



## Stakeholder Feedback

Online consultation on the topic below was posted from June 28 to September 26, 2022. The verbatim comments received by WCB-Alberta during online consultation are reproduced below.

### Opioid policy review – Policy 04-06, Part II, Application 4

<i>Stakeholder</i>	<i>Category</i>	<i>Comments</i>
<b>Action Roofing and Siding Ltd</b>	<b>Employer</b>	The policy looks great and covers all the bases !!
<b>Not identified</b>	<b>Employer</b>	<p>I support the use of opioids for extreme pain management. I we have the ability to control pain properly then this makes sense.</p> <p>I have a couple of concerns being this could potentially affect an Employer's ability to accommodate and our experience rating in certain circumstances.</p> <ul style="list-style-type: none"><li>- Ability to accommodate for Modified Work could be greatly limited if a worker was using an opioid as they would not be able to perform any duties in a safety sensitive position, drive a vehicle. This could extend Modified Duties time frame or potentially limit our ability to accommodate</li><li>- If the worker becomes addicted to the opioid, does this now become a second claim against the employer? In both cases above this could negatively affect our experience rating and drive the costs up of our WCB renewal.</li></ul>
<b>360 Energy Liability Management</b>	<b>Employer</b>	Reviewed. What are the employer's responsibilities on providing return to work (modified duties) to a worker who is on opioids? Will their Substance Abuse policy be nil and avoid?
<b>ITF Association</b>	<b>Employer Association</b>	<p>Thank you for the opportunity to provide comments on the proposed revisions to the WCB Opioid Policy.</p> <p>In principle, our members support the objectives of the review and the three phases of treatment outlined. However specific criteria or a definition of "demonstrable improvement" is needed since this is a key element of the plan, particularly for the transition to long term therapy. A common understanding of what this entails is necessary in keeping with the second objective (i.e. criteria for coverage for opioid prescriptions are clearly and transparently outlined,)</p>

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		<p>A commitment to bringing injured workers back to work in a safe manner is a priority for employers. To accomplish this employers need to know about opioid use in a timely manner in order to ensure appropriate duty modifications and parameters are in place. Clear and timely communication and an appropriate evaluation of fitness for work directly impacts the ability of the employer to accommodate and return an injured worker to the workplace. This applies in all situations but is critically important where the work is safety sensitive. The policy should include a question regarding how this evaluation will be done and the steps that will be followed if the employer does not agree with the WCB's assessment of fitness for duty. It would be huge risk to an organization to return a first responder, individual involved in patient care, equipment operator or individual in any safety sensitive role when opioids are/have been used without some very strict guidelines to demonstrate all use has stopped prior to a fitness level being defined. Furthermore, not all employers use a "safety sensitive" designation so transparency and timely communication between the employer, worker and WCB is essential.</p> <p>The draft refers to Policy 04-11 Part II, Application 4, but this policy is around duty to cooperate not how WCB will define an injured worker using opioids as being fit when the work is safety sensitive in nature. The closest reference is bullet 3 which is not sufficient:</p> <p>Specific worker cooperation responsibilities:</p> <ul style="list-style-type: none"> <li>. Maintain consistent contact with their service providers</li> <li>. Accept suitable temporary modified work offers</li> <li>. Comply with all professional standards, safety rules, and employer policies applicable to the temporary modified work and a successful return to work</li> <li>. Return to full duties when medically fit</li> <li>. If unable to return to pre-accident duties because of permanent work restrictions, work with WCB to develop and actively participate in a vocational plan that minimizes job loss and maximizes income recovery</li> </ul> <p>A clarification of processes and protocols will strengthen this policy and is necessary.</p> <p>Also of concern is the lag period between a worker being prescribed opioids and when a letter is issued. It is critical for the employer to be aware when this occurs to ensure they do not</p>

<i>Stakeholder</i>	<i>Category</i>	<i>Comments</i>
		<p>bring people back to work in a role that is unsafe for any party. In addition to a firm commitment to timely employer notification being reflected in policy, we are proposing that if not already in place an automated task is generated when the opioid box is checked on a physician report to generate an employer notification letter.</p> <p>We also would like to see WCB placing greater emphasis on educating workers that if they are taking opioids or using cannabis they should be disclosing this information to the employer when return to work is being discussed. WCB is in the best position to manage this important discussion and also to ensure case plan update letters indicate when a course of opioid treatment has been completed.</p> <p>We also propose an addition to the policy that indicates cost relief for a second injury would apply if a worker goes into addiction treatment following opioid use related to a workplace injury.</p> <p>It is important for the WCB to strengthen monitoring processes and practices where a worker has been prescribed an opioid. Knowing what has been prescribed and for what timeline is essential to ensure the safety of the worker as well as others they work with. There is a risk inherent in relying on prescriptions WCB pays for, since many workers have the ability to submit prescription claims through an employer or private health benefit plan.</p>
<p><b>Alberta Construction Association</b></p>	<p><b>Employer Association</b></p>	<p>Thank you for the opportunity to comment on these policies. Alberta Construction Association represents nearly 3000 member firms, comprising up to 25% of WCB premiums.</p> <p>Timely information is critical to accommodate safe return to work with appropriate modified duties. Further clarity is required on how to ensure the evaluation of fitness for work is performed, and the process to resolve employer disagreement with the WCB's assessment of fitness for duty. A commitment to timely notification to the employer of the date when the opioids are prescribed should be added to the policy, along with a process to automatically generate employer notification. WCB must recognize that workers may be purchasing prescriptions through an employer or private health plan. A process to update the case plan when opioid treatment is completed along with timely notification of the employer is required. Although the draft refers to Policy 04-11 Part II, Application 4, this policy is around duty to cooperate not</p>



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		<p>how WCB will define an injured worker using opioids as being fit when the work is safety sensitive.</p> <p>A definition of “demonstrable improvement” (Question 7) is needed since this is a key element of the treatment plan.</p> <p>The policy should add that cost relief for a second injury would apply if a worker receives addiction treatment following opioid use related to a workplace injury.</p>
Individual	Health care practitioner	<p>Where and how is the Medical Cannabis manufactured and labelled?</p> <p>I will be sending in a separate email to policy.development@wcb.ab.ca.</p> <p>I will forward research and presentation by <i>[removed to protect the identity of the individual]</i>.</p> <p>I understand September 26 is closure for comments.</p> <p>I have concerns about the product.</p>
Individual	Other	<p>Glad WCB is clarifying its stance on this controversial treatment for injured workers. I trust this is challenging to balance the rights of the worker and the duties of WCB, with the potential long term implications. I would have liked to read the related details mentioned via links to them. I find these policy briefs lack details/are vague (without amendments, etc..) which would make me more inclined to offer input around clarity or wording of the policy. From a learning standpoint, I would also find it informative to review all details in one place.</p>
Stewart Advocacy Inc	Paid advocate	<p>It's unclear from the procedure how the WCB addresses Out of Province Physicians. I have several clients who returned to their home province and there appears no directives to front line staff how to address Opioids prescribed by out of province physicians. Wouldn't it make MORE sense, to reference the Canadian College of Physicians and Surgeons and if that complements an out -of- province prescriber, then make that clear.</p> <p>Also, nurse practitioners who have met the requirements set out by the College and Association of Registered Nurses of Alberta (CARNA) have the authority to prescribe narcotics in Alberta. This is completely ignored in the policy. Are you going to discriminate against an injured worker who was prescribed opioid by a Nurse Practitioner?</p>



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<b>Individual</b>	<b>Worker</b>	<p>I think it will be a awesome idea to cover marijuana, the positives will outweigh the negatives their is a big miss understanding off the benefits. I have tried it to see what the reaction is on my pain and it worked better the all the heavy medicine I take. The only reason I don't keep using it is that it will cause no problems with my claim.</p> <p>My relationship with WCB is more then good they have been there all along. I do a lot of defending WCB because they are not what people say about them.</p>
<b>Individual</b>	<b>Worker</b>	<p>As an injured worker that I had to live with a chronic pain in my lumbar since Dec 19 2016 to date I support the idea of opioid policy to ensure workers receive safe and effective treatment as no other medications I have tried worked for pain relief and I'm suffering since then, also I'm a sober person I take no recreational drugs, alcohol or all kinds of smoking addictions.</p>