

Toronto District School Board

Operational Procedure PR716

Title: **RETURN TO WORK FOR EMPLOYEES WITH DISABILITIES
REQUIRING AN ACCOMMODATION**

Adopted: May 2016
Effectuated: May 2016
Revised: December 2018
Reviewed: October 2016
Authorization: Executive Council

1.0 RATIONALE

This Return to Work for Employees with Disabilities Requiring an Accommodation Procedure supports the implementation of the Accessibility Policy (P069) and compliance with requirements of the *Accessibility for Ontarians with Disabilities Act* in relation to employees who have been absent from work due to a non-work related disability and who require an accommodation in order to return to work.

2.0 OBJECTIVE

To establish a return to work process for all Toronto District School Board (TDSB) employees who have been absent from work due to a non-work related disability and who require an accommodation in order to return to work.

3.0 DEFINITIONS

Accommodation means an adjustment made to policies, procedures, programs, guidelines, or practices, including adjustments to physical settings and various types of criteria, that ensures fair and equitable, access, service and treatment for individuals to participate equally and perform to the best of their ability in the workplace or an educational setting. Accommodation is considered appropriate if it results in equal opportunity to enjoy the same level of benefits and privileges experienced by others, or if it is proposed or adopted to achieve equal opportunity, and meets the individual's needs. The most appropriate accommodation is the one that, respects dignity (including autonomy, comfort and confidentiality), responds to a person's individualized needs and allows for integration and full participation; short of undue hardship. Accommodations are provided so that individuals are not disadvantaged or discriminated against on the basis of the prohibited grounds of discrimination identified in the Ontario Human Rights Code or other factors. (Adapted from the Ontario Human Rights

Disability, as defined by the Ontario Human Rights Code, means:

- (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 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 other animal or on a wheelchair or other remedial appliance or device;
- (b) a condition of mental impairment or a developmental disability;
- (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*.

Individual Accommodation Plan means a document which summarizes the employee's limitations, core and non-core work-related duties/responsibilities that are affected by the limitations, a description of the accommodation to be provided, and the expected duration of the specified accommodation(s). This process will ensure:

- (a) Respect, dignity and confidentiality of the employee; and
- (b) Right to accommodation is an integral component of the right to equality, free from discrimination in accordance with the TDSB's Employment Equity Policy (P029) and relevant legislation.

4.0 RESPONSIBILITY

Associate Director, Business Operations and Service Excellence and Executive Superintendent, Employee Services.

5.0 APPLICATION AND SCOPE

This operational procedure applies to TDSB employees with permanent, recurring or temporary non-work related disabilities.

If the illness/injury/disability arose from a workplace accident covered under the *Workplace Safety and Insurance Act* (WSIA), then the WSIA's process apply.

6.0 PROCEDURES

- 6.1 Each request for accommodation upon return to work will be dealt with on a case-by-case basis with regard to the relevant provisions of the

employee's terms and conditions of employment or collective agreement, as applicable. The Board will make every reasonable effort to accommodate employees with disabilities. Cooperation and active participation by the employee is essential to the success of any accommodation.

- 6.2 The employee should notify their Principal/Manager and/or Disability Case Administrator as soon as possible of their intention to return to the workplace following an absence due to illness/injury/disability.
- 6.3 If workplace accommodation is required as a result of the illness/injury/disability, the employee should notify their Principal or Manager of this need as early as possible before returning to work and provide medical documentation to identify any restrictions or limitations due to disability in order to facilitate a return to work.
- 6.4 The employee will be expected to actively participate in the return to work process by gathering and/or providing relevant medical information. The Principal/Manager, Disability Case Administrator and other Employee Services staff, as needed, will work with the employee to determine accommodation within the documented restrictions/limitations.
- 6.5 The Disability Case Administrator will become involved in an accommodation based on information received from:
 - The employee and/or
 - The employee's Manager and/or
 - Treating health care professionals and/or
 - Representatives of the Workplace Safety and Insurance Board (WSIB), where appropriate, and/or
 - Long-Term Disability Insurance (LTDI) providers, where appropriate
- 6.6 The employer may require that the employee participate in an Independent Medical Evaluation and/or a Functional Abilities Evaluation at the employer's expense in order to identify the nature of the accommodations that may be required.
- 6.7 The employee and their Principal/Manager, Disability Case Administrator and other Employee Services staff, as needed, will prepare a written individual accommodation plan (IAP) outlining the objectives and details of the employee's workplace accommodations (Appendix A).
- 6.8 At any point in the return to work process, the employee can request the assistance of a representative from their Bargaining Unit or Association, as applicable.

- 6.9 The IAP should be reviewed and/or updated in the event of significant changes to the employee's workplace or duties and responsibilities, or in the event of a change in the nature of the employee's disability or health condition.
- 6.10 Principals/Managers and employees should maintain regular communication during the return to work period and shall cooperate in addressing any issues arising from the IAP.
- 6.11 All medical documentation will be kept confidential to those involved in the return to work process unless the employee has consented to its disclosure or unless disclosure is required by law, a court/tribunal order, or a proceeding.
- 6.12 If the TDSB determines that an IAP is not required for the employee's return to work, it will advise the employee of its reasons upon request.
- 6.13 If the employee requires a copy of their IAP in an accessible format, the employee should advise their Principal/Manager and the Disability Case Administrator. The Principal/Manager and the Disability Case Administrator will consult with the employee on a suitable format and will provide the IAP in an accessible format without undue delay.
- 6.14 If the employee requires an individual workplace emergency response plan, the employee along with their Principal or Manager and Employee Services should complete a TDSB Employee Individual Emergency Response Plan (Appendix B) and attach it to the IAP.

7.0 EVALUATION

This operational procedure will be reviewed at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: TDSB Return to Work Process and Individual Accommodation Plan
Appendix B: TDSB Employee Individual Emergency Response Plan

9.0 REFERENCE DOCUMENTS

Policies:

- Accessibility (P069)
- Employment Equity (P029)
- Equity (P037)

Operational Procedures:

- Workplace Accommodation for Employees with Disabilities (PR717)
- Use of Service Animals by the General Public (PR604)

- Use of Support Persons by the General Public (PR605)
- Use of Assistive Devices by the General Public (PR606)

Legislative Acts and Regulations:

- *Accessibility for Ontarians with Disabilities Act, 2005*
- *Integrated Accessibility Standards, Ontario Regulation 191/11*
- Ontario Human Rights Code



Toronto District School Board

Return to Work Process/Plan Individual Accommodation Plan

The Toronto District School Board is committed to supporting employees who have been absent from work due to disability. We will use the following process to help employees who require an accommodation to return to work.

1. Initiate the leave and stay in contact with the employee

If an employee needs to take a medical leave, they will inform their Principal/ Supervisor/Manager/Disability Case Administrator. The employee and Principal/ Supervisor/Manager/Disability Case Administrator will maintain regular contact, as required, to address any problems that may arise and facilitate the return to work process.

2. Gather relevant information and assess individual needs

The employee and Principal/ Supervisor/Manager/Disability Case Administrator will work together to share information and find the most appropriate accommodation, for example:

Principal/Manager/Supervisor/Disability Case Administrator

- Provides the employee with return to work information
- Maintains regular contact with the employee
- Ensures work practices are safe for returning employee
- Assists with identifying accommodations
- Assists with analyzing the demands of each job task

Employee

- Gets and follows the appropriate medical treatment
- Provides updates about their progress, including information about their functional ability to perform the job
- Provides their health care provider with the return to work information
- Health care provider(s), union/workplace representative(s) and health and safety professional(s) may also participate in the process, if needed.

3. Develop a return to work plan

After identifying the most appropriate accommodation, safety considerations and any transitional measures, capture the details in a written plan.

Depending on circumstances, the employee may:

- Return to the original position
- Return to the original position with accommodation(s) on a temporary or permanent basis
- Return to an alternate position on a temporary or permanent basis

The return to work plan should be attached to the employee's individual accommodation plan, if applicable

4. Implement, monitor and update the plan

After implementing the return to work plan, the employee and Principal/Supervisor/Manager and Disability Case Administrator will monitor and review the plan as needed. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.



Confidential when completed

Employee Information

Last Name

First Name

Title/Department

Principal/Manager/Employee Services Information

Last Name

First Name

Title/Department

Return to work plan start Date (yyyy/mm/dd)

Return to work plan end date (yyyy/mm/dd)

Goal

At the end of the return to work process, the employee will return to their

Original job

Original job with modifications Alternate job (include
job description)

Accommodations and transitional measures

List any limitations the employee experiences as a result of their disability, how it affects different aspects of their job and any accommodations or safety measures required to help the employee return to work. Accommodations may include, but are not limited to:

1. Modified work hours/days
2. Modified work location
3. Modified job requirements
4. Assistive device(s)
5. Additional support (e.g. colleagues helping with specific tasks)

If the measures will be phased in or out, include a start/end date.

Limitation

Task/activities affected

Accommodation

Safety considerations

Start Date (yyyy/mm/dd)

End Date (yyyy/mm/dd)

Assignment to alternate position

Complete this section if the employee will not be returning to their original job. The assignment to an alternate position may be temporary or permanent.

Job title

Length of assignment

Describe the new position

List any training requirement and safety precautions

Comments/Notes

Use this section for any additional information (e.g. details of alternative work arrangements.)

Signature (Receipt of this document)

Employee's Signature

Date (yyyy/mm/dd)

Principal/Supervisor/Manager/ Signature

Date (yyyy/mm/dd)

Required Distribution: Employee
Principal/Supervisor/Manager Disability Case Administrator

APPENDIX B (Form 716B)

EMPLOYEE INDIVIDUAL EMERGENCY RESPONSE PLAN

EMPLOYEE WORKPLACE INFORMATION

Name:

Position:

Email:

Telephone:

School/Department:

Principal/Manager:

Principal/Manager contact information:

Location of classroom/work location:

Other work location(s):

EMERGENCY CONTACT INFORMATION

Last Name:

First Name:

Relationship:

Primary Phone No.:

Secondary Phone No.:

Email:

EMERGENCY EVACUATION ASSESSMENT

1. Identify any temporary or long-term medical restrictions (optional identification: condition(s) or disability(ies)) that may affect your well-being and safety during an emergency.

2. Do you experience any of the following that could impede your ability to quickly evacuate from your workplace?

a) Mobility limitations/restrictions, interference with walking, using stairs, joint pain, and/or the use of mobility device (e.g., wheelchair, scooter, cane, crutches, walker).

b) Identify Specific Devices (indicate where they are stored and how to use them):

c) Vision Impairments/loss: ☐ yes ☐ no

d) Hearing impairment/loss: ☐ yes ☐ no

e) Other (please specify, e.g. anxiety in stressful situations):

3. Please describe the emergency assistance you may require.

COMMUNICATION NEEDS & ACCOMMODATIONS

Select your preferred method of communication in an emergency situation:

- ☐ Existing alarm system
- ☐ Pager device
- ☐ Visual alarm system
- ☐ Co-worker
- ☐ Other (specify)

List specific assistive communication devices and/or accommodations required (e.g., a person with a hearing impairment may require Blackberry or pager to receive emergency evacuation information via text message).

PERSONAL EMERGENCY KIT

Do you have a personal emergency preparedness kit? ☐ yes ☐ no

If yes, please list contents and important information or instructions (e.g., emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health and contact information, etc.):

Location of personal emergency preparedness kit:

EMERGENCY EVACUATION ROUTES

Please provide a step-by-step description of the **primary** accessible evacuation route for your workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan, and identify meeting location.

Describe an **alternative** evacuation route/Area of Safe Refuge (AOSR) at your workplace noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

EMERGENCY ASSISTANCE NETWORK

A minimum of 2 people are recommended for the Emergency Assistance Network as well as back up alternates. An employee requiring an emergency response plan should be involved in selecting those who will be notified to assist during an emergency.

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

ACKNOWLEDGEMENT AND AUTHORIZATION

Reason for review: ☐ new hire ☐ change in workplace location ☐ change in employee's condition

Principal/Manager Signature

Date

I acknowledge that the information contained on this form is accurate and hereby authorize Toronto District School Board to release applicable personal information contained within my Employee Individual Emergency Response Plan to designated individuals within my Emergency Assistance Network and to emergency/first responders in the event of a workplace emergency.

Employee Signature

Date

Important: Attach a copy of this completed form to the School's Emergency Evacuation Plan.

Notice of Collection

All personal information collected on this form and on any attachments will be used only for emergency purposes and will remain confidential subject to the *Municipal Freedom of Information and Protection of Privacy Act*.