TOWNSHIP OF SOUTHGATE
Policy # 82
Accommodation and
Safe Return to Work Policy

Approved by Council on: Nov 20, 2019

Accommodation and Safe Return to Work Policy

Employees may, from time to time, have injuries or illnesses, or other personal matters that affect their ability to perform job duties in the standard manner. The Township of Southgate values all of its employees and is committed to supporting and accommodating employees in the workplace; up to the point of undue hardship and in accordance with applicable legislation.

The goal is to provide reasonable accommodation to employees to facilitate their performance of job duties; relating to disability, injury, illness, and/or religious requirements. The Township of Southgate shall strive to return injured or ill workers to work as quickly and safely as possible, with the goal of returning to their pre-injury job; as reasonable.

All parties shall be treated with respect and dignity throughout all accommodation and return to work processes. The Township of Southgate shall appoint the Human Resources Coordinator as the competent person, to manage with assistance of the employee's supervisor(s), all occupational and non-occupational accommodation and injury/illness claims, including return to work planning and communicating with insurance providers.

All information, documentation, and medical information received shall be deemed confidential, and retained as per legislated or other requirements; and not disclosed unless required by an insurance provider or regulatory official.

All employees are expected to participate in active return to work and accommodation and notify the Township of Southgate management regarding any accommodation that is required. The Township shall ensure all workplace parties are trained and understand their obligations and duties related to accommodation and return to work.

Definitions:

OHRC: Ontario Human Rights Code

ESRTW: Early and Safe Return to Work

FAF: Functional Abilities Form

Suitable Work: Work that is safe, productive, meaningful, supports the organization's objectives, and is within the functional abilities of the worker.

Undue Hardship: When the financial cost of accommodation affects the essential nature of the enterprise, is so significant that it substantially affects its viability, or the accommodation causes a significant health and safety risk to the accommodated employee or others.

Employee Accommodation

Employees shall provide notification and communicate all requests and requirements for accommodation to the Township of Southgate management as soon as reasonably possible. The Township shall ensure individuals protected under the Ontario Human Rights Code can work effectively, by modifying or adjusting work, or the work environment, as suitable.

Accommodation shall be provided where a disability or religious requirement necessitates that the work be modified or adjusted to address the needs of the individual, based on protected grounds of discrimination under Human Rights legislation. The Township of Southgate shall provide accommodation as appropriate, using a consultative approach that involves management, the individual, and as appropriate, any applicable healthcare professionals or other third-party assistance.

Accommodation may be temporary or permanent, based on the needs of the individual, and could include modified or alternate duties, modified or alternate hours, and/or provision of barrier free workplaces and equipment as applicable and reasonable. All accommodation shall be in accordance with governing legislation and health and safety laws and best practices.

The Township of Southgate shall also provide accommodation to job applicants in a manner that is non-discriminatory, and respectful, and in accordance with Human Rights legislation.

Early and Safe Return to Work

Responsibilities:

Employer:

- Appoint a competent person to manage all occupational and non-occupational injury and illness claims, including return to work planning and communicating with insurance providers and the WSIB.
- Maintain all documentation and medical information received in a confidential manner, and retain as per legislated or other requirements.
- Support all efforts to provide an ESRTW for all injured or ill employees, including accommodation and modified duties as suitable and appropriate.

Supervisor:

- Participate in the ESRTW plan by assisting with allocation of duties in accordance with the injured/ill worker's restrictions and functional abilities.
- Monitor workers' progress and discuss the ESRTW plan with them at least weekly.
- Record any comments or issues with the ESRTW plan and discuss with the Human Resources Coordinator designated to deal with all internal disability claims and to adjust the plan accordingly.
- Maintain open communication with the worker during the ESRTW process.

Human Resources:

- Manage all occupational and non-occupation injury/illness claims as assigned in accordance with the OHRC, the WSIB, and other applicable legislation.
- Maintain communication with all interested parties including the worker, insurance providers, WSIB, management/supervisors, and medical practitioners as necessary.

- Develop and implement ESRTW plans in collaboration with the worker, the supervisor and the insurance provider/WSIB where applicable.
- Complete and submit all documentation in a timely manner and as required by the WSIB, the insurance provider, and/or the treating medical practitioner.
- Document all communication and discussions regarding the ESRTW, including meetings, phone calls, emails, the ESRTW plan, and all other correspondence.
- Maintain confidentiality of personal and medical information, with the exception of communicating to regulatory bodies or insurance companies, as necessary to manage the claim and provide an ESRTW and suitable accommodation.

Worker:

- Report all injuries and illnesses, as per the Township of Southgate policy.
- Provide medical information, as requested, regarding functional abilities and prognosis to the Township's Human Resources Coordinator.
- Attend and participate in all medical appointments and treatments as prescribed, and follow all medical advice of the treating practitioners.
- Complete and submit all documents requested by the WSIB, insurance provider, the Township of Southgate, and the medical practitioner(s) in a timely manner and by the prescribed deadlines.
- Communicate with the Township of Southgate Human Resources Coordinator immediately following your injury and throughout your entire recovery period; at minimum weekly.
- Assist the Human Resources Coordinator, Supervisor, and other involved parties with identifying work that is within your current level of capability.
- Cooperate with the ESRTW plan, perform modified duties as assigned, and communicate any concerns or issues with the plan immediately to the Supervisor or Human Resources Coordinator.
- Make every attempt to schedule medical treatments and appointments outside of regular working hours (the Township of Southgate recognizes that this may not be practical in some circumstances as per the type or location of treating practitioner).

Directives

Procedure:

1) Worker reports injury/illness to Supervisor or Human Resources Coordinator.
2) Human Resources Coordinator meets with the worker as soon as possible to review the worker's functional abilities and to determine the course of action:
    a. WSIB claim or non-occupational insurance claim;
    b. Goals for return to work; and
    c. Need for accommodation, modified or alternate duties.
3) Human Resources Coordinator provides the worker with a Functional Abilities Form (FAF attached as Schedule A or Schedule B to this policy), as appropriate to the situation, to be completed by the treating medical practitioner:
    a. Human Resources Coordinator may request that an FAF is completed on a regular or recurring basis, or as deemed necessary, throughout the ESRW process; and

b. The Township of Southgate shall reimburse the worker for any costs incurred from the medical practitioners regarding completion of an FAF requested by the Township or other requested documentation.

4) Human Resources Coordinator completes employer portion of insurance documents as applicable.
5) Human Resources Coordinator initiates the ESRTW process, in collaboration with the worker and supervisor, and in accordance with the worker's restrictions/functional abilities:
    a. The plan could include modified or reduced duties, modified hours, alternate work, co-worker assistance and support, or regular duties as suitable. Considerations for suitable work are the employee's previous work history, transferable skills, functional abilities, and availability of work. Note that the Township of Southgate is not required to displace another worker for the accommodation of an injured or ill worker; and
    b. The plan shall be provided to the worker in writing.

6) Human Resources Coordinator and supervisor shall monitor the worker's progress and discuss the progress plan with the worker at least weekly and reassess or revise the plan as necessary.
7) Human Resources Coordinator provides information to the insurance provider and medical practitioner, as required.

Due to the nature of the work and the injury/illness, it may not always be possible to arrange modified duties. When possible, the Township of Southgate will attempt to provide suitable work in accordance with the worker's functional abilities, treating medical practitioner recommendations, and/or the recommendations of an external certified consultant.

The Human Resources Coordinator shall use the form letters (attached as Schedule C to this policy) to communicate with the employee and physician related to accommodation and the early return to work process. The letters will list the employer's goals and objectives of the specific accommodation process and through the letters, seek out the worker's progress over duration of the early return to work plan.

Confidentiality:

- Medical information obtained by the Township of Southgate during the ESRTW process, shall be maintained in a confidential manner by all involved parties, with the exception of reporting to an insurance provider or regulatory body.
- Only information regarding the functional abilities of the worker shall be distributed to those parties involved in the ESRTW planning and implementation.

Appendices:

- Schedule A - Functional Abilities Form – Mental Capacity Assessment
- Schedule B - Functional Abilities Form – Physical Capacity Assessment
- Schedule C – Assessment Early & Safe Return to Work Form Letters

Schedule A

Functional Abilities Form

Transitional Return to Work Report Mental Functional Capacity Assessment

To Attending Practitioner:

It is the policy of Township of Southgate to provide modified duties for all associates. Modified work is of benefit to associates as it hastens rehabilitation/recovery, reduces estrangement, reduces time to return to full work capacity, identity, dignity, and self-respect are maintained. Normal outside work activities are resumed sooner, and contact with the employer, injured worker's physician, and co-workers is maintained.

Associate:

I hereby authorize the release to Township of Southgate, of pertinent information requested in respect to this claim.

Employee Signature:_____ **Date:**_____

The following is to be completed by the Healthcare Professional.	No Limitation	Not Significantly Limited	Moderately Limited	Limited	Not Able To Assess
1. Understanding and Memory					
a) The ability to remember locations and work- like procedures.	☐	☐	☐	☐	☐
b) The ability to understand and remember very short and simple instructions.	☐	☐	☐	☐	☐
c) The ability to understand and remember detailed instructions.	☐	☐	☐	☐	☐
2. Sustained Concentration and Persistence					
a) The ability to carry out very short and simple instructions.	☐	☐	☐	☐	☐
b) The ability to carry out detailed instructions.	☐	☐	☐	☐	☐
c) The ability to maintain attention and concentration for extended periods of time.	☐	☐	☐	☐	☐
d) The ability to perform scheduled activities, maintain regular attendance and be punctual within customary tolerances.	☐	☐	☐	☐	☐
e) The ability to sustain an ordinary routine without special supervision.	☐	☐	☐	☐	☐
f) The ability to work in coordination with or proximity to other without being distracted by them.	☐	☐	☐	☐	☐

g) The ability to make simple work related decision.	☐	☐	☐	☐	☐
h) The ability to complete a normal workday without interruptions from psychologically based symptoms. The ability to perform at a consistent pace without an unreasonable number or length of rest periods.	☐	☐	☐	☐	☐
3. Social Interaction					
a) The ability to interact appropriately with the general public.	☐	☐	☐	☐	☐
b) The ability to ask simple questions or request assistance.	☐	☐	☐	☐	☐
c) The ability to accept instructions and respond appropriately to criticism from supervisors.	☐	☐	☐	☐	☐
d) The ability to get along with coworkers without exhibiting behavioral extremes.	☐	☐	☐	☐	☐
e) The ability to maintain appropriate behavior and to adhere to standards to personal hygiene.	☐	☐	☐	☐	☐
4. Adaptation					
a) The ability to respond appropriately to changes at work.	☐	☐	☐	☐	☐
b) The ability to be aware of normal hazards and take appropriate precautions.	☐	☐	☐	☐	☐
c) The ability to travel in unfamiliar places or use public transportation.	☐	☐	☐	☐	☐
d) The ability to set realistic goals or make plans independently.	☐	☐	☐	☐	☐

Additional Comments on Abilities and/or Restrictions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

From the date of this assessment, the above will apply for approximately:

- ☐ 1-2 Days
- ☐ 3-6 Days
- ☐ 8-14 Days
- ☐ More than 14 Days – Duration Expected: _____

Recommendations for work hours and start date:

- ☐ Regular full-time hours
- ☐ Graduated Hours: _____hours to start

Start date of return to work: _____

Date of next appointment to review abilities and/or restrictions: _____

Health Care Provider's Name: _____

Health Care Provider's Signature: _____

Date: _____

Schedule B

Functional Abilities Form

Transitional Return to Work Report Physical Assessment

Employee Section

☐Initial Form ☐Follow-up Form

Employee Name:

I authorize the release of the information below to my Employer.

Employee Signature: _____ Date: _____

Employer Section

Current Position:

Job Description Attached: ☐ Yes ☐ No

Treating Practitioner Section

Date of Assessment: _____ Next Appointment: _____

Injury/Illness Area:

_____

☐ Patient is capable of returning to work with **no restrictions**

☐ Patient is capable of returning to work **with restrictions**

Complete recovery expected? ☐ Yes ☐ No

Anticipated date, return to full duties:

_____

_____

Physical Capabilities		
Standing: ☐ Full abilities ☐ Up to 15 minutes ☐ 15-30 minutes ☐ Other (specify):	*Sitting:* ☐ Full abilities ☐ Up to 15 minutes ☐ 15-30 minutes ☐ Other (specify):	*Walking:* ☐ Full abilities ☐ Up to 15 minutes ☐ 15-30 minutes ☐ Other (specify):
Lifting (floor to waist): ☐ Full abilities ☐ Up to 5 pounds ☐ 5-15 pounds ☐ Other (specify):	*Lifting (waist to shoulder):* ☐ Full abilities ☐ Up to 5 pounds ☐ 5-15 pounds ☐ Other (specify):	*Lifting (above shoulder):* ☐ Full abilities ☐ Up to 5 pounds ☐ 5-15 pounds ☐ Other (specify):

Physical Limitations	
☐ Bending or Twisting (specify):	☐ Repetitive motion of (specify):
☐ Pushing or Pulling (specify):	☐ Gripping (specify):
☐ Writing, Typing, Speaking and/or Hearing (specify):	☐ Side Effects from Medications (specify, but do not include names of medications):

Medication Effects	
☐ Side Effects from Medications (specify, but do not include names of medications):	☐ Worker is required to consume medications during the work day (between 7AM and 5PM) (specify frequency and/or time):

☐ Medication will impair the worker's ability to safety perform work in a safety sensitive position (driving, operating heavy equipment, supervising children, administering / dispensing medication):	☐ Duration of expected impairment from the time of consumption:

Have you discussed accommodation or modified duties as part of the rehabilitation treatment plan? ☐Yes ☐ No

Additional Comments:

From the date of this assessment, the above will apply for approximately:

☐ 1-2 days ☐ 3-7 days ☐ 8-14 days ☐ More than 14 days(_____ days)

Recommendations for work hours and start date:

☐ Regular full-time hours ☐ Graduated hours: _____hours to start.

Date of next appointment to review abilities and/or restrictions:

_____

Practitioner Practice Name and
Address:_____

Practitioner Signature:

_____

Date: _____

Forward completed form to the employer by email, confidential fax, or with the employee.

Schedule C

Assessment Early & Safe Return to Work Form Letters

Letter #1 – Employee Workplace Accommodation Correspondence

DATE

Dear EMPLOYEE

Re: Workplace Accommodation

The letter explains our obligations and concerns pertaining to your health and well-being and how we can support you and support your success at the workplace.

We are committed to providing you with accommodation to support your ongoing treatment and recovery. To provide accommodation and fulfill this commitment, we require additional information, so that we can reduce or eliminate any workplace conditions or tasks that have potential to negatively affect your health.

As such, we require additional documentation from your treating medical practitioner regarding your current functional abilities and details about your physical and psychological restrictions. Please have your medical practitioner complete the attached Functional Abilities Form. Specifically, we request the following information:

1. Whether your physical and cognitive state allow you to safely fulfill the responsibilities of your position and any related restrictions; and
2. Whether accommodations are required; and
3. The expected duration of accommodations, if any.

You will need to sign the attached form and provide this to your practitioner. To clarify, we are not asking for information on your diagnosis, but only seek to understand your prognosis in relation to safely fulfilling your job duties.

We are prepared to fully support you in your recovery, and provide accommodation, as prescribed by your physician. Please provide the requested medical documentation listed above; we appreciate your participation in your return to work.

Sincerely,

Letter #2– Physician Request Correspondence

Date

[Physicians Name]
[Clinic Name]
[Address]
[City, Province]
[Postal Code]

Dear Dr. [Physician's Name],

Re: Functional Abilities Information for EMPLOYEE

Our organization has a return to work program in place to help our workers return to safe, meaningful and productive employment as soon as possible following an injury and/or illness. We are committed to understanding and respecting the physical and/or cognitive limitations of our injured/ill workers, and offer them appropriate rehabilitative work at every stage of their recovery. Appropriate accommodation will be considered to enable EMPLOYEE to return to work without exacerbating HIS/HER condition, and to facilitate a successful recovery.

The information provided on the enclosed Functional Abilities Form (FAF) for EMPLOYEE will be used only to determine if HE/SHE is fit to perform the duties as listed on the attached job description, and to identify tasks that HE/SHE can safely perform.

We appreciate you time in completing the attached Functional Abilities Form and in recommending a thorough prognosis of whether or not HE/SHE is fit to perform regular or modified duties at this time; considering the responsibilities of HIS/HER job. To respect EMPLOYEE's privacy, diagnostic information should **not** be provided on this form.

Thank you in advance for your cooperation and timely completion of the attached form. If you have any concerns or questions, please contact me directly at [phone number]. Thank you for your cooperation.

Yours truly,

NAME

Letter #3 – Employee Offer of Modified Duty

DATE

EMPLOYEE NAME AND ADDRESS

OFFER OF MODIFIED DUTY

Dear EMPLOYEE,
As part of our accommodation policy and out legislated duties, we are offering you modified work according to your current functional abilities, as per the most recent functional abilities form received from your treating medical practitioner. Your current restrictions are as follows:

- LIST RESTRICTIONS

At this time, we can offer you duties LIST THE DUTIES OFFERED. EXPLAIN HOW THE DUTEIS ADHERE TO THE RESTRICTIOSN AND CURRENT ABILITIES, (there will be other staff to assist you, at no point are you required to lift/bend/reach/climb...)

You are permitted to take time during your shift to sit, walk, stand stretch, as per your treating practitioner's advice and direction. You are also permitted to apply ice/heat or use other methods of pain management, however, as a POSITION TITLE, and employee of the Township of Southgate, you are required to disclose the use of any pain medication that may cause impairment; either over the counter or prescribed medication (you do not have to disclose the name of the medication but you must disclose if you consume medication that could cause impairment).

We suggest starting with a trial of the above proposed modified duties on DATE, to determine if they are suitable. And then attend work as per the regular work schedule performing the modified duties until further reports from the treating doctor. You must discuss any issues relating to the assigned duties with MANAGEMENT immediately.

During your accommodation you will be asked to be re-assessed by your treating practitioner and the plan indicated above may change based on the doctor's indication of any changes in your functional abilities/the progress of your recovery. You may be able to resume all or some of your regular duties and we will work together with you and your treating practitioner to modify the above return to work plan as appropriate.

Signed,

NAME
TITLE

I agree to participate in the Modified Work Program and I accept the terms and all conditions.

_____ _____

Signature (WORKER NAME) Date