

Title: **ACCESSIBILITY STANDARDS: EMPLOYEE RETURN TO WORK PLAN**

Adopted: April 9, 2014

Revised: November 2017

Reviewed: April 2014, March 2016, November 2017

Related: Policy PCE.001 – Accessibility Standards Policy

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### **1.0 OBJECTIVE**

The Integrated Accessibility Standards Regulation Guidelines states that Bloorview School Authority must have a return to work process for employees who have been absent from work due to a disability and require disability-related accommodation in order to return to work. The return to work procedure is appropriate for employees who have permanent, recurring or temporarily disabilities (e.g. broken leg, chemotherapy or radiation therapy, episodes of mental illness, a disease that results in an evolving or worsening disability, such as multiple sclerosis).

### **2.0 RESPONSIBILITY**

The Principal will ensure that the provisions of this procedure are in place by January 1, 2014.

### **3.0 CREATING INDIVIDUALIZED RETURN TO WORK PLANS**

A return to work (RTW) plan is a written document developed collaboratively by the injured or ill employee, the principal and, where appropriate, a union representative. It outlines what needs to happen and when it will happen in order to help the injured or ill employee return to work.

The plan includes the following:

#### **The RTW goal**

The goal of RTW planning is to return the employee to work that is appropriate when they have a permanent, recurring or temporary disability. Ideally, the employee will return to their position of record, with accommodations if required.

#### **The actions and activities required to achieve the RTW goal**

The plan will identify the responsibilities of the employee and Bloorview School. The plan will include specific activities and accommodations that are required when the employee returns to work.

**Time frames**

Time frames will be included to ensure that the plan has a beginning and an end. The time of the accommodation and the type of accommodation should be specific.

**Health care needs**

Where an employee is attending health or medical appointments during work hours, these visits must be co-ordinated with the principal to ensure continuity for the students.

Legal Framework:    Accessibility for Ontarians with Disabilities Act, 2005 (AODA)  
                          Integrated Accessibility Standards, Ontario Regulation 191/11  
                          Ontario Human Rights Code  
                          Workplace Safety and Insurance Act

## Return to Work Plan

Employee Name:		
Position (attach job description) :		
<b>Return to Work Goal</b>		
Plan Start Date:	Plan End Date:	
Return to Work Plan Goal (select one):		
<input type="checkbox"/> Pre-illness/injury job <input type="checkbox"/> Pre-illness/injury job, accommodated		
<b>Health Recovery</b>		
Illness/Injury/Health Concern:		
Is there an active treatment plan that impacts return to work?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details including pre-scheduled dates: <div style="text-align: center; margin-top: 10px;"> <hr style="width: 80%; margin: 0 auto;"/>           (continuing treatments, physiotherapy, medical appointments)         </div>		
<b>Functional Abilities</b>		
List precautions, if any.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<b>Pre-injury Job Duties</b>		
	Yes	No
Are the physical demands of the job within the employee's physical abilities?	<input type="checkbox"/>	<input type="checkbox"/>
Are the essential duties of the job within the employee's physical abilities?	<input type="checkbox"/>	<input type="checkbox"/>

**Accommodation Solutions**

	Yes	No
Are accommodations/modifications to the job duties required?		
Are accommodations/modifications to the classroom/workstation required?		
Will the employee require training to use the accommodations/modifications?		
Details of the accommodation/modification required:	Date to be implemented	Expected Duration

**Work Schedule**

Work Period (from – to dates)	Days scheduled each week and number of hours					Additional comments on work schedule
	Mon	Tues	Wed	Thurs	Fri	

**Follow-up Schedule**

List the dates of follow-up meetings between employee and principal:

**I agreed to this plan:**

Employee's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_