in the first instance, or to review an appeal, which includes the following issues:
- Section 29 of the Act regarding presumption claims filed prior to January 1, 2003 (PRO 04/2014).
 - Section 73 of the Act regarding proposals for alternate forms of annuities (POL 05/2020).
 - Section 82 of *The Workers' Compensation Act, 1974* (the "Old Act") regarding the commutation of pensions (POL 13/2016).
 - Section 100 of the Act regarding payments to dependant(s) of an incarcerated worker (POL 10/2016).
 - Section 169 regarding applications as to whether court action is barred under the Act (POL 01/2013), and
 - Matters relating to the *Canadian Charter of Rights and Freedoms* (POL 05/2005).
16. Where appeals are received by the Appeals Department citing the issues noted in Point 15 above, they will first review the appeal to determine if there is a bona fide issue of exclusive Board jurisdiction. If it is so determined, the appeal is forwarded to the Director, Board Services and Corporate Governance for consideration by a Board Appeal Tribunal.

Medical Review Panel

17. A Medical Review Panel will only be convened after all other avenues of appeal have been exhausted, and only for bona-fide medical questions (POL 18/2010 – Medical Review Panels).

Act Sec #	14, 15, 18, 20, 21, 22, 23, 29, 73, 80, 100, 169, 171, 173, 174
Effective Date	01 January 2014
Application	All appeals
Supersedes	PRO 31/2010 Appeals – Claims
Complements	POL 21/2013 Appeals – Claims
	POL 22/2013 Appeals – Board Appeal Tribunal
	POL 20/2013 Appeals – Employer Accounts
	PRO 20/2013 Appeals – Employer Accounts
	POL 05/2017 Privacy of Information
	POL 05/2020 Annuities
	PRO 05/2005 Appeals – Charter and Constitutional Issues
	PRO 06/2017 Authority for Disclosure
	POL 02/2019 Decision Making
	PRO 02/2019 Decision Making
	POL 04/2014 Fatalities, Presumption
	POL 18/2010 Medical Review Panels
	POL 13/2016 Pension Commutation (<i>The Workers' Compensation Act, 1974</i>)
	POL 23/2014 Reversing Decisions
	PRO 23/2014 Reversing Decisions
	POL 10/2016 Suspension of Benefits – While Incarcerated

Policy	Appeals – Employer Accounts (POL 20/2013)
Document Date	18 December 2013
Application	Applies to employers requesting reviews of decisions made by Employer Services staff.
Purpose	To outline the appeals process for employer account decisions.

BACKGROUND

1. Section 18 of *The Workers' Compensation Act, 2013* (the "Act") allows the Board Members to delegate any of their powers or functions to WCB employees. Persons affected by delegate decisions can make appeals. This section also directs that the WCB must create policy to guide the appeals process.
2. Section 20(5) of the Act states that the WCB can reconsider any matter that it has dealt with and any decision that it has made.
3. Section 23 of the Act requires staff to base every decision on the merits and justice of each case. However, WCB recognizes that from time to time, employers may desire an independent review of a decision on their account.
4. Section 171 of the Act clarifies that oral hearings are not a right under the Act.
5. The intent of the appeals process is to provide employers with an easily accessible and independent process of review for decisions regarding their employer account.
6. Employer appeals on worker claims issues are dealt with under POL 21/2013, Appeals – Claims.

POLICY

1. Employers (or their approved representatives) may appeal any decision made by WCB, related to their employer account. These decisions may include, but are not limited to employer registration, classification, assessment or experience rating.
2. WCB has a three-level process for employers who wish to appeal a decision on their account:
 - a. Review and/or explanation of the decision by the original staff member responsible for the decision.
 - b. A review of the original decision by the Employer Services Assessment Committee. The Committee is bound by WCB policy and has authority to confirm, change or reverse any decision originally made by an Employer Services representative, and
 - c. Final review by the Board Appeal Tribunal comprised of two or more members of the Board. The Board Appeal Tribunal is bound only by the Act and has full discretionary authority in all matters (POL 22/2013).

3. All requests for appeals (by employers and their representatives) must be in writing to the chair of the Assessment Committee. The request should outline the specific issue(s) under dispute, why the appellant thinks the decision is incorrect, and their expected resolution to the appeal.
4. Where the employer is appealing or contemplating an appeal regarding their assessment, classification or experience rating decision, access to the employer file or relevant claim cost information will follow the process outlined under PRO 06/2017, Authority for Disclosure.
5. All appeals at the Assessment Committee level will be acknowledged in writing to all interested parties (employers and their representatives).
6. At each level of appeal, the decision is made by the staff member(s) who review the documents and/or hear the evidence.
7. Where the employer provides new information that was not available when the decision being appealed was made, this information must first be considered by the staff member responsible for that decision before progressing to the next level of appeal.
8. Following each level of review, the decision will be communicated in writing to all interested parties, outlining:
 - a. The issue(s) under dispute.
 - b. The decision made, and
 - c. The rationale for the decision, including the applicable authority as set out in the Act or WCB policy.

Standard of Proof

9. At all levels of appeal, all information relevant to the issue(s) under dispute is considered and given weight appropriate to its relevance and level of verification. Decisions are based in accordance with the conclusion that is more likely, considering the merits and justice of the appeal. Where the evidence on both sides of an issue is approximately equal, the issue is settled in favor of the employer. POL 02/2019, Decision Making, will apply.

Burden of Proof

10. There is no burden of proof on the employer submitting the appeal. However, the employer is expected to provide a reason for disagreeing with the original decision, and to cooperate in providing the information required by the Assessment Committee. The onus is on the WCB to ensure that there is sufficient information to make the appeal decision.

Effective Date	January 1, 2014
Approved Date	December 18, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 14, 15, 18, 20, 21, 22, 23, 29, 73, 80, 100, 169, 171, 173, 174

Document History	(1)	February 1, 2020. Procedure updated to note that the Manager of Financial Services replaced the Director of Strategic Planning and Performance Measurement on the Assessment Committee.
	(2)	January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
	(3)	POL and PRO 32/2010, Appeals – Employer Accounts (effective December 1, 2010 to December 31, 2013).
	(4)	PRO 14/1977, Assessment Committee (effective March 15, 1977 to November 30, 2010).
Complements	<u>PRO 20/2013</u>	Appeals – Employer Accounts
	<u>POL 21/2013</u>	Appeals – Claims
	<u>POL 22/2013</u>	Appeals – Board Appeal Tribunal
	<u>POL 23/2014</u>	Reversing Decisions
	<u>POL 05/2005</u>	Appeals – Charter and Constitutional Issues
	<u>POL 05/2017</u>	Privacy of Information
	<u>PRO 06/2017</u>	Authority for Disclosure
	<u>POL 02/2019</u>	Decision Making
	<u>POL 01/2013</u>	Determination of a Worker's Right to Bring Action

Procedure	Appeals – Employer Accounts (PRO 20/2013)
Effective Date	January 1, 2014
Application	Applies to employers requesting reviews of decisions made by Employer Services staff.
Purpose	To outline the appeals process for employer account decisions.

BACKGROUND

1. POL 20/2013, Appeals – Employer Accounts has been approved by the Workers' Compensation Board (WCB), which provides employers or their representatives with the guidelines for reconsideration or review of any decision made regarding their employer account.
2. The following guidelines ensure that staff apply WCB policy and the appropriate provisions of *The Workers' Compensation Act, 2013* (the "Act") when reviewing a decision.

PROCEDURE

Employer Services Staff Member Review

1. The first step employers (or their representatives) should take is to discuss their concerns with the Employer Services staff member responsible for the initial decision. The staff member will consider any new information provided by the employer, and gather any additional information necessary, to ensure there is sufficient information available to make a well-informed decision.
2. The Employer Services staff member will provide a written response with full reasons for the decision.
3. Where the original decision is upheld, the employer will be advised of the subsequent appeal process and will be provided with the Employer Appeals Fact Sheet.

Assessment Committee

4. The Assessment Committee consists of:
 - a. Chairperson – Director, Employer Services
 - b. Member – Manager, Employer Services (Employer Service Representatives).
 - c. Member – Manager, Employer Services (Account Registration and Data Processing)
 - d. Member – Manager, Employer Premiums, and
 - e. Member – Manager, Financial Services.

Of which any two are required for a quorum to consider an appeal. A decision of the majority of the members is the decision of the Assessment Committee.

5. The Assessment Committee will determine whether the decision has been reviewed by the original decision maker. Where this has not been done, the appeal will be returned for review at this level prior to being heard by the Assessment Committee. The Assessment Committee will monitor the development and where the decision is not changed by Employer Services staff, review by the Assessment Committee will proceed in a timely fashion.
6. The Assessment Committee will acknowledge the appeal in writing and provide an approximate time frame to review the decision.
7. The employer may request a meeting or telephone conference with the Assessment Committee. The purpose of such a meeting is to allow them the opportunity to provide additional information or clarify certain issues related to the appeal.
8. The Assessment Committee will provide a written appeal decision to the employer. The appeal decision will explain the issue(s) under consideration, the final decision and the detailed reasons for the decision, including the applicable authority as set out in the Act and/or WCB policy.
9. Where the employer disagrees with the decision of the Assessment Committee, they may request a further review by the Board Appeal Tribunal as outlined in policy POL 22/2013, Appeals – Board Appeal Tribunal.

Effective Date	January 1, 2014
Approved Date	December 18, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 14, 15, 18, 20, 21, 22, 23, 29, 73, 80, 100, 169, 171, 173, 174
Document History	<ol style="list-style-type: none"> (1) February 1, 2020. Procedure updated to note that the Manager of Financial Services replaced the Director of Strategic Planning and Performance Measurement on the Assessment Committee. (2) January 1, 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>. (3) POL and PRO 32/2010, Appeals – Employer Accounts (effective December 1, 2010 to December 31, 2013). (4) PRO 14/1977, Assessment Committee (effective March 15, 1977 to November 30, 2010).
Complements	POL 20/2013 Appeals – Employer Accounts POL 21/2013 Appeals – Claims POL 22/2013 Appeals – Board Appeal Tribunal POL 23/2014 Reversing Decisions POL 05/2005 Appeals – Charter and Constitutional Issues POL 05/2017 Privacy of Information PRO 06/2017 Authority for Disclosure

[POL 02/2019](#) Decision Making

[POL 01/2013](#) Determination of a Worker's Right to Bring Action

Policy	Appeals – Board Appeal Tribunal (POL 22/2013)
Document Date	18 December 2013
Purpose	To establish the Board Appeal Tribunal as the final step in the appeal process.

DEFINITION

Board Appeal Tribunal means a quorum composed of at least two members of the Board (Board Members and/or Chairperson) who act as the final appeal for injury claim and employer account decisions of the Workers' Compensation Board (WCB). This role of the Board as an appellant body is distinct from its governance role.

BACKGROUND

1. To ensure fair treatment to workers and employers, the WCB has established an appeal process, the final step of which is an appeal to the Board Appeal Tribunal.
2. Several sections in *The Workers' Compensation Act, 2013* (the "Act") deal with the right to appeal a decision:
 - a. Section 18 of the Act allows the Board Members to delegate any of their powers or functions to WCB employees. Persons affected by delegate decisions can make appeals. This section also directs that the WCB must create policy to guide the appeals process.
 - b. Further, Section 20(5) of the Act states, "Notwithstanding subsections (3) and (4), the board may:
 - (a) reconsider any matter that it has dealt with; and
 - (b) rescind, alter or amend any decision or order it has made."
 - c. Section 100(1) states, "Any weekly or other periodical payment to a worker or a worker's dependent spouse payable out of the fund may be reviewed:
 - (a) on the motion of the board; or
 - (b) at the request of the worker, the worker's dependent spouse or the worker's employer."
3. While not specific to appeals, there are certain sections of the Act that are particularly relevant when the Board Appeal Tribunal is reviewing an appeal. They are:
 - a. In accordance with Section 14, a "majority of the members constitutes a quorum of the board."
 - b. Under Section 15(3), "the board is to sit at any time and conduct its proceedings in any manner that it considers advisable for the conduct of its business and affairs."
 - c. Section 21(2) grants the Board the "same powers as are vested the Court of Queen's Bench for the trial of civil actions:

- (a) to summon and enforce the attendance of witnesses;
 - (b) to compel witness to give evidence; and
 - (c) to compel witness to produce records or property.”
 - d. Section 22 of the Act authorizes the Board to request depositions of witnesses “to be taken before any person appointed by the board.”
 - e. Under Section 23, a decision of the Board must be based on the merits and justice of each case and is not bound by legal precedent. The benefit of doubt will be given to the worker when the evidence in support of opposite sides of an issue is approximately equal.
4. In accordance with Section 20 of the Act, WCB has established that only the Board Appeal Tribunal will have exclusive jurisdiction to reach a decision in the first instance, or to review an appeal, which includes the following issues:
- a. Section 29 of the Act regarding presumption claims filed prior to January 1, 2003 (POL 04/2014).
 - b. Section 73 of the Act regarding proposals for alternate forms of annuities (POL 05/2020).
 - c. Section 82 of *The Workers' Compensation Act, 1974* (the “Old Act”) regarding the commutation of pensions (POL 13/2016).
 - d. Section 169 regarding applications as to whether court action is barred under the Act (POL 01/2013), and
 - e. Matters relating to the *Canadian Charter of Rights and Freedoms* (POL 05/2005).
5. Section 171 clarifies that the board is not required to hold oral hearings for any matters decided under the Act.

POLICY

- 1. Any worker or employer, having had their injury claim or employer account appeal considered at the Appeals Department or Assessment Committee level may appeal that decision to the Board Appeal Tribunal.
- 2. Any person may appeal a decision of the Privacy Officer regarding compliance with privacy policies and procedures to the Board Appeal Tribunal.
- 3. Board Services staff will acknowledge receipt of the appeal and provide any advice necessary to the worker or employer. For injury claim appeals, both the worker and employer are advised of the appeal and provided an opportunity to submit information in support of their position.
- 4. Access to the claim file is in accordance with the provisions of Sections 173 and 174 respectively and will follow the process outlined under PRO 06/2017, Authority for Disclosure.
- 5. The worker or employer may request an oral hearing with the Board Appeal Tribunal. The Board Appeal Tribunal has the discretion as to whether such a meeting will be granted.

6. On occasion, when it is a claim decision appeal, an employer may request to become a party to a worker's appeal, or vice versa. The Board Appeal Tribunal will consider such applications on a case-by-case basis and where granted, will advise the parties of the process to be followed. The process is subject to modification to ensure fair and reasonable treatment of workers and employers on an individual case basis.
7. The WCB has established policies and procedures that describe how certain issues should be dealt with. However, the Board Appeal Tribunal is not bound by those policies and procedures and will consider any appeal on its true merits and justice in accordance with the provisions of the Act, policies and the rules of natural justice, which require the decision maker to:
 - a. Act properly, fairly and without bias.
 - b. Provide an opportunity for each party to state their case.
 - c. Inform each party of the case that they must respond to.
 - d. Consider all of the evidence.
 - e. Ensure that the decision is made by those who consider the evidence, and
 - f. Provide the parties with meaningful and timely reasons.
8. Board Services staff may require the collection of additional information at any time during the process.
9. Following their review, the Board Members will provide a written decision to all interested parties including detailed reasons for the decision.
10. Any decision or direction by the Board Members will be given priority by WCB staff.

Standard of Proof

11. At all levels of appeal, all information relevant to the issue(s) under dispute is considered and given weight appropriate to its relevance and level of verification. Decisions are based in accordance with the conclusion that is more likely, considering the merits and justice of the appeal. Where the evidence on both sides of a claim issue is approximately equal, the issue is settled in favour of the worker. For issues that are exclusive to an employer account file (i.e., has no affect on a worker's or dependent's entitlement), benefit of doubt will be given to the employer. Policy POL 02/2019, Decision Making, will apply.

Burden of Proof

12. There is no burden of proof on the worker or employer submitting the appeal. However, the worker or employer is expected to provide a reason for disagreeing with the original decision, and to cooperate in providing the information required by the Board Appeal Tribunal. The onus is on the Board Appeal Tribunal to ensure that there is sufficient information to make the appeal decision.

Act Sec #	14, 15, 18, 20, 21, 22, 23, 29, 73, 80, 82, 100, 169, 171, 173, 174
Effective Date	01 January 2013
Amended	References updated in accordance with <i>The Workers' Compensation Act, 2013</i>

**Application
Supersedes
Complements**

All appeals	
POL 30/2010	Appeals – Board Appeal Tribunal
POL 21/2013	Appeals – Claims
POL 20/2013	Appeals – Employer Accounts
PRO 05/2005	Appeals – Charter and Constitutional Issues
POL 05/2020	Annuities
PRO 06/2017	Authority for Disclosure
POL 02/2019	Decision Making
PRO 02/2019	Decision Making
POL 01/2013	Determination of a Worker's Right to Bring Action
POL 04/2014	Fatalities, Presumption
POL 18/2010	Medical Review Panels
POL 13/2016	Pension Commutation (<i>The Workers' Compensation Act, 1974</i>)
POL 05/2017	Privacy of Information
POL 23/2014	Reversing Decisions
POL 10/2016	Suspension of Benefits – While Incarcerated

Policy **Medical Review Panels (POL 18/2010)**

Document Date 02 June 2010

Purpose To establish guidelines for Medical Review Panels.

BACKGROUND

1. Section 60 of *The Workers' Compensation Act, 2013* (the "Act") establishes a Medical Review Panel as the forum by which injured workers may resolve disputes on medical issues. Medical questions from injured workers will be determined by an independent body of medical practitioners once the internal Workers' Compensation Board (WCB) appeals process has been exhausted.
2. Section 59(1) of the Act states that "this section applies if:
 - (a) A worker who claims compensation has:
 - (i) represented to the board that:
 - (A) the worker suffers a greater functional impairment than that decided by the board;
 - (B) the worker suffers a greater limitation in working capacity than that decided by the board;
 - (C) the worker should be granted compensation for a longer period than the period allowed by the board; or
 - (D) the decision of the board was based on a physician's report that was erroneous or incomplete; and
 - (ii) exhausted their rights to a reconsideration or review of a decision by the board; or
 - (b) a deceased worker's dependant who claims compensation has:
 - (i) represented to the board that:
 - (A) the deceased worker suffered a greater functional impairment than that decided by the board;
 - (B) the deceased worker suffered a greater limitation in working capacity than that decided by the board;
 - (C) the deceased worker should have been granted compensation for a longer period than the period allowed by the board; or
 - (D) the decision of the board was based on a physician's report that was erroneous or incomplete; and
 - (ii) exhausted their rights to a reconsideration or review of a decision by the board."
3. Section 59(2) of the Act states that "in the circumstances mentioned in subsection (1), the worker or the deceased worker's dependant:
 - (a) may in writing request the board to provide for a medical review panel:

- (i) to examine the worker; or
 - (ii) in the case of a deceased worker, to examine the medical information relating to the deceased worker; and
 - (b) if a written request is made pursuant to clause (a), must specify whether the examination is to be in Regina or Saskatoon.”
4. Section 59(3) of the Act directs that “a written request pursuant to this section must be accompanied by a certificate of a physician or chiropractor that:
- (a) states that, in their opinion, there is a genuine medical question to be determined;
 - (b) sets out the aspects of the board’s determination of the medical question that the physician or chiropractor disagrees with; and
 - (c) provides sufficient particulars of the question to define the matter at issue.”
5. The Medical Review Panel will not address decisions related to claim adjudication.

POLICY

1. Where the worker or dependant of the deceased worker has exhausted their rights to reconsideration or review of a decision made by the WCB, Section 59(2) of the Act allows the worker or dependant to request a Medical Review Panel.
2. All requests for Medical Review Panels are to be made in writing, and in accordance with Section 59(3) of the Act, are to be accompanied by a certificate of a physician or chiropractor. The WCB interprets Section 59(3) of the Act to mean the physician or chiropractor must identify the medical position taken by the WCB with which they are in disagreement. In providing sufficient particulars to define the issue, the physician or chiropractor must provide the detailed medical grounds on which the disagreement is based. If required, the attending physician or chiropractor may seek the verbal advice of the WCB’s Medical Officer as to the requirements for a certificate.
3. Upon receiving the request and certificate, the WCB will determine if the legislated requirements of Section 59(1), 59(2), and 59(3) of the Act have been met. Based on this determination, the injured worker and all interested parties will be provided the WCB’s decision in writing as to whether a Medical Review Panel will be convened.
4. Once the certificate of a physician or chiropractor has been accepted, the WCB will provide the worker or dependant of the deceased worker a list from which the worker or the said dependant may choose either:
 - a. One chiropractor and one specialist in the class of injury for which compensation is being claimed; or
 - b. Two specialists in the class of injury for which compensation is being claimed.
5. The practitioners the worker or dependant of the deceased worker selects and the chairperson (a qualified physician engaged in the practice of general medicine that is, with consultation from the Saskatchewan Medical Association, appointed by the WCB), will constitute the Medical Review Panel.

6. The names of the practitioners the worker or dependant of the deceased worker selects for the Medical Review Panel must be forwarded to the WCB in writing.
7. The chairperson will make the necessary arrangements for the Medical Review Panel to examine the worker or the medical information about the worker, in either Regina or Saskatoon. The appropriate travel allowances will be provided for the worker to attend the Medical Review Panel.
8. Following the examination, the chairperson will provide the WCB with a certificate of decision which states:
 - a. The condition of the worker,
 - b. The fitness of the worker for employment;
 - c. Where the worker is found unfit to work, the cause of that inability to work;
 - d. The nature and degree of any limitation in the worker's capacity to work caused by the injury in respect of which the worker claims compensation;
 - e. The extent of any permanent functional impairment of the worker caused by the injury in respect of which the worker claims compensation; and
 - f. Any further medical matters that any member of the Medical Review Panel considers to be pertinent to the claim.
9. Where the Medical Review Panel's certificate of decision fails to address all of the above stated issues, the WCB will return the certificate to the Medical Review Panel for clarification.
10. A complete certificate of decision is binding on both the injured worker and the WCB.
11. The WCB will not be bound by opinions or recommendations made in the certificate of decision that are outside the scope of the legislated issues or the disputed medical question.

Act Sec #	59, 60, 61, 62, 63, 64, 65
Effective Date	02 June 2010
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All claimants
Supersedes	POL 20/2001 Medical Review Panels
Complements	PRO 18/2010 Medical Review Panels
	POL 22/2013 Appeals – Board Appeal Tribunal
	POL 39/2010 Expenses – Travel and Sustenance – General

Procedure Medical Review Panels (PRO 18/2010)

Document Date 02 June 2010

Purpose To establish guidelines for Medical Review Panels.

BACKGROUND

1. The Workers' Compensation Board (WCB) has approved POL 18/2010, Medical Review Panels, which establishes guidelines for Medical Review Panels.
2. All procedures for Medical Review Panels are the responsibility of the Board Services Department.
3. The following procedure provides guidance for the implementation of the policy.

PROCEDURE

1. Board Services will provide an orientation to each new chairperson of the Medical Review Panel.
2. The information package provided to customers will include a fact sheet, an application form, a blank certificate and copies of the appropriate sections of the legislation.
3. Where the WCB requires clarification pertaining to the certificate of the Medical Review Panel, Board Services will request written clarification from the chairperson. A copy of the written request will be forwarded to the worker, or the dependant of the deceased worker or their representative. In seeking clarification of the Medical Review Panel's decision, the WCB will not provide any information to the Medical Review Panel that was not already in its possession at the time of the decision.
4. Where amendments to the certificate of a physician or chiropractor are required, the amendments will be added and initialed by each Medical Review Panel member. Where the certificate requires significant changes, the amended copies must be signed by all members of the Medical Review Panel. A copy of the amended decision will be provided to the worker, the dependant of the deceased worker or their representative.

Act Sec # 59, 60, 61, 62, 63, 64, 65
Effective Date 02 June 2010
Amended 01 January 2014. References updated in accordance with *The Workers' Compensation Act, 2013*
Application All claimants
Supersedes PRO 20/2001 Medical Review Panels
Complements [POL 18/2010](#) [Medical Review Panels](#)

Policy	Appeals – Charter and Constitutional Issues (POL 05/2005)
Document Date	21 September 2005
Purpose	To establish guidelines for responding to appeals based upon the Charter and/or Constitution.

DEFINITION

Constitution of Canada is set out in the provisions of the *Constitution Act, 1982* (“Constitution Act”), and under Section 52 is “the supreme law of Canada.” This means that any law in Canada that is inconsistent with the Constitution is void from the time it is enacted.

Canadian Charter of Rights and Freedoms is included in Part I of the Constitution Act. The purpose of the Charter is to guarantee the rights and freedoms enshrined within it, subject only to restrictions that would be considered reasonable for a democratic society to function properly. For WCB purposes, the most relevant provisions of the Charter include Sections 7, which provides the right to life, liberty and security of the person, and 15, which outlines “Equality Rights” (freedom from discrimination on the basis of sex, age, disability, etc.).

Genuine Charter/Constitutional Issues are those that raise legitimate Charter/Constitutional question, as to whether a specific WCB policy discriminates against a customer on the basis of disability, race, sex, etc. A further example would be the guaranteed protection of aboriginal rights under Section 35 of the Constitution Act (i.e., hunting, fishing, tax exemptions for reserves). However, if a customer states, for example, in their written appeal request that their Charter/Constitutional rights have been violated simply because their claim for benefits was rejected, this would not be a genuine Charter/Constitutional issue.

BACKGROUND

1. Under Section 20(1) of *The Workers’ Compensation Act, 2013* (the “Act”), the Workers’ Compensation Board (WCB) has exclusive jurisdiction to determine all matters and questions arising under the Act. Under Section 20(3), the actions and proceedings of the WCB are final and conclusive. Under Section 20(4), the decisions of the WCB under the Act upon all questions of fact and law are not open to question or review.
2. Several decisions by the Supreme Court of Canada (Supreme Court) have ruled that administrative tribunals, including WCB, have the jurisdiction to hear appeals based on the application of the *Canadian Charter of Rights and Freedoms* (the “Charter”) and/or the Constitution of Canada (the “Constitution”). However, it will not be the duty of every government official (or employee of an administrative tribunal) to hear appeals that rely on the Charter and/or Constitution, but rather those individuals with whom the legislature has endowed such powers through an enabling statute, such as the Act.
3. In the wake of recent Supreme Court decisions, WCB establishes its authority to hear and determine appeals based on Charter and/or Constitution issues and the body to which appeals of this nature must be directed.

POLICY

1. Under Section 20 of the Act, all genuine Charter/Constitutional issues shall be determined exclusively by the Board Members.
2. As such, procedure PRO 05/2005 will apply and the normal appeals process will be circumvented.

Act Sec #	18, 20 <i>Constitutional Act, 1982</i>
Effective Date	01 October 2005
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All appeals and challenges involving the Charter and/or Constitution.
Supersedes	n/a
Complements	PRO 05/2005 Appeals – Charter and Constitutional Issues POL 21/2013 Appeals – Claims PRO 21/2013 Appeals – Claims POL 22/2013 Appeals – Board Appeal Tribunal

Procedure	Appeals – Charter and Constitutional Issues (PRO 05/2005)
Document Date	21 September 2005
Purpose	To establish guidelines for responding to appeals based on the Charter and/or Constitution.

BACKGROUND

1. WCB establishes its authority under POL 05/2005 to hear and determine appeals based on the Charter and/or Constitution and the body to which appeals of this nature must be directed.
2. The following procedure provides guidelines where appeals of this nature are directed to WCB.

PROCEDURE

1. All customers appealing a WCB decision based upon bona fide Charter/Constitutional grounds are required to submit a written request to an Assistant to the Board.
2. The Assistant to the Board will forward the customer's written request for an appeal and any other relevant documentation (i.e., customer file) to the Board Members.
3. The written request must contain the specific section(s) of the Charter and/or Constitution upon which the customer is basing their appeal and specifically how the customer believes their Charter/Constitutional rights have been denied.

Example:

A customer must state, that "[Policy # and Title] infringes upon Section 15 of the Charter as it discriminates against me on the basis of [age, disability, etc.]" The written request must also outline their rationale as to how the specific WCB policy infringes upon the customer's rights under Section 15 of the Charter.

It will not suffice for a customer to write: "The WCB rejected my claim and therefore my Charter/Constitutional rights have been violated."

4. All bona fide Charter/Constitutional issues directed to the Board Members will be acknowledged in writing, and include an outline of the bona fide Charter/Constitutional issues involved, with copies to all interested parties.
5. Where a customer appeals a WCB decision to the Appeals Department, in whole or in part, based upon a bona fide Charter/Constitutional issue, the following will occur:
 - a. The Appeals Department shall inform the customer in writing that only Board Members have the jurisdiction to decide such issues. The appeal will be forwarded to an Assistant to the Board.

- b. Where there are other grounds set out in the customer's written appeal request unrelated to the Charter/Constitution, the Appeals Department will rule on the issue, following the normal appeals process under POL 21/2013.
 - i. Should the appeal be allowed, there will be no need for the Charter/Constitutional question(s) to be heard by the Board Members.
 - ii. If, however, the appeal is rejected, the customer has the opportunity to appeal that decision to the Board Members in the same manner as any other appeal.
6. Where there is any uncertainty as to whether the customer has raised a bona fide Charter/Constitutional issue, the Appeals Department is to seek advice from Legal Services.
7. Where a customer challenges the constitutional validity of provisions within the Act itself, the WCB may provide notice of the challenge to the Attorney General of Saskatchewan in accordance with *The Constitutional Questions Act, 2012*, and if appropriate, the Attorney General of Canada. Charter/Constitutional challenges to the Act are to be dealt with in the same manner as any other such challenge to WCB policies.

Act Sec #	18(1), 20 <i>The Constitutional Questions Act, 2012</i>
Effective Date	01 October 2005
Amended	01 January 2014. References updated in accordance with <i>The Workers' Compensation Act, 2013</i>
Application	All appeals and challenges involving the Charter and/or Constitution.
Supersedes	n/a
Complements	POL 05/2005 Appeals – Charter and Constitutional Issues POL 22/2013 Appeals – Board Appeal Tribunal POL 21/2013 Appeals – Claims PRO 21/2013 Appeals – Claims POL 20/2013 Appeals – Employer Accounts PRO 20/2013 Appeals – Employer Accounts

Policy **Interest on Benefits Accruing from Successful Appeals
(POL 14/2016)**

Document Date 28 June 2016

Purpose To establish guidelines for issuing interest on successful appeals.

BACKGROUND

Delays in appeal decisions could cause workers or dependants financial hardship. Therefore, if a successful appeal decision is delayed, *The Workers' Compensation Act, 2013* (the "Act") authorizes the WCB to issue interest based on earnings loss benefits payable as a result of the decision (Section 115).

POLICY

1. The WCB strives to issue written appeal decisions in accordance with the following timelines:
 - a. Appeals – 30 calendar days from when the WCB receives the appeal.
 - b. Board Appeal Tribunal – 120 calendar days from when the WCB receives the appeal.
2. If a successful appeal decision is delayed beyond the timeframes noted above, the WCB may issue interest based on earnings loss benefits payable as a result of the decision. Earnings loss benefits are the compensation payments for the earnings loss incurred beyond the day of injury by a worker as a result of a workplace injury. Earnings loss benefits are based on the worker's gross earnings up to the maximum insurable amount and include short-term and long-term benefits or commutation payable under the Act.
3. The WCB may issue interest based on earnings loss benefits payable as a result of the decision as follows:
 - a. Appeals – From the 31st calendar day from when the WCB receives the appeal to and including the day the WCB pays earnings loss benefits because of the appeal decision.
 - b. Board Appeal Tribunal – From the 121st calendar day from when the WCB receives the appeal to and including the day the WCB pays earnings loss benefits because of the appeal decision.
4. The WCB will only issue interest if the delay is a result of factors out of the worker's control (e.g., backlogs at the WCB, etc.). The WCB will not issue interest if the delay is caused by the worker, their representative, or the Workers' Advocate.
5. The WCB will only issue interest to the:
 - a. Worker.
 - b. Estate.
 - c. Dependant spouse (when Sections 81 or 93 apply), or
 - d. Dependants (when Section 93 applies).

6. The rate of interest is the Bank of Nova Scotia's prime rate on the date the WCB issues the interest payment.
7. If an employer continues paying the worker's salary, no interest is payable to either party.

Act Sec #	81, 93, 115
Effective Date	01 August 2016
Application	Appeals received on or after the effective date.
Supersedes	POL 05/2003 Interest on Benefits Accruing from Successful Appeals
Complements	PRO 14/2016 Interest on Benefits Accruing from Successful Appeals
	POL 21/2013 Appeals – Claims
	POL 22/2013 Appeals – Board Appeal Tribunal
	POL 03/2011 Worker's Death Prior to the Issuance of Entitlement

Procedure **Interest on Benefits Accruing from Successful Appeals
(PRO 14/2016)**

Document Date 28 June 2016

Purpose To provide administrative guidelines for issuing interest on successful appeals.

BACKGROUND

POL 14/2016, Interest on Benefits Accruing from Successful Appeals establishes guidelines for issuing interest on successful appeals.

PROCEDURE

1. If a successful appeal decision is delayed, the Appeals department/Board Appeal Tribunal will note in their written decision if the WCB should issue interest.
2. Appeals/Board Appeal Tribunal, Operations and Strategic Finance will then fill out and sign an Interest from Successful Appeals (ISA) form:

Step 1 – Appeals and Board Appeal Tribunal

- a. The Appeals Officer/Assistant to the Board will note:
 - i. The date the WCB receives the appeal.
 - ii. The date interest becomes payable:
 - (a) Appeals – 31st calendar day after the WCB receives the appeal.
 - (b) Board Appeal Tribunal – 121st calendar day after the WCB receives the appeal.
 - iii. Less the period of time/date range that interest is not payable due to delays caused by the worker, their representative, or the Workers' Advocate (e.g., December 1, 2016 to December 22, 2016).
- b. The Appeals Officer/Assistant to the Board will sign the ISA form,
- c. The Appeals Officer/Assistant to the Board will send the ISA form to Administrative Support.
- d. Administrative Support will scan the ISA form to generate a task for the Payment Specialist.

Step 2 – Operations

- a. The Payment Specialist will note:
 - i. The date interest is payable to (i.e., the date the WCB pays earnings loss benefits because of the appeal decision).
 - ii. The number of days interest is not payable due to delays caused by the worker, their representative, or the Workers' Advocate.
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- iii. The amount of earnings loss benefits the WCB has to pay as a result of the appeal decision.
- b. The WCB should pay the:
 - i. Worker.
 - ii. Estate.
 - iii. Dependent spouse, or
 - iv. Dependants.
- c. The Payment Specialist will sign the ISA form.
- d. The Payment Specialist will send the ISA form to Administrative Support.
- e. Administrative Support will scan the ISA form to generate a task for the Accounting Clerk.

Step 3 – Strategic Finance

- a. The Accounting Clerk will note:
 - i. The rate of interest on the date the WCB will issue the interest payment.
 - ii. The number of days the WCB will pay interest.
 - iii. The amount of interest payable.
- b. Once the Accounting Clerk fills out this information and signs the ISA form, Strategic Finance will send the interest payment by cheque to the worker, estate, dependent spouse or dependants. Strategic Finance will also include details of the interest calculation.
- c. Strategic Finance will charge the interest amount to an administration expense and not to the employer. Interest will form part of the WCB's overall claims expense.

Act Sec #	81, 93, 115
Effective Date	01 August 2016
Application	Appeals received on or after the effective date.
Supersedes	n/a
Complements	POL 14/2016 Interest on Benefits Accruing from Successful Appeals POL 21/2013 Appeals – Claims POL 22/2013 Appeals – Board Appeal Tribunal POL 03/2011 Worker's Death Prior to the Issuance of Entitlement

Compliance

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Fines and Penalties – General	POL 26/2013		01 January 2014

Policy	Fines and Penalties – General (POL 26/2013)
Effective Date	January 1, 2014
Application	Applies to all employers.
Purpose	To establish guidelines for pursuing summary convictions or applying penalties.

DEFINITION

Representation means a written submission from a person who has contravened a provision of *The Workers' Compensation Act, 2013* (the "Act"), presenting rationale as to why a penalty should not be imposed or disputing the amount of the penalty.

BACKGROUND

1. *The Workers' Compensation Act, 2013* (the "Act") outlines the obligations and reporting responsibilities for employers and workers in industries covered under the Act. To ensure the compensation system works efficiently, it's important that these obligations are met.
2. The Act provides the Workers' Compensation Board (WCB) with authority to pursue summary convictions and/or impose discretionary penalties and administrative penalties for non-compliance with specific provisions of the Act.

POLICY

General

1. There are three types of fines and penalties that WCB can pursue and/or impose on a person who has contravened the Act:
 - a. Summary conviction to a fine of not more than \$1,000.
 - b. Discretionary penalty in a monetary amount ordered by the WCB.
 - c. An administrative penalty, not exceeding \$10,000.
2. Some or all of the above fines and penalties can be applied, if the following offences are committed:
 - a. Failing to notify the WCB of an injury (Sections 52 and 54).
 - b. Failing to co-operate to achieve a worker's return to employment (Sections 53 and 54).
 - c. Deducting from a worker, or requiring a worker to contribute towards the expense of medical aid (Section 105).
 - d. Failing to provide accurate statements of assessable earnings (Sections 122 and 123).
 - e. Obstructing or hindering a WCB inspection of an employer's books or accounts or an employer's premises (Section 127(7)).

- f. Failing to provide an estimate of payroll for the remainder of the year and failing to pay an assessment for a business that commenced after an assessment has been made (Section 158).
 - g. Failing to pay, or provide security for payment of, assessment when business is temporary (Section 158(4)).
 - h. Attempting to, or threatening to, prevent a worker from applying for or receiving compensation (Section 163).
 - i. Deducting from a worker, or requiring a worker to contribute towards, an employer's WCB liabilities (Section 164).
 - j. Knowingly providing false or misleading information (Section 180(1)(a)).
 - k. Failing to report a person's return to work (Section 180(1)(b)).
 - l. Failing to inform the WCB of a material change in a person's circumstances that may affect entitlement to compensation or other WCB benefits (Section 180(1)(c)).
3. In addition to these specified offences, Section 180(1)(d) allows the Board to define in the future other offences for contraventions of the Act and regulations. A Board policy decision would be required.
4. In determining whether to pursue a summary conviction or impose a penalty, the WCB may consider:
- a. If the employer intentionally contravened the Act.
 - b. The severity of the infraction.
 - c. The extent to which an infraction adversely affects a third party, such as a worker.
 - d. The pattern or history of offences.
 - e. The need to establish deterrence, and
 - f. The need to prevent continued non-compliance.

Summary Convictions

5. Summary convictions can be pursued regardless if a discretionary or administrative penalty is imposed. The WCB will decide if the offence should be referred to the Crown Prosecutor or if a penalty will be imposed or both.

Discretionary Penalties

6. Discretionary penalties may be imposed in an amount ordered by the Board, whether or not the employer has been convicted of an offence. These amounts will be based on compensation, medical aid, assessment or deductions as specified by each section of the Act.

Administrative Penalties

7. Generally, an administrative penalty will be applied in cases where repeat offenders exist. An administrative penalty, up to \$10,000 can be applied in addition to a summary conviction and a discretionary penalty.

8. The WCB must impose administrative penalties within three years of when the breach of the Act is discovered. Written notice will be sent to the employer.

Penalty Payment

9. Penalties must be paid in full within 30 days from the date of the initial decision or any decision following written representation.

Penalty Appeal Process

10. Within 30 days from receipt of the discretionary or administrative penalty notice, the employer can submit a written representation to the Board Appeal Tribunal presenting rationale as to why a penalty should not be imposed or to dispute the amount of the penalty. A written copy of the decision will be sent to the employer.
11. Penalties can be appealed on a question of law only to a judge of the Court of Queen's Bench within 30 days of the WCB's decision to impose a penalty.

Effective Date	January 1, 2014
Approved Date	December 19, 2013
Legislative Authority	<i>The Workers' Compensation Act, 2013</i> Sections 52, 53, 54, 105, 122, 123, 127, 158, 163, 164, 170, 171, 180, 183, 184, 185 <i>The Summary Offences Procedure Act, 1990</i>
Document History	(1) November 1, 2020. POL and PRO 02/2009, Employer Late Reporting of Injury Claims rescinded through ADM POL 06/2020. Replacement policy pending. (2) January 1, 2014. POL 26/2013 approved to communicate types of fines and penalties that WCB can pursue and/or impose on a person who has contravened the Act (Bill 58).
Complements	POL 09/2011 Failure to Register a Business POL 06/2011 Employer Accounts – Cancellation of Penalties and Interest POL 03/2018 Employer Audits

Privacy and Access to Information

<u>Title</u>	<u>Policy</u>	<u>Procedure</u>	<u>Effective Date</u>
Privacy of Information	POL 05/2017		01 July 2017
Authority for Disclosure		PRO 06/2017	01 July 2017
Information from Inquiries		PRO 16/2013	01 January 2014
Information Complaints		PRO 19/2013	01 January 2014
Records Management		PRO 07/2017	01 July 2017
Privacy – Audio and Visual		PRO 16/2016	01 September 2016

Policy	Privacy of Information (POL 05/2017)
Document Date	20 June 2017
Purpose	To establish guidelines for protecting privacy during the access, collection and release of information within the control of the Workers' Compensation Board.

DEFINITION

Relevant means having some reasonable connection with, and some value or tendency to prove or disprove a matter of fact significant to the decision. It is the evidence's tendency to prove or disprove a matter of fact that is related to an issue in dispute in the case. What is relevant will be determined by the writer of the decision, on a case-by-case basis. The relevant documents will directly relate to the evidence used to make the decision as expressed in the decision.

BACKGROUND

1. Collecting information about workers and employers is fundamental to the administration of *The Workers' Compensation Act, 2013* (the "Act"). The Workers' Compensation Board (WCB) takes seriously the need to protect the confidentiality and security of this information. The WCB is guided by the Act in the collection, use, storage and disclosure of information.
2. In addition to the provisions of the Act, the WCB, where applicable, complies with *The Freedom of Information and Protection of Privacy Act* (FOIPP), *The Health Information Protection Act* (HIPA) and the provincial government Privacy Framework.
3. The WCB is aware that information provided to workers and employers may also be needed by them to discharge their responsibilities related to work injuries, under other statutes which may include those governing occupational health and safety, human rights and labour standards.
4. Section 2(1)(e)(ii) of FOIPP and Section 4(c) of the FOIPP Regulations prescribe the Chairperson of the WCB as the "head", for the purposes of FOIPP. Under Section 60 of FOIPP, the head may designate to one or more officers of the WCB any power granted to the head or vested in the head under FOIPP. The head has delegated responsibility for responding to access and privacy matters that arise under FOIPP to the Corporate Solicitor who will act as the WCB's "Privacy Officer".
5. In compliance with the provincial government's Privacy Framework, the WCB is required to designate an officer responsible for compliance with the legal framework governing the protection of personal customer information. The WCB has also appointed the Corporate Solicitor as the "Privacy Officer" as prescribed by the provincial government Privacy Framework.
6. Decisions will be made in accordance with the Act, policies and the rules of natural justice, which require the decision maker to:

- a. Act properly, fairly and without bias.
- b. Provide an opportunity for each party to state their case.
- c. Inform each party of the case that they must respond to.
- d. Consider all of the evidence.
- e. Ensure that the decision is made by those who consider the evidence, and
- f. Provide the parties with meaningful and timely reasons.

POLICY

Inquiries – Collection of Information

1. Inquiry for the purpose of this policy, is defined as any and all legal means of normal file development, including but not limited to the following: routine inquiries, information gathering, questioning, observing, recording, fact-finding, taking depositions, verification, corroboration, authentication, or hearings, whether undertaken by Operations staff (including the investigator conducting field investigations), Employer Services or any other person(s) the WCB may authorize to do so from time to time. This definition, however, does not include investigations for potential fraud by Internal Audit.
2. Various sections of the Act, notably Sections 21, 22 and 25, authorize the WCB to gather evidence needed to determine all matters or questions arising under the Act, pursuant to Section 20.
3. Section 4(4)(h) of HIPA exempts the WCB from its Part II consent requirements, PART IV collection and use requirements, and Part V access requirements.
4. The WCB collects information from many sources, including, but not limited to: workers, employers and health care providers. The purpose of such collection is to decide entitlement or assessment or any other matter arising under the Act.
5. Information means information collected, recorded, transmitted or stored in the normal course of business, including paper or electronic documents (email, photograph, microfilm, image and video) that may be released to a worker, a worker's representative, an employer or other third party.
6. The following types of information may be collected but would not form part of the claim record:
 - a. Legal opinions.
 - b. Comments or advice concerning specific courses of action recommended by the Corporate Solicitor, Legal Services and/or the Privacy Officer.
 - c. Opinions and recommendations of the Fair Practices Office.
 - d. The working papers or notes taken by the Board Appeal Tribunal members during the course of a hearing or deliberation.
 - e. Internal Audit investigation reports.
 - f. The working papers or notes of a fraud investigator of Internal Audit, or

- g. Documents related to WCB's safety and security administrative procedures.
- 7. This policy governs collecting, storing, accessing and disclosing information on claims and employer accounts. Other information recorded by the WCB in its operations, which may be thought of as “administrative records”, is not covered here. It may be subject to FOIPP, and any questions should be directed to the Privacy Officer.

Access to and Disclosure of Information

- 8. In addition to the provisions of the Act, when disclosing information, the WCB, where applicable, complies with FOIPP, HIPA and the provincial government Privacy Framework.
- 9. Section 4(4)(h) of HIPA exempts the WCB from its PART IV and PART V collection use, disclosure and access requirements.
- 10. Section 23(3)(k) of FOIPP recognizes the operation of Sections 172, 173 and 174 of the Act.
- 11. Section 29 of FOIPP permits the WCB to enter into mutual information sharing agreements that are advantageous to the WCB, workers, employers and outside agencies without offending the privacy of individual workers or employers under Section 172 of the Act.
- 12. Section 172 of the Act states that it is an offence for any WCB staff to divulge information unless they are:
 - a. Required or permitted to do so pursuant to this Act.
 - b. Authorized to do so by the board, or
 - c. Ordered to do so by a court.

WCB staff are bound by a signed confidentiality agreement that prohibits them from disclosing any information gathered in the course of their duties, unless expressly authorized to do so.
- 13. Under Section 173 of the Act, the WCB must provide copies of claim documents to workers, dependants, or their representatives.
- 14. Under Section 174 of the Act, the WCB may provide copies of relevant claim documents to employers, or their representatives.
- 15. On occasion, as a result of requesting personal health information to determine entitlement to workers' compensation benefits, the WCB may obtain more personal health information from health care providers than is necessary to determine entitlement to benefits. In these situations, a worker may request, in writing, the removal of medical information that is irrelevant or excessive for the purposes of administering the Act. The WCB reserves the right to determine what information is considered relevant.
- 16. Where under a legal obligation to disclose information (e.g., courts, law enforcement agencies, maintenance enforcement officials, employment insurance officials), the WCB will comply with their written requests for such disclosure. Any questions regarding the disclosure of information should be directed to the Privacy Officer.

17. Where under no legal obligation, requests for disclosure to assist the worker in establishing entitlement to other benefits (e.g., Social Services, Canada Pension Plan, private insurers), a signed release from the worker is required. Such a release will only authorize the WCB to respond to specific questions posed by the third party.
18. Inquiries from Members of the Legislative Assembly or Members of Parliament are presumed to establish that they are acting as representatives of a worker, dependant or employer, and they may be given an oral response. If copies of claim documents are required, Sections 173 and 174 procedures will apply.
19. An employer questioning assessment, classification or experience rating decisions affecting their own account, may be provided with relevant claim information or employer account information.
20. Where information that may adversely affect entitlement has been provided by a person, and there is a risk of injury to that person, the identity of the source will not be disclosed unless their permission is obtained.
21. In accordance with POL 10/2017, Interjurisdictional Agreement on Workers' Compensation (IJA), the WCB will respond to information requests from other workers' compensation jurisdictions to ensure the proper adjudication of IJA claims. The purpose is to facilitate provision of benefits and services to workers and employers.
22. The WCB may enter into written agreements with government agencies or organizations for the exchange of information. This may include Employment and Social Development Canada (ESDC), Canada Revenue Agency (CRA), Saskatchewan Ministry of Social Services, Saskatchewan Ministry of Health, Saskatchewan Ministry of Labour Relations and Workplace Safety (LRWS), Saskatchewan Ministry of Education, Saskatchewan Ministry of Advanced Education, Office of the Workers' Advocate, Ombudsman Saskatchewan, Saskatchewan Government Insurance (SGI), or Safety Associations formed pursuant to POL 06/2020, Safety Associations.
23. Where no ongoing agreement exists, information about injuries or employers may only be provided as bulk data, sufficiently aggregate so that an individual customer cannot be identified. For such one-time requests, the person or agency must agree, in writing, to appropriate conditions.
24. The WCB will respond to general media inquiries from a policy perspective. The WCB will respond to media inquiries specific to a claim or employer account only with written approval from that worker or employer.
25. Care must be taken to ensure that claim or employer account information is provided on the telephone or in person only to the authorized individuals.
26. The WCB is committed to improved health and safety in the workplace, and will support initiatives taken by individual employers, and industry-based Safety Associations. The effectiveness of Safety Associations is dependent on comprehensive information concerning claims activity in their industry. The disclosure of such information is supported by Section 172 of the Act and Section 29 of FOIPP. A confidentiality agreement is required with the Board Members and staff of the Safety Association concerned. Information provided as bulk

data will include industry and individual employer claim activity, without identifying individual injured workers.

27. Information similar to that provided to employers will be provided to the Occupational Health and Safety Division of LRWS. This is supported by Section 140 of the Act and Section 29 of FOIPP. A confidentiality agreement with the Ministry is required.

Records Management

28. The WCB is subject to the provisions of Sections 7, 9, 10 and 11 of *The Archives Act* (AA) regarding storage, retention, archiving and destruction of information, and must work with the Saskatchewan Archives Board to establish processes and procedures for meeting these requirements.
29. According to AA, the WCB is responsible and accountable for the personal information under its control until transfer to the Archives Board or ordered to be destroyed in accordance with AA.
30. Sections 16 and 17 of HIPA require the WCB to establish policies and procedures related to the protection, retention and destruction of personal health information.
31. Section 18 of HIPA requires the WCB to enter into agreements with information management service providers (as defined in HIPA) to whom it provides personal health information for storage and prescribes the terms that must be included in such agreements.
32. The WCB recognizes that to maintain security and confidentiality, a standardized process must be implemented for the storage, archiving and destruction of all WCB records. Given the volume of information, documents and records maintained by the WCB in various formats, there is an increasing urgency to implement a consistent records management system to secure, store, archive, and destroy information.
33. All WCB records, administrative and operational, created by WCB staff in the course of their duties will be retained for as long as they are required to meet the operational, legal and administrative requirements of the WCB and the retention and disposal provisions of HIPA and AA.
34. The Privacy Officer will be the primary contact with the Saskatchewan Archives Board, and together with the Records Manager for each business unit will ensure the correct classification and appropriate disposition of all WCB records.

Access and Privacy Complaints

35. Any person may challenge WCB compliance with its privacy policies and procedures or about its information practices; including accuracy of information collected, recorded, stored or disclosed, or the applicability in particular cases of FOIPP or HIPA. Any such complaints will be addressed by the Privacy Officer.
36. A complainant may appeal a decision of the Privacy Officer to the Board Appeal Tribunal.

37. The Office of the Information and Privacy Commissioner (OIPC) may receive complaints under FOIPP or HIPA. Any information received from the OIPC office about such complaints should immediately be sent to the Privacy Officer.

Privacy – Audio and Video

38. Incoming and outgoing telephone calls may be recorded for security and quality purposes.
39. WCB operates and maintains a surveillance system on WCB premises to ensure the safety and security of WCB employees, customers and visitors.

Act Sec #	20, 21, 22, 25, 48, 140, 172, 173, 174; <i>The Freedom of Information and Protection of Privacy Act</i> ; <i>The Health Information Protection Act</i> ; <i>The Archives Act</i> .
Effective Date	01 July 2017
Application	All collection and disclosure of information by WCB.
Supersedes	POL 15/2013 Privacy of Information
Complements	PRO 06/2017 Authority for Disclosure
	PRO 07/2017 Records Management
	PRO 16/2013 Information from Inquiries
	PRO 19/2013 Information Complaints
	PRO 16/2016 Privacy – Audio and Visual
	POL 22/2013 Appeals – Board Appeal Tribunal
	POL 21/2013 Appeals – Claims
	PRO 21/2013 Appeals – Claims
	POL 20/2013 Appeals – Employer Accounts
	PRO 20/2013 Appeals – Employer Accounts
	POL 10/2017 Interjurisdictional Agreement on Workers' Compensation (IJA)
	POL 06/2020 Safety Associations
	POL 03/2018 Employer Audits

Procedure	Authority for Disclosure (PRO 06/2017)
Document Date	20 June 2017
Purpose	To establish guidelines for disclosure of information, in writing, in person, by email, and over the telephone.

BACKGROUND

POL 05/2017, Privacy of Information, establishes guidelines for the collection of information by the Workers' Compensation Board (WCB), the use of the information collected, together with access to, and disclosure of the information within the control of the WCB.

PROCEDURE

General

1. Information is collected and disclosed during decision making. Such collection and disclosure may relate, among other matters, to:
 - a. Making inquiries concerning injuries, treatment and disability, or concerning employers' business activities, or
 - b. Explaining decisions made by the WCB.
2. Workers, employers, and in certain cases, primary health care providers must receive a written explanation of the reasoning leading to a decision.
 - a. The written explanation to the worker must include and/or refer to the information that was used to arrive at the decision. This may, as circumstances dictate, include both personal information and personal health information that is relevant to the decision being communicated.
 - b. The employer at time of injury is entitled to know the reasons for a claim decision, and therefore a separate letter outlining the decision and reasoning must be sent to the employer, but the explanation provided to the employer and/or health care provider should be communicated in such a manner as to convey the basis for the decision without disclosing the specific personal and/or personal health information used in making the decision. Where there are multiple claims with separate employers, each employer will receive a separate letter of explanation.
 - c. In some cases, non-compensable personal health conditions, personal financial circumstances, or family matters play a part in decisions about the claim or employer account (e.g., Section 101 decisions). This information must be provided to the worker when explaining the decision; however, this information must not be provided to the employer or the health care provider. The explanation provided to the employer and/or health care provider should be communicated in such a manner as to convey the basis for the decision without disclosing the non-compensable factors that contributed to the decision.
 - d. Others affected only need to be informed of the extent or duration of WCB payment.

- e. Written explanations prepared by the WCB staff will not include copies of claim documents. Copies of claim documents may be provided on request in accordance with Points 28 to 45.

Relevant Information

- 3. In all cases, the onus is on the WCB to explain decisions, and disclose the information relevant to these decisions. Information that is relevant will have some reasonable connection with, and some value or tendency to prove or disprove a matter of fact significant to the decision (POL 05/2017, Privacy of Information).
 - a. The decision maker will determine what information is relevant to the decision on a case-by-case basis. The relevant documents will include only those that directly relate to the evidence considered and weighed in making the decision.
 - b. The file may include information that the decision maker did not use because it is not directly related to the issue or decision. For example, in determining duration there may be three medical reports that provide clear, direct evidence that the duration was too long, just right, etc. There may also be two other reports that are less current and, therefore, are not used. These two other reports would not be relevant.
 - c. Any in-depth telephone discussions about a decision with workers or employers will be recorded on the claim or employer account. This is separate from the additional right a worker or employer has in some circumstances, to obtain copies of the documents in the claim or employer account.

Identification and Authorization

- 4. Staff should identify the worker, employer or their respective representatives before providing any information in person.
- 5. Where staff recognizes a person on sight, information can be provided.
- 6. Where staff do not recognize a person, the following steps are to be taken:
 - a. The person is required to present photo identification (e.g., driver's licence), and
 - b. The person's signature should be verified against documents already on the claim or employer account (e.g., forms Worker's Report of Injury - W1, Employer's Authorization Letter of Representation - EREP, Worker's Authorization Letter of Representation - WREP).
- 7. Before providing any information to a worker's representative, staff must ensure a valid Worker's Authorization Letter of Representation (WREP) document or suitable alternative consent form (e.g., a letter from the worker's lawyer) is on the claim or has been received, indicating that this person acts on behalf of the worker. This authorization remains in effect until rescinded by the worker.
- 8. Before providing any information to an employer's representative, staff must ensure a valid Employer Authorization Letter of Representation (EREP) document or suitable alternative consent form (e.g., a letter from the employer's lawyer) is on the employer account or has been received, indicating that this person acts on behalf of the employer. This authorization remains in effect until rescinded by the employer.

9. Where staff receive telephone requests for information from workers, employers or their respective representatives, these may be transferred to the appropriate staff assigned to the claim or employer account in question.
10. Staff should verify the identity of the person on the telephone by reference to information already on the claim or employer account.
11. Where staff are unsure of the identity of a person on the telephone, information should not be provided, and an alternative should be used:
 - a. Call back to a number already on the claim or employer account.
 - b. Fax the requested information to a number already on the claim or employer account, or
 - c. The caller should be advised to make their request in writing.
12. Where information is provided on the telephone or in person, this should be recorded on the claim or employer account.
13. Certain information can never be provided on the telephone. For example, electronic banking information, social insurance number, or provincial health number.
14. Staff must avoid identifying the source of information which adversely affects entitlement to benefits, when there is a realistic possibility that the safety and security of the source may be at risk as a result. One criterion for judging this would be whether the safety and security of WCB staff has been in question on this claim or employer account.
15. Where there are concerns as to the sensitivity of information, staff should consult their supervisor.
16. Where a medical summary is requested, the request should be sent to Medical Services for response.

Third Party Requests

17. Inquiries from Members of the Legislative Assembly or Members of Parliament should be directed to the Executive Inquiry and Information Officer or designate, who is empowered to discuss claims or employer accounts without written consent. If copies of documents are required, Sections 173 and 174 procedures will apply.
18. Where under a legal obligation to disclose information (e.g., courts, law enforcement agencies, maintenance enforcement officials, ombudsman, employment insurance officials) and where the party is requesting copies of claim documents, the WCB will provide such copies double-enveloped and delivered via suitable means of assured delivery.
19. In accordance with POL 10/2017, Interjurisdictional Agreement on Workers' Compensation (IJA), staff will respond to requests from other WCB jurisdictions for the exchange of IJA claim or employer account information. Staff will take the same identification precautions that are used for inquiries from workers and employers.

20. Information sharing agreements will be executed by the Chief Executive Officer or designate after review by the Corporate Solicitor. Legal Services will centrally store the original signed agreements with copies held in the relevant departments.
21. Although individual agreements will vary on specific terms, all third parties will be bound by a confidentiality clause regarding the use and storage of information requested, stating:
 - a. Information is to be used only for the purpose requested.
 - b. Information is to be used only by the parties to the agreement, except where subsequent disclosure is specifically permitted by the WCB (e.g., as evidence), and
 - c. Information will be afforded adequate and appropriate security as outlined by the WCB.
22. Information sharing agreements for providing bulk data on a one-time basis will include these conditions:
 - a. Will not use the information for commercial purposes, and
 - b. The request is for the purpose of enhancing prevention, treatment or return-to-work programs.

Media Requests

23. The Director of Communications is designated as the WCB contact for all media inquiries and is authorized to provide information to the media after consultation with senior management.
24. Where the media approaches the WCB, the Director of Communications shall ask the media representative to obtain a signed waiver from the customer before any information is disclosed.

Methods of Disclosure

25. Business may be conducted by email but out-going communications may not be private or secure and could be intercepted. The WCB has, therefore, ensured all email messages include a confidentiality disclaimer and will be considered acceptable, unless the respondent declines this method of communication.
26. Bulk data may be sent through email, postal service or courier service.

File Requests

27. Copies of claim documents may be provided on request to workers, dependents, worker representatives, employers or employer representatives.

Workers, Dependants and Representatives

28. To request copies of claim documents, a worker, dependant or worker representative must use a Worker's Request for Copy of File (WROI) form. No formal appeal is required, and it is not necessary to identify the issue in dispute. However, in accordance with subsection 173(3), the information provided is to be used only for the purposes of a reconsideration or review of a decision of the WCB.

29. To request copies of claim documents, a worker's representative must submit a Worker's Authorization Letter of Representation (WREP) in addition to the Worker's Request form. When a worker is unable to sign the authorization letter due to psychological or functional incapacity, the worker's spouse or legal representative may act on the worker's behalf.
30. Once the Request form is received, copies of claim documents will be reviewed to determine if any information should be redacted or removed. Typically this would be information that falls under Points 56 and 57 below.
31. After review, the claim documents will be provided to the claimant by means of a double-envelope system. This includes:
 - a. An outside envelope with the name and address of the claimant, and
 - b. An interior envelope with a bold notice to the effect of: "THIS DOCUMENT IS CONFIDENTIAL AND IS TO BE OPENED ONLY BY [WORKER'S NAME]."
32. The claim documents may be delivered by one of the following methods:
 - a. Upon providing proof of identity, claimants may pick up their information at the WCB office. The WCB should obtain an acknowledgement of receipt.
 - b. Claimants who live in a city or a town may receive their information by courier.
 - c. Claimants who do not live in a city or town may receive their information by express post. This will ensure that there is a record of the envelope and a signature required on delivery. In addition, the envelope may be traced if it does not arrive as anticipated.
33. There will be no charge in the first instance, but any subsequent request for the same copies shall be subject to an administration fee of \$50.00 plus a charge of \$0.25 per page.
34. Documents received after an initial request for copies of claim documents has been processed will be provided to the worker, dependant or their representative upon request. A new WROI is not required in order to provide updated claim information.

Employers and Representatives

35. To request copies of claim documents, an employer must use an Employer's Request for Photocopy of Relevant Records in File(s) form for each claim. No formal appeal is prerequisite, but the issue in dispute must be clearly identified and must concern a decision made on the claim or a pending appeal.
36. To request copies of claim documents, an employer's representative must submit an Employer Authorization Letter of Representation (EREP) in addition to the Employer's Request for Photocopy of Relevant Records in File(s) form for each claim.
37. Where the employer requests copies of claim documents:
 - a. The decision maker (Claims Entitlement Specialist, Case Manager, etc.) will identify which documents are relevant to the decision in question. Copies are made only of those claim documents that are identified as relevant to the decision on the claim. Copies may be redacted to block out irrelevant information.

- b. After identification by the decision maker, the selected copies will be compiled by Operations staff. These will be provided to the worker by the means described in Point 37, along with a letter of initial notification that they have 15 business days from receipt of the letter to request a reconsideration of the copies to be provided to the employer. Any objections raised by the worker must be related to specific documents and be provided in writing with reasons given.
38. On the expiry of the initial notification period and after considering any objections received, the staff responsible for the claim will:
- a. Determine what information will be sent to the employer or employer's representative.
 - b. Explain any changes in the selected copies to the worker or the worker's representative, in writing by express post, of their decision, and
 - c. Provide the worker or the worker's representative with 15 business days for final objections.
39. If no further objections are received, the requested copies will be sent to the employer as outlined under Points 42 and 43.
40. Where further objections have been received, they will be considered by the staff responsible for the claim, and the final selection of copies will be explained to the worker in writing by express post. Copies will not be sent to the employer before the expiration of the fifteen days provided for in section 174(7) or the date of a determination regarding the objections, whichever is later.
41. If staff are unable to contact the worker, staff will make all reasonable efforts to locate a current address or phone number for the worker (i.e., contacting the spouse, employer, co-workers, etc.). WCB staff will document all efforts to locate the worker. If the worker cannot be located, staff will ensure that copies are made only of those claim documents identified as relevant to the decision on the claim. Copies may be redacted to block out irrelevant information.
42. Copies will be provided to the employer by the means of a double-envelope system. This includes:
- a. An outside envelope with the name and address of the employer, including a specific contact person, and
 - b. An interior envelope with a bold notice to the effect: "THIS DOCUMENT IS CONFIDENTIAL AND IS TO BE OPENED ONLY BY [EMPLOYER CONTACT NAME]."
43. The claim documents may be delivered by one of the following methods:
- a. Employers who have a business address in a city or a town may receive their information by courier.
 - b. Employers who do not have a business address in a city or town may receive their information by express post. This will ensure that there is a record of the envelope and a signature required on delivery. In addition, the envelope may be traced if it does not arrive as anticipated.

44. An employer may request that the WCB reconsider the decision regarding the copies of documents within 15 business days of the date of the decision.

Accuracy of Information

45. After reviewing copies of documents, workers or employers may submit to the WCB a written explanation of any matter they believe is in need of correction, or submit additional related information to be included in the claim or employer account.
46. If the correction required involves markup or removal of claim documents, the number of documents and reason will be recorded in a memo on the claim, without revealing the information removed.

Collection of Personal Health Information

47. On occasion, as a result of requesting a worker's personal health information from a health care provider to determine entitlement, WCB may obtain more personal health information than necessary to determine entitlement. After receiving and reviewing copies of documents, a worker or a worker's representative may submit to the WCB a written explanation if they have a concern about personal health information collected.
48. WCB staff responsible for the claim will:
- a. Review the medical documents to determine whether the personal health information collected is or is not relevant for the adjudication of the worker's injury claim.
 - b. Delete all personal health information determined to be irrelevant from the worker's electronic injury file. If the irrelevant personal health information is included within a relevant document, WCB staff will ensure the irrelevant information is redacted.
 - c. Send the worker or the worker's representative written notification, by express post, listing the documents which were removed from their file and a copy of each removed document. This will ensure that there is a record of the envelope and a signature required on delivery. The letter will explain any changes in the requested documents and will be documented on the worker's file. The list of deleted documents will not be disclosed to the employer.
49. Any further objections raised by the worker must be provided in writing with reasons. The staff responsible for the claim will determine what information is considered relevant and should remain on file.
50. When objections are not resolved by the staff responsible for the claim, the worker will be advised to send a written complaint to the Privacy Officer or by e-mail to privacyoffice@wcbsask.com.

FOIPP Access Requests

51. Any application for access to information which cites The Freedom of Information and Protection of Privacy Act (FOIPP) will be sent directly to the Privacy Officer.

Office of the Worker's Advocate

52. The Office of the Worker's Advocate will be provided with electronic access to claims, subject to a confidentiality agreement. In some cases, they will require copies of claim documents, which will be double-enveloped and delivered via suitable means of assured delivery.

File Information

53. The following types of documents do not properly form part of the claim or employer account. Copies of these documents should not be provided:
- a. Legal opinions.
 - b. Comments or advice concerning specific courses of action recommended by the Corporate Solicitor, Legal Services and/or the Privacy Officer.
 - c. Opinions and recommendations of the Fair Practices Office.
 - d. Working papers or notes taken by Board Appeal Tribunal members during the course of a hearing or deliberation.
 - e. Internal Audit investigation reports.
 - f. The working papers or notes of a fraud investigator of Internal Audit, or
 - g. Documents related to the WCB's safety and security administrative procedures.
54. Copies of documents identifying the source of information adversely affecting entitlement to benefits may be copied and sent, unless there is evidence that the security of that source may be at risk as a result. One criterion for judging this would be whether the security of WCB staff has been in question on this claim.
55. When a worker requests a copy of their claim document, documents containing sensitive medical information considered harmful to the worker or any other person will not be sent directly to the worker. Instead, WCB Medical Services will send the report to the worker's primary care provider with a covering letter of explanation. The care provider will explain the contents of the medical report to the worker. When staff members are unsure if it is appropriate to send a copy of a sensitive medical report directly to the worker, the advice of Medical Services is to be sought.
56. Copies of documents on other claims of the same worker should be provided, where they are relevant to the issue(s) in dispute on the claim just decided.
57. Any initial objections to file disclosure will be considered by the staff responsible for the claim. When objections are not resolved, the worker or employer will be advised to send a written complaint to the Privacy Officer or by e-mail to privacyoffice@wcbsask.com. PRO 19/2013, Information Complaints, will apply.

Act Sec #	20, 21, 22, 25, 48, 101, 140, 172, 173, 174; <i>The Freedom of Information and Protection of Privacy Act.</i>
Effective Date	01 July 2017
Application	All requests for disclosure of information.
Supersedes	PRO 17/2013 Authority for Disclosure
Complements	POL 05/2017 Privacy of Information PRO 07/2017 Records Management PRO 16/2013 Information from Inquiries PRO 19/2013 Information Complaints POL 21/2013 Appeals – Claims POL 22/2013 Appeals – Board Appeal Tribunal POL 20/2013 Appeals – Employer Accounts POL 10/2017 Interjurisdictional Agreement on Workers' Compensation (IJA)

Procedure	Information from Inquiries (PRO 16/2013)
Document Date	18 December 2013
Purpose	To establish guidelines for claim and employer account inquiries.

DEFINITION

Inquiry means any claim or employer account information-gathering by the Workers' Compensation Board (WCB) staff or by any other person the WCB may authorize. It does not include investigations conducted by the Internal Audit Department.

Third party means a person who is not the worker, employer, representative or health care provider in relation to any injury claim or employer account.

BACKGROUND

1. POL 05/2017, Privacy of Information has been approved, providing guidelines for staff concerning the access, collection and release of information within the control of the Workers' Compensation Board (WCB).
2. There are many circumstances where information provided on standard forms, such as Worker's Report of Injury, Employer's Report of Injury, health care providers' reports or Employer's Payroll Statement, is not sufficient to determine entitlement or assessment issues and requires further inquiries.
3. In other cases, third parties may volunteer information, in person, by telephone, or in writing, concerning the claim of a worker or the circumstances of an employer.
4. The following procedure provides guidelines where WCB staff receives information from third parties or those named by another source regarding a customer file.

PROCEDURE

1. Any information obtained or discussed during the course of inquiries will be recorded on the claim or employer account.
2. Where they have not already done so, third parties may be encouraged to confirm their statements in writing.
3. Third parties are to be advised that information they provide will be recorded, and at the request of a customer, may be subject to disclosure. If there is no objection to this, a normal statement will be taken.
4. Where any third party declines to be identified, the information should be recorded as anonymous. The third party should be warned that anonymous information will normally carry weight in the decision-making process only if corroborated by information from another source.

5. Third parties who have been identified as having relevant information will be contacted to obtain information directly from them, before they are identified on the claim file or employer account.
6. All persons interviewed are permitted to have a representative present during the interview if they wish.
7. Oral statements will be taken, and recorded on the claim or employer account, but signed written statements may also be taken at the discretion of the interviewer.
8. Staff who conduct inquiries in the field will not express opinions on decisions to be made on the claim or employer account. Parties involved are to be informed that decisions will be made by authorized WCB staff.
9. Staff will record field inquiries in a written report submitted to the claim or employer account.
10. Where an individual is believed to have critical information but refuses to divulge it, consideration may be given to invoking Section 21 of the Act to compel the individual to testify as a witness under oath. However, approval will first be sought from the Chief Executive Officer.
11. Where information obtained points to the possibility of deliberate falsehood or omission, the situation will be reported to Internal Audit.

Act Sec #	20, 21, 22, 25, 140, 172, 173, 174.
Effective Date	01 January 2014.
Amended	References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .
Application	All claims and employer accounts.
Supersedes	PRO 05/2008 Information from Inquiries
Complements	POL 05/2017 Privacy of Information
	PRO 06/2017 Authority for Disclosure
	PRO 07/2017 Records Management
	PRO 19/2013 Information Complaints

Procedure	Information Complaints (PRO 19/2013)
Document Date	18 December 2013
Purpose	To provide an avenue for privacy inquiries and complaints.

BACKGROUND

1. POL 05/2017, Privacy of Information has been approved, providing guidelines for staff concerning the access, collection and release of information within the control of the Workers' Compensation Board (WCB).
2. POL 05/2017 has incorporated the provincial government's privacy principles (under the Privacy Framework) to safeguard and regulate the confidentiality of information collected, stored or released to third parties. It also provides an avenue for access requests under *The Freedom of Information and Protection of Privacy Act* (FOIPP).
3. Any person may challenge WCB compliance with its privacy policies and procedures or about its information practices; including accuracy of information collected, recorded, stored or disclosed. The following procedure provides guidelines for such concerns.

PROCEDURE

1. Persons with complaints should be encouraged to first contact the WCB staff member most closely involved with the circumstances. Responses at this level may be oral or written.
2. If a complaint or concern is received, WCB staff will:
 - a. Respond to the best of their ability, and record on the claim file or employer account, the steps taken to rectify the complaint, including an apology where needed, or
 - b. Refer issues they cannot resolve to their supervisor.
3. When complaints are not resolved by a supervisor, the person will be advised to send a written complaint to the Privacy Officer or by e-mail to privacyoffice@wcbsask.com.
4. The Privacy Officer will:
 - a. Log the complaint, including the date it was received and any details necessary to investigate.
 - b. Acknowledge the complaint and inform the individual of the steps that will be taken by the WCB to follow up, including when a response can be expected.
 - c. Investigate the complaint received in a confidential manner.
 - d. Access all relevant records and staff, as needed to complete the investigation.
 - e. Recommend appropriate measures to rectify the situation at hand and notify the complainant of the following as appropriate:
 - i. Steps to be taken to comply with WCB policies and procedures, or

- ii. Applicability of *The Workers' Compensation Act, 2013* and other statutes.
 - f. Explain to the supervisor any variance from WCB policies and procedures.
 - g. Record all decisions and actions taken, and
 - h. Follow up to ensure the appropriate steps have been taken.
5. A complainant may appeal a decision of the Privacy Officer to the Board Appeal Tribunal.

Act Sec #	20, 21, 22, 25, 140, 172, 173, 174; <i>The Freedom of Information and Protection of Privacy Act</i> .	
Effective Date	01 January 2014	
Amended	References updated in accordance with <i>The Workers' Compensation Act, 2013</i> .	
Application	All customers.	
Supersedes	PRO 07/2008	Information Complaints
Complements	POL 05/2017	Privacy of Information
	PRO 16/2013	Information from Inquiries
	PRO 06/2017	Authority for Disclosure
	PRO 07/2017	Records Management
	POL 22/2013	Appeals – Board Appeal Tribunal

Procedure	Records Management (PRO 07/2017)
Document Date	20 June 2017
Purpose	To establish guidelines for the storage, archiving, and destruction of information.

DEFINITION

Transitory records means records of temporary usefulness that are needed only for a limited time to complete a routine task or prepare an ongoing document. These records are not required to meet statutory obligations or to sustain administrative or operational functions. These records should be destroyed once they have served their purpose.

BACKGROUND

1. POL 05/2017, Privacy of Information establishes guidelines for the collection of information by the Workers' Compensation Board (WCB), the use of the information collected, together with access to, and disclosure of the information within the control of the WCB.
2. The following procedure provides staff with specific guidance with respect to the storage, archiving or destruction of information in compliance with legislative requirements.

PROCEDURE

1. All information that is collected for the purposes of decision making on worker or employer files will be stored on the worker claim record or the employer account file.
2. In order to maintain the integrity of the claim record or the employer account file, information collected must be stored on the file in its complete form without the removal or redaction of information, except in the following situations:
 - a. Redaction or removal of information may occur when the file is provided to the worker or employer if it is required to protect the worker or third parties (PRO 06/2017, Authority for Disclosure). Specifically, the WCB will not disclose information that is harmful to personal privacy or individual safety.
 - b. A worker may request the removal of medical information that is irrelevant or excessive for the purposes of administering *The Workers' Compensation Act, 2013* (the "Act").
3. Information that is collected for purposes other than decision making on worker claim or employer account files will be stored by the respective department that is responsible for actions related to that information. For example, information relating to security incidents is stored in an appropriate file in the Safety, Security and Facilities department.
4. According to *The Electronic Information and Documents Act, 2000* (EID), in the absence of a paper copy of a document, an electronic copy of that document is considered to be a legal original.

5. Email correspondence with a customer in the course of business is also considered to be a WCB record, and shall be retained as part of the customer file.
6. WCB encourages the scanning, microfilming, and imaging of all paper records in order to improve service and reduce costs.
7. To meet the requirements of *The Archives Act* (AA), the WCB will use the Administrative Records Management System, 2014 (ARMS 2014), a provincial government classification system for common administrative records (http://www.saskarchives.com/sites/default/files/pdf/arms_2014_manual.pdf). The Saskatchewan Archives Board will also provide the necessary assistance for the development of an Operational Records System (ORS) to manage the records specific to the operations of the WCB.
8. Each director, manager or other department head is responsible for compliance with this procedure and will act as the designated Records Manager (RM) being responsible for identifying the types of records in their department so that they may be properly categorized in accordance with ARMS 2014.
9. After such identification has occurred the RM will develop a records retention schedule (RRS) stipulated by ARMS 2014 or ORS for the storage, archiving and destruction of information. This will include selection of non-current documents of historical interest for transfer to the Archives.
10. Records stored in-house will be kept in a clean, dry location with adequate security for the type of information stored. Electronic records will be stored in containers that provide environmental and magnetic protection with a fire rating of at least one hour. Records will not be stored in areas subject to water damage, mold or infestation.
11. Off-site private or public storage agencies will be contracted for the long-term storage of records not required on a regular basis, but which may be needed from time to time for reference purposes. In compliance with *The Health Information Protection Act* (HIPA), the agency must sign an agreement including, but not limited to, the following conditions:
 - a. WCB records will be kept in a clean, dry location with adequate security for the type of information stored.
 - b. Electronic records will be stored in containers that provide environmental and magnetic protection with a fire rating of at least one hour.
 - c. Records will not be stored in areas subject to water damage, mold or infestation.
 - d. The integrity, accuracy, and confidentiality of the information is protected against any reasonably anticipated threat, loss or hazard, and
 - e. The information is to be stored in a manner that is consistent with the ARMS 2014 classification system and for easy retrieval by WCB staff when necessary.
12. Records Managers, in consultation with the Privacy Officer, will be responsible for arranging for the storage and destruction of documents no longer needed by departments.
13. Records scheduled for destruction in accordance with the RRS will be destroyed under controlled conditions and in a manner that protects the privacy of individual customers and

the WCB. Records may be destroyed by shredding, pulverizing, disintegrating or burning of paper, tapes, disks or any other media. Electronic media may also be destroyed by deleting it from the WCB's storage systems.

14. RMs will maintain a log of records disposed, using the form developed under the Saskatchewan Archives Board's "Records Disposition System" (RDS) for quarterly review by the Privacy Officer.
15. The Privacy Officer will ensure ongoing training is provided to RMs as necessary.
16. RMs will:
 - a. Consult with the Privacy Officer regarding the development of an ORS/RRS for their department or unit.
 - b. Obtain approvals (manager, vice-president) for the disposition of all expired records listed in the ORS/RRS schedule, and
 - c. Maintain and be accountable for control logs showing the disposition of all board records, electronic and paper. Logs will include a description of the records, the date range and volume of records and the date, method and agency responsible for destruction.
17. WCB staff will not keep transitory records. Upon the completion of a final work product, the creator of a transitory record will place the record in a secured disposal bin.

Act Sec #	20, 21, 22, 25, 140, 172, 173, 174; <i>The Health Information Protection Act</i> ; <i>The Archives Act</i> ; <i>The Electronic Information and Documents Act, 2000</i> ; Administrative Records Management System, 2014.
Effective Date	01 July 2017
Application	All information stored by the WCB.
Supersedes	PRO 18/2013 Records Management
Complements	POL 05/2017 Privacy of Information PRO 16/2013 Information from Inquiries PRO 06/2017 Authority for Disclosure PRO 19/2013 Information Complaints PRO 16/2016 Privacy – Audio and Video

Procedure	Privacy – Audio and Visual (PRO 16/2016)
Document Date	26 July 2016
Purpose	Establish guidelines around the use of audio and video recordings.

DEFINITION

Customer, for the purpose of this procedure, means a claimant, employer or any other external person WCB staff has contact with in the course of business.

Audio includes any data collected on audio communications, monitoring of telephone calls, or recordings of incoming and outgoing telephone calls or recordings of meetings that occur between WCB staff and customers. This procedure is not intended to apply to voicemail communications in the ordinary course of business.

Video includes video recordings of video feeds and/or recordings from surveillance cameras placed inside and outside of WCB offices, and video recordings of meetings that occur between WCB staff and customers.

BACKGROUND

1. The Workers' Compensation Board (WCB) is committed to ensuring the health and safety of both its employees and customers. To ensure the safety and security of WCB employees, customers and visitors, the WCB operates and maintains a video surveillance system on WCB premises and may also record audio from telephone calls between WCB staff and customers.
2. Collecting information about injured workers and employers is fundamental to the administration of *The Workers' Compensation Act, 2013* (the "Act"). The WCB takes seriously the need to protect the confidentiality and security of this information. The WCB is guided by the Act in the collection, use, storage and disclosure of information (POL 05/2017, Privacy of Information).

PROCEDURE

Purpose of Collection

1. Video from surveillance cameras may be monitored or recordings retained for safety and security purposes.
2. Incoming and outgoing telephone calls may be recorded for safety, security and quality purposes. WCB staff may also record a conversation during a meeting with a customer for safety and security purposes (e.g., where a customer has been verbally abusive in the past).
3. The WCB may monitor or record and retain audio and video when required as part of an internal or external investigation.

Monitoring and Recording

4. Monitoring and recording audio from telephone calls excludes calls received on the toll free Fraud TIPS Line or to the Fair Practices Office.
5. Incoming callers are automatically notified that telephone calls may be monitored and recorded when they call WCB's main switchboard. In other instances, WCB staff must notify the customer before they begin recording a telephone conversation or meeting (e.g., for safety and security purposes).
6. Surveillance cameras have been visibly installed within areas considered necessary for the safety of WCB staff and customers, and to ensure the security of WCB property and premises. Cameras have not been installed and do not monitor areas where WCB staff or customers have a reasonable expectation of privacy.
7. Audio recordings from telephone conversations and meetings and video from surveillance cameras are subject to the guidelines around retention, disposal and access outlined below.

Retention and Disposal

8. The WCB retains audio or video recordings for a limited period of time and recordings will not form part of a customer's file. Any information necessary for decision making regarding entitlement to benefits under the Act must be noted on the customer's file.
 - a. Audio recordings collected for training/coaching ,quality purposes or staff safety are retained internally and disposed of manually upon a review being completed, unless retained for investigative or evidence purposes, which may include, but are not limited to, safety-related incidents.
 - b. Video recordings are retained internally and automatically disposed of after seven days from the date recorded, unless retained for investigative or evidence purposes, which may include but are not limited to safety-related incidents.
9. The WCB may retain audio and video recordings to implement any preventative and corrective action(s) as follow-up to address staff safety or assist with an internal or external investigation. Recordings are stored in a secure location and disposal will be on a case-by-case basis.

Access

10. Access to monitor and review audio recordings is limited to authorized Management or their designate(s).
11. Access to monitor and review video recordings is limited to the Manager of Safety, Security and Facilities or their designate.
12. Audio or video recordings retained for further investigation is limited to:
 - a. The Manager of Safety, Security and Facilities or their designate,
 - b. Authorized Management or their designate(s), as required for further investigations.

13. Available recordings may be provided to the appropriate authorities, upon request, to aid in a criminal investigation.
14. Any external requests for access to audio or video recordings which cites *The Freedom of Information and Protection of Privacy Act* (FOIPP), or other relevant privacy legislation, will be sent directly to WCB's Privacy Officer.

Act Sec #	<i>The Freedom of Information and Protection of Privacy Act; The Health Information Protection Act.</i>
Effective Date	01 September 2016
Application	All audio and video recordings.
Supersedes	n/a
Complements	POL 05/2017 Privacy of Information ADM PRO 06/2016 Audio and Video – Monitoring and Recording ADM PRO 02/2008 Reporting Losses – Theft or Fraud ADM PRO 05/2016 Safety and Security – Workplace ADM PRO 05/2016 Safety and Security – Workplace – Guidelines