

PROCEDURE

Procedure Title	Workplace Accommodation & Return to Work
Procedure Holder	Director, Organizational Effectiveness
Procedure Approver(s)	Senior Team
Related Policies	
Related Procedures	
Appendices	
Storage Location	Website - https://www.confederationcollege.ca/policies-and-procedures
Effective Date	April 21, 2017
Next Review Date	

Purpose

Confederation College is committed to providing, short of undue hardship, accommodation in employment, services, and access to facilities to employees with disabilities as well as those who require assistance in returning to work due to illness or injury. All College leaders are accountable in terms of ensuring that access and accommodation are available.

All employees have a responsibility to address barriers to full participation in the workplace— whether physical, structural, systemic or attitudinal. Persons in positions of authority have a particular responsibility to ensure the principles of integration through barrier analysis and prevention, as well as inclusive design of buildings, systems and policies, are met.

Scope

This policy applies to all full time and regular part time employees of the College.

Definitions

Accommodation Coordinator

A representative of the Human Resources Department assigned to coordinate the return-to-work process for a particular employee.

STD

Short term disability – as defined in the applicable collective agreement or terms and conditions of employment document.

LTD

Long term disability – as administered by Sun Life in accordance with the applicable collective agreement or terms and conditions of employment document

WSIB

Workplace Safety and Insurance Board

Accommodation Team

A team comprised of the employee, the immediate supervisor, the Accommodation Coordinator and the Union/Association representative. The presence of the Union/Association representative is at the sole discretion of the employee.

Undue Hardship

Undue Hardship is defined by The *Ontario Human Rights Code*. The definition specifies three factors in assessing whether an accommodation would cause undue hardship. These are:

- a) Cost will amount to undue hardship if it is quantifiable, shown to be related to the accommodation, and so substantial that it would alter the essential nature of the enterprise or so significant that it would substantially affect its viability.
- b) [Lack of] Outside sources of funding include funds available to the individual through government programs, funds that would assist employers and service providers to defray the cost, and funding programs to improve accessibility for persons with disabilities.
- c) Health and safety requirements which create a barrier for an employee with a disability must be assessed to determine whether the requirement can be waived or modified. Any risk created by modifying or waiving a health and safety requirement is to be weighed against the right to equality of the employee with a disability. Where a risk is so significant as to outweigh the benefits of equality, it will be considered to create undue hardship. Where possible, an employee with a disability should be allowed to assume risk with dignity, subject to undue hardship. At the same time, the organization has an obligation under health and safety legislation not to place individuals in a situation of direct threat of harm. No assumption of risk by the person with a disability may place another individual at risk.

Disability

“Disability” should be interpreted in broad terms. It includes both present and past conditions, as well as a subjective component – that is, perception of disability. Although sections 10(1)(a) to (e) of the *Code* set out various types of conditions, they are illustrative and not exhaustive. Even minor illnesses or infirmities can be “disabilities” if a person can show that they were treated unfairly because of the perception of a disability.

For the purpose of this procedure, the definition of “disability” is adopted from the *Ontario Human Rights Code*, as follows:

Section 10 (1) of the Code defines "handicap" as follows:

"because of handicap" means for the reason that the person has or has had, or is believed to have or have had,

- a) any degree of physical disability, infirmity, malformation, or disfigurement that is caused by bodily injury, birth defect or illness, and without limiting the generality of the foregoing, including diabetes mellitus, epilepsy, any degree of paralysis, amputation, lack of physical co-

ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or on a wheelchair or other remedial appliance or device,

- b) a condition of developmental disability or impairment,
- c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d) a mental disorder, or
- e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Essential Duties

Tasks that are a basic, necessary and integral part of the job. Distinctions between essential vs. non-essential duties include:

- a) Duties required to be performed on a regular basis - if the duties are rarely performed, they may not be essential.
- b) Specialized duties - the need for special expertise may be an indication of an essential duty.

Program Review Committee

A committee comprised of representatives from the employer, each of the employee unions and association bodies and the Accommodation Coordinator.

Independent Medical Examination

An objective, third-party medical exam that is conducted when an individual has been injured and requires third-party documentation to confirm the extent of their disability and provides insight into the design of reasonable accommodation.

Confederation College commits that every reasonable effort will be made to accommodate employees who require workplace accommodation of a disability or assistance in returning to work due to illness or injury. This policy is intended to reflect and enforce the terms of the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act. The College and any other affected party shall make the necessary accommodations required under the Ontario Human Rights Code.

The College will initiate a respectful and proactive approach to accommodate any employee unable to carry out the full duties of their position as a result of a disability, illness or injury. The College agrees to make every effort, short of undue hardship, to provide suitable employment to any employee unable to perform the essential duties of their position as a result of a disability as determined by the Ontario Human Rights Code.

There shall be an Accommodation Team established in each case that an accommodation is requested or a where an employee is returning to work following an illness or disability that requires workplace accommodation. The Accommodation Team will carry out their tasks in accordance with the points below:

Confidentiality

Employees are not necessarily required to disclose private or confidential information; however the employer has the right and the employee has the obligation to disclose information to the accommodation provider as it pertains to the need for accommodation, including any restrictions or limitations.

- The College is committed to protecting the confidentiality of employee medical and personal information.
- All Stakeholders shall protect the confidentiality of employee medical and personal information.
- All employees are made aware of when and how information is shared throughout the program, including their rights and responsibilities regarding confidentiality.
- To ensure timely return to work planning, the College requires information about an employee's abilities and limitations, which is collected from the relevant health professional or through a 3rd party. A 3rd party would be selected in consultation with the insurer, WSIB or an Independent Consultant Firm as required.
- Records of personal medical information are kept confidential and separate from employee human resources records.
- Employee health information is gathered through a process of informed written consent from the employee with a description of the use, storage and distribution of the information.
- The Accommodation Coordinator ensures that the College is in compliance with national and provincial medical records and privacy laws and documents the process used.

Accommodation

- The College is committed to making every reasonable effort to provide meaningful modified work to employees unable to perform their regular work due to illness, injury or disability.
- The employer's responsibility is to provide reasonable temporary and permanent accommodation.
- The employee's responsibility is to accept reasonable accommodations within their abilities and limitations.
- Where applicable, the Union/Association Representative's responsibility is to support the employee seeking accommodation.
- The process identifies job accommodation options based on the abilities and limitations of the employee and takes into consideration the level of disruption to the employee and the work environment.
- The College regularly reviews accommodations to ensure continued appropriateness.
- The supervisor is accountable for providing and supporting accommodations.
- The Accommodation Coordinator is available to assist with identification of alternative work and transition issues.
- Financial resources may be allocated to support accommodations.
- Accommodation will vary based on an individual's unique needs, which must be considered, assessed and accommodated individually.
- The purpose of accommodation is not to satisfy the personal preferences of employees, but rather to assist in meeting legitimate needs related to disability, illness or injury.
- Where applicable, an individualized workplace emergency response plan will be developed for the employee, taking into account their specific needs.
- All accommodation measures will be documented in Human Resources.

Dispute Resolution Mechanism

In the case of a dispute over an accommodation, the Accommodation Coordinator will convene an Accommodation Team meeting to attempt to find a resolution. If the parties are unable to agree, the parties may engage the services of a mediator. Nothing in this policy precludes the employee from following the dispute resolution procedures within the Collective Agreement or in the Terms and Conditions of Employment for Administrative Employees.

Procedure Statements

Action	Responsibility
1. General Principles	
1.1 Early Assistance	
<ul style="list-style-type: none"> The employee is required to notify the College immediately regarding a potential absence from work due to illness or injury and/or if the need for workplace accommodation arises. 	Employee
<ul style="list-style-type: none"> The supervisor reports to the Accommodation Coordinator all occupational illness or injury absences and those non-occupational absences that are likely to be greater than 10 continuous working days or where there is a pattern of absence that has an actual or potential negative impact on the employment relationship. 	Supervisor
<ul style="list-style-type: none"> An employee may request the assistance of a union or association representative at any stage of the process. The College is required to inform the employee of the employee’s right to representation at the start of the process. At this time, a Union Representative Acknowledgement form will be completed. (Appendix 3) 	Accommodation Coordinator
1.2 Employee Responsibilities	
<ul style="list-style-type: none"> Maintain appropriate contact with supervisor and/or Accommodation Coordinator throughout the absence Provide medical documentation to substantiate any medical leave greater than 5 days within a timely manner Focus on recovery and obtain appropriate medical treatment Provide information necessary for accommodation planning Participate in identifying return to work options Participate in assessment, Accommodation Team meetings and accommodation planning Provide Health Care Provider accommodation information Follow all restrictions both on and off the job 	Employee

<p>1.3 Supervisor Responsibilities</p> <ul style="list-style-type: none"> • Maintain appropriate contact with the employee (to determine frequency of contacts, check with HRS) • Identify return to work options within the work group and department based on the returning employee’s abilities and limitations • Engage co-workers, as necessary, in the Accommodation Plan while maintaining confidentiality • Assist the Accommodation Coordinator with analysing the demands of each job task, ensuring work practices are safe for the returning employee • Implement the accommodation plan 	<p>Supervisor</p>
<p>1.4 Accommodation Coordinator Responsibilities</p> <ul style="list-style-type: none"> • Maintain appropriate contact with the employee and their Supervisor • Ensure all parties understand the procedures and responsibilities • Consult with the employee, union or association, supervisor, treating physician and other stakeholders on abilities/restrictions, job demands, physical demands analysis, functional abilities analysis, and timing of return to work • Develop accommodation plans and job match when an employee cannot return to the pre-illness job • Co-ordinate supporting assessments and programs • Oversee the day-to-day functioning of the accommodation Program • Oversee the safekeeping of confidential information • Schedule and chair accommodation meetings as appropriate 	<p>Accommodation Coordinator</p>
<p>1.5 Union or Association Representative Responsibilities (if requested by the employee)</p> <ul style="list-style-type: none"> • Provide visible support for the accommodation program • Represent employees • Assists employee in understanding procedures and his/her responsibilities regarding the accommodation program • Participate in accommodation meetings, helping to identify accommodation options • Assist with co-worker communications 	<p>Union/Association Representative</p>
<p>1.6 Senior Team Responsibilities</p> <ul style="list-style-type: none"> • Actively support the Accommodation Program • Allocate resources as required 	<p>Senior Team</p>

1.7 Employee's Health Care Provider(s)	
<ul style="list-style-type: none"> • Manage and treat the employee's illness or injury • Provide documentation to support the employee's absence • Support the employee in return to work efforts • Provide abilities, restrictions, and limitations information • Review, and when warranted for medical reasons, provide feedback on accommodation plans • Consider clinical interventions to support return to work 	Health Care Provider
1.8 Employees	
<ul style="list-style-type: none"> • Support the returning employee 	Employees
2. Develop the Accomodation Plan	
<p>The employee, Accommodation Coordinator, Supervisor, Union or Association Representative (if requested) and health care provider (if needed) collaborate to develop a formal accommodation plan (Appendix 2). The Accommodation plan must be based on up to date medical information in the form of a Functional Abilities Form (Appendix 1)</p> <ul style="list-style-type: none"> • If the employee has no residual functional limitations, they return to their regular position with no accommodation required • If the employee has temporary functional limitations, they return to a temporary modified work environment with accommodation, or to an alternative transitional position • If the employee has lasting functional limitations, they return to work with permanent accommodations or (where appropriate and available) is permanently reassigned to another position 	
3. Monitor and Evaluate the Return to Work Process	
<ul style="list-style-type: none"> • The employee, supervisor, and Accommodation Coordinator and Union Representative if applicable, monitor and review the accommodation process regularly until it has been completed • If the employee encounters challenges, the accommodation plan is modified to overcome these challenges 	
4. Dispute Resolution	
4.1 Clarify the nature of the dispute	
<ul style="list-style-type: none"> • Where the dispute is about the level of function then more information will be obtained such as: <ul style="list-style-type: none"> ○ Updated abilities/limitations information 	Employee, Medical Professional

<ul style="list-style-type: none"> ○ More detailed functional capacity or other types of abilities assessments ○ Information on level of function from insurance carrier or WSIB. 	
<ul style="list-style-type: none"> ● When the dispute is about the demands of the job then more information will be obtained including: <ul style="list-style-type: none"> ○ A possible physical demands analysis ○ The rate at which new duties could be introduced 	Employee, Medical Professional, Supervisor
<ul style="list-style-type: none"> ● Upon receipt of further information a meeting will be scheduled with the Accomodation Team to discuss the information. The meeting may include a Return to Work Mediator. Mediators will be selected from a roster of candidates developed by the Program Review Committee or in consultation with WSIB, the insurer or the Employee Assistance Provider as applicable. 	Accommodation Coordinator
<ul style="list-style-type: none"> ● Based on the outcome of the meeting(s) the Accommodation Coordinator documents the Accommodation Plan and distributes it to all parties. 	Accommodation Coordinator
5. Communications and Training	
5.1 New Employee Orientation	
<ul style="list-style-type: none"> ● The Accommodation Coordinator will ensure all new employees are made aware of the Workplace Accomodation and Accommodation Program, the College’s commitment to accommodation and return to work, what to expect, what is expected of them, and how to obtain further information. 	
5.2 Employee Communication	
<ul style="list-style-type: none"> ● The College will develop and implement a communications plan for managers, unions, association and employees that addresses on-going general communication about the program and promotes the benefits of the program. 	Accommodation Coordinator
6. Continuous Improvement	
<p>The Program Review Committee will meet annually to assist in assessing the overall function of the program based on statistical information and make recommendations regarding policy and program improvements. Representative members may request additional meetings to be convened as necessary.</p>	Program Review Committee

Supporting Documentaion

Forms that are generated by the procedure should be listed and included as an appendix.

- Appendix 1 Functional Abilities Form
- Appendix 2 Return to Work Plan
- Appendix 3 Union Representation Acknowledgement

Related Policies

Any other relevant College policies should be listed.

Related Materials

Accessibility for Ontarians with Disabilities Act

Ontario Human Rights Code

Support Staff Collective Agreement

Academic Collective Agreement

Terms and Conditions of Employment for Administrative Employees

HR xx: APPENDIX 1

NDIX 1

Functional Abilities Form

TO OUR EMPLOYEE:

Please ask your attending physician or health practitioner to complete the bottom portion of this form.

Employee Information (to be completed by the employee)

Name: _____ Last day worked: _____

Employee Authorization

I authorize the Health Professional involved with my treatment to provide my employer this form when completed, containing information about my medical limitations/restrictions affecting my ability to return to work or perform my assigned duties.

Employee Signature

Date

Please sign and date the authorization ↗

TO THE ATTENDING PHYSICIAN OR HEALTH PRACTITIONER:

Please complete and return this form to the employee.

1. PROGNOSIS:

Approximate date of commencement of illness: _____

Most recent examination date: _____

Date of next appointment for review of capabilities: _____

Prognosis for recovery: _____

RESTRICTIONS and LIMITATIONS (please check all that are applicable)

Is the worker capable of returning to work immediately without limitations? Yes No

Please describe all limitations and restrictions in the appropriate sections below.

2. Musculoskeletal

Please check restrictions and provide comments where applicable

(%, kg, degree, repetition, not applicable, etc.)

<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Elbow
<input type="checkbox"/> Wrist/Hand	<input type="checkbox"/> Finger	<input type="checkbox"/> Back
<input type="checkbox"/> Hip	<input type="checkbox"/> Knee	<input type="checkbox"/> Ankle/Foot

3. FUNCTIONAL:

Walking: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100-200 metres <input type="checkbox"/> Other (please specify)	Standing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (please specify)	Sitting: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes -1 hour <input type="checkbox"/> Other (please specify)	Lifting from floor to waist: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5-10 kilograms <input type="checkbox"/> Other (please specify)
Lifting from waist to shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5-10 kilograms <input type="checkbox"/> Other (please specify)	Stair climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5-10 steps <input type="checkbox"/> Other (please specify)	Ladder climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> 1-3 steps <input type="checkbox"/> 4-6 steps <input type="checkbox"/> Other (please specify)	Travel to work: Ability to use public transit <input type="checkbox"/> Yes <input type="checkbox"/> No Ability to drive a car <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional comments:

<input type="checkbox"/> Bending/twisting repetitive movement of: (please specify)	<input type="checkbox"/> Work at or above shoulder activity:	Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify)
Limited use of hand(s) or wrist(s): <input type="checkbox"/> Left Type/keyboard <input type="checkbox"/> Right <input type="checkbox"/> Left Write <input type="checkbox"/> Right <input type="checkbox"/> Left Gripping <input type="checkbox"/> Right <input type="checkbox"/> Left Pinching <input type="checkbox"/> Right <input type="checkbox"/> Left Other(please specify) <input type="checkbox"/> Right	<input type="checkbox"/> Operating motorized Equipment: (eg. Forklift) <input type="checkbox"/> Operate machinery <input type="checkbox"/> Work at heights	<input type="checkbox"/> Chemical Exposure to: <input type="checkbox"/> Environmental conditions Temperature/heat & cold <input type="checkbox"/> Exposure to vibration: <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/Arm
<input type="checkbox"/> Potential side effects from medications (please specify). Please do not include names of medications.		

Additional Comments:

4. **COGNITIVE:**

Please check where applicable

<input type="checkbox"/> Sight (please provide explanation)	<input type="checkbox"/> Memory	<input type="checkbox"/> Speech	<input type="checkbox"/> Hearing
Supervision required: <input type="checkbox"/> Needs constant supervision <input type="checkbox"/> Needs frequent supervision <input type="checkbox"/> Needs limited supervision <input type="checkbox"/> Needs no supervision	Supervision of others: <input type="checkbox"/> Not able to supervise <input type="checkbox"/> Can supervise a small group consisting of _____ people <input type="checkbox"/> Capable of regular supervisory duties	Tolerance to deadlines: <input type="checkbox"/> Cannot deal with deadline pressure <input type="checkbox"/> Occasionally deal with deadlines <input type="checkbox"/> Can deal with recurring deadlines <input type="checkbox"/> Can deal with strict deadlines	
Attention to detail: <input type="checkbox"/> Concentration on detail severely limited <input type="checkbox"/> Concentration on detail limited <input type="checkbox"/> Can concentrate on detail with occasional breaks of non-detailed work <input type="checkbox"/> Able to concentrate intensely on detailed work	Performance of multiple tasks: <input type="checkbox"/> Can deal with one task at a time <input type="checkbox"/> Can handle more than one task <input type="checkbox"/> Can handle multiple tasks; requires additional time <input type="checkbox"/> Fully able to handle multiple tasks without difficulty	Tolerance to external stimulus: <input type="checkbox"/> Needs quiet, non distracting work environment <input type="checkbox"/> Can cope with small degree of distraction <input type="checkbox"/> Can cope with distracting stimuli for portion of day <input type="checkbox"/> Fully able to cope with multiple stimuli without negative effect	
Ability to work with others cooperatively: <input type="checkbox"/> Tolerates working alone <input type="checkbox"/> Can tolerate others within vicinity <input type="checkbox"/> Can work with others cooperatively	Ability to cope with confrontational situations: <input type="checkbox"/> Unable to cope with confrontational situations <input type="checkbox"/> Moderate ability to cope with confrontational situations <input type="checkbox"/> Able to deal with confrontational situations	Responsibility and accountability: <input type="checkbox"/> Can exercise a moderate level of responsibility with occasional need for support <input type="checkbox"/> Can accept responsibility including the responsibility for the safety of others	

Additional comments:

5. Have you discussed return to work with your patient? Yes No

6. ESTIMATED DURATION OF LIMITATIONS:

- _____ days 2-4 weeks 4-6 weeks 6-8 weeks 8-10 weeks > 10 weeks
 Permanent

Comment: _____

7. RECOMMENDATION FOR HOURS OF WORK:

- Full-time hours
 Graduated and/or Modified hours: (eg. Work 3 days/week, with a minimum of 1 day of rest between each)

If graduated or modified work hours are recommended please describe:

Recommended Start Date: _____

8. This employee will need to attend appointments at the following intervals: _____

(Please print)

Health Care Provider's Name: _____

Specialty/Health Profession: _____

Address: _____

Telephone: _____

Date: _____ Health Care Provider's Signature: _____

HR xx: APPENDIX 2

Return to Work Plan

Name: _____ Date: _____

Plan Start Date: _____ Plan End Date: _____

Goal of accommodation process:

- Pre-injury job
- Modified pre-injury job
- Alternate job (attach job description)

Limitations:

Week	Work Days Per Week	Work Hours Per Day	Modified Duties	Safety Considerations
Week 1				
Week 2				
Week 3				
Week 4				

Does the accommodation plan involve a temporary assignment to a different position?:

- Yes (please answer below questions)
- No

New Position: _____

Length of assignment: _____

Training Required: _____

Employee Signature

Supervisor Signature

Accommodation Coordinator Signature

Union Representative (if applicable)

HR xx: APPENDIX 3Workplace Accommodation and Return to Work
UNION REPRESENTATION ACKNOWLEDGEMENT

I have been advised of my right to have union representation while participating in the return to work/accommodation program.

I have read and fully understand the above statement.

Employee Name (Print)

Signature

Date

Witness Name (Print)

Signature

Date

Non-Compliance

Revision History

Version	Change	Author	Date of Change