



Federation of  
Post-Secondary Educators  
of BC

# Guide to Effective Disability Management

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## Introduction

### **About the Federation of Post-Secondary Educators of BC**

The Federation of Post-Secondary Educators of BC (formerly the College Institute Educators' Association of BC) is a federation of faculty associations formed in 1980 to provide educators at colleges and institutes with a provincial voice. Over time, the BC post-secondary education system and the work that educators do have evolved. FPSE now represents faculty and staff in colleges, university colleges, institutes, and private sector institutions. Its member locals represent over 8,000 faculty and staff.

FPSE is a democratic organization, with policies determined by an Annual General Meeting (AGM) of delegates from locals. FPSE policy and procedures are published each year following the Annual General Meeting, along with the Constitution and By-Laws, in the FPSE Policy and Procedures Manual.

Between AGMs, FPSE's affairs are directed by the Presidents' Council, consisting of each local president and four provincial officers elected at the AGM. A six member Executive Committee, consisting of the four provincial officers and two at-large officers, assists the Presidents' Council. The FPSE President and Secretary-Treasurer are elected annually to work full-time on FPSE business for the coming year.

At FPSE's provincial office in Vancouver, the President and Secretary-Treasurer work alongside FPSE's staff. FPSE Staff Representatives provide a full range of labour relations, organizing, education, policy and communications services to locals and to support FPSE work on provincial initiatives. Administrative and Financial Assistants ensure

the smooth operation of the FPSE provincial office and FPSE meetings and business.

FPSE members come together on a regular basis in FPSE Standing Committees and conferences and as delegates to the organizations to which FPSE belongs, including the BC Federation of Labour, the Canadian Association of University Teachers, and the Canadian Labour Congress through the National Union of CAUT.

### **About FPSE's educational program**

FPSE members have access to a wide variety of educational opportunities. Locals regularly receive workshops sponsored by FPSE covering many topics, including: steward training, bargaining, pensions, collegial authority, media training, political action, organizing, running effective meetings, and executive development. FPSE staff also offer customized workshops from time to time.

### **About FPSE resource manuals**

As part of member education offerings, a series of resource manuals such as this one have been produced for use as part of FPSE workshops. This resource manual is expressly intended to assist workshop participants to work with the material presented. Although every attempt has been made to ensure that the information contained in the resource manuals and workshops is current and accurate, workshop participants should verify critical information before taking action on information presented as part of a FPSE workshop. Local stewards and presidents may be of assistance in this regard.

## Effective disability management

The key to success in the Post Secondary Disability Management process is understanding that there is no single key to success: It is important to avoid the cookbook trap in Disability Management; the program must be customized to fit each individual's needs and each institution's culture. Also, Human Rights legislation requires that each case be evaluated on its own merits. What works for one individual or institution cannot automatically be applied to another either at the institutional or case specific level. What follows are general suggestions only. This is meant to be an evolving document that will be reviewed on a regular basis by a subcommittee of the FPSE Disability Management Committee. Throughout this manual, there is reference to "the Union or the Committee" as each institution must determine what is a Union responsibility vs. a Rehabilitation Committee responsibility. The term "Rehabilitation Committee" is used in the policy, the term Disability Management Committee is used by FPSE; they are one and the same.

### **Structure of the Disability Management Committee**

Review your committee: Do you have the right committee members?

The committee members:

- Volunteered, or at the very least were not "just assigned" to it
- Have some experience or if no experience, lots of interest in disability issues

- Understand that this is a working committee and to do this right, it will take more work than just attending a meeting every month
- Are known and respected by their colleagues
- Are respected by administration (The union and management members must work well together, so since the management members selection may be out of the hands of the union, it is important to have union members who are problem solvers and outcome oriented.)
- Work well as a team member (critical)
- Represent various areas of the institution

The members of the committee, both union and management must be seen by all faculty members as knowledgeable, unprejudiced and fair. Ensuring that all decisions are disability/medically needs based and supported by appropriate documentation helps to achieve this.

### **Review the Union's commitment to this process**

- Is there a process to select and train committee members?
- Is there a budget line for committee training? This is critical in the early years of the committee's existence and an important recruitment tool when looking for new members.
- Is there a plan for committee renewal? (I.e. is being on this committee a life sentence or is there a fixed term with rotating membership terms (to ensure that there's member continuity)?
- Is the union clear on who will deal with major problems that the committee will inevitably be faced with, i.e. will they be referred to the Chief Steward, or will they be dealt with at committee level?
- Is there an executive liaison assigned to this committee who has the time, interest and expertise to be supportive?

- Are committee members formally introduced to their colleagues each year at an AGM?
- Is there an opportunity to formally connect with members of the Occupational Health and Safety Committee and the Employee Assistance Committee (i.e. a yearly retreat or meeting to deal with health, wellness and safety issues)?

### **Review Management's commitment to this process**

- Is Management participating only because it is mandated or from a solid belief that this is in the best interests of both the institution and the employees? If the former, work needs to be done to raise Management's understanding of the value of the process.
- Do front line managers (Deans Level) understand how the process works and what their respective roles and responsibilities are (E.g. documenting sick leave, completing the occupational demands form, and appropriate paperwork, assisting with developing the RTW plan, providing scheduling or equipment accommodations, ensuring the absent faculty member maintains contact with the department, etc.)
- Is management providing appropriate resources to the committee, e.g. training opportunities for the management representatives, clerical support, tangible appreciation to all committee members for the work being done (thank you card, annual lunch, or other small token of appreciation)
- Is the RTW Committee and process on the agenda for new faculty orientations (this also should be on the Union orientation agenda).

### **Role and responsibilities of the Committee**

1. Direct contact with Employee
2. Initiate rehabilitation process with Employee by forwarding application form package

3. Complete initial assessment of rehabilitation potential with assistance from Maritime Life, as required
4. Facilitate rehabilitation and return to work
5. Liaise and facilitate communication with employee and Disability Management Coordinator, Supervisor, Maritime Life, Physician
6. Provide information to employees on the requirements and benefits of the plan

The above responsibilities as identified in the policy provide the starting point for developing a process to ensure that faculty members receive STD and LTD benefits as needed and that they have an effective process to facilitate their return to work in a safe and timely fashion.

This guide is designed to give Faculty Associations *and* new Rehabilitation Committee members some starting points for putting these responsibilities into practice, thus each of the six areas of responsibility is discussed in detail.

## Direct contact with Employee

### Initial early contact

Although “Direct contact with employee” is a responsibility of the Rehabilitation Committee, direct Rehabilitation Committee involvement is not mandated until the individual is certified by a doctor as ready to start the return to work process. However, in many instances this well may be too little, too late as all return to work research suggests that the key to successful return to work is early intervention/contact with the ill or disabled worker. Every institution has different procedures for faculty members to follow when facing an illness or accident and typically, the Union or the Committee is usually not on the list of people to contact. However, when there is potential for the illness/accident to extend beyond 30 days, if the rehabilitation process is going to work most effectively, the Institution (Administration and Faculty Association) must have procedures in place to ensure that the Union or the Committee is notified early.

Early contact with the ill/injured faculty member:

- By the Committee, the Union and the Administration increases the likelihood of early return to work
- Is most critical in cases of mental health or other invisible disabilities

- Affords the opportunity to offer assistance with filling out the Short Term Disability forms (incorrect or incomplete forms can result in payment delays (see section 7 in this document)
- Allows the opportunity to provide support and advice in complex situations
- Allows the opportunity to assist with or review the occupational demands form
- Has the potential to alert members to typical pitfalls or problems that can occur in the application process before they happen
- Ensures that the faculty member knows that caring colleagues support them.

The Union and the Committee, working with the benefits administrator, must develop a standard "contact" process, for example:

- Initiate a comprehensive campaign to let faculty know who they should contact (their steward, the Rehabilitation Committee, or \_\_\_\_\_) if they are going to be applying for STD/LTD along with notifying the human resources office contact (usually the Benefits Administrator)
- Ensure that the Benefits Administrator always advises the faculty member to contact (the Union/the Committee/or \_\_\_\_\_) when sending out the STD application package. This should be done both verbally and with a handout that is mailed with the package.)
- Ensure that each administrator also has the Union/Rehabilitation Committee referral information

At CNC for example, when a faculty member calls the Human Resources Department requesting a Short Term Disability (STD) Application package, the Benefits Administrator provides the names of the faculty representatives on the rehabilitation committee and asks the individual which of the members they would like as their "key contact". She then notifies the chosen committee member who initiates contact with their colleague offering assistance as needed. This deals with the privacy/confidentiality issue as the individual has the option at that point to say I do not want any contact at this time.

In some situations, the “key contact” may be someone other than a committee member; in that case, the key contact would liaise with the previously identified committee member who assumes primary responsibility for the file.

Once it has been determined who is making the initial contact with the ill or injured faculty member, contact must be made as early as possible without being intrusive. It is critical to develop a culture of trust with colleagues so that the “contact calls” are considered supportive calls rather than nuisance calls. It may be appropriate to call the day after the injury to say, “heard you were ill/injured/sick, hope things go ok for you with a follow-up call a week after to find out again how things are going. The follow-up should include ensuring that, when appropriate, flowers/fruit have been sent by the Faculty Association and the Department. When the faculty member appears to be going to move to STD then a committee member should call to offer assistance with the paperwork.

Note: if the absence was caused by an accident at work, the Union must ensure that the Occupational Health and Safety committee investigates it. It can be very demoralizing if the faculty member does not see action being taken.

### **Ongoing contact with the faculty member:**

The last thing that someone who is sick needs is multiple calls asking, “how are you?” yet ongoing contact is an essential element in ensuring a timely return to work. To reduce or eliminate the redundant calls, the “key contact” procedure as outlined above works well with all primary communication going through one designated person. Ongoing contact can take lots of forms: the personal phone call, flowers/fruit basket, email of ongoing news about the college, a card, an offer to empty out the individual’s mail box and deliver it home, etc.

Remember too that the individual may be well enough to participate in social activities, but unwell enough to attend work so ensure that he/she is notified of department lunches, Faculty Association events, etc.

When an individual is dealing with a mental health issue, some of the contacts may be rebuffed or ignored. Don’t take it personally and don’t stop making contact—remember it is often the disability talking, not

the person. In rare instances when the disability engenders great hostility, contact should still be maintained, possibly through a close friend or family member if necessary. The Committee may find it useful to receive some in-service training regarding dealing with mental health issues.

Formal contact should continue through the return to work, especially if it is a partial or graduated return, until the faculty member is completely well and back to work full time.

During serious life threatening illness, ensure that the Union/Committee does not forget the family. Determine whether this is a Union or a Committee responsibility, or both. Find out what needs to be done and see if there are any colleagues that can help. It may be appropriate to remind family members of counseling services available through the Employee Assistance Program (if one is in place). Ensure that the family is aware of other benefits available to them, including travel costs for care that can't be provided in the home community, which includes the cost for a companion/spouse if medically necessary. Some prescriptions, which are very costly, may have to be paid for upfront and later claimed through Maritime. If this is a financial problem, the chief steward or the benefits administrator should be notified and they will attempt to resolve the issue. Life insurance can be accessed early for individuals who have terminal illness.

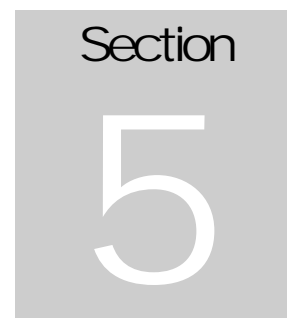
## Initiate rehabilitation process by forwarding application package

The process for initiating the “rehabilitation” or return to work process is outlined in the Maritime manual and includes a comprehensive Application to the Rehabilitation Committee Form. The employee should have received a letter from the Committee and this application as part of the initial package of forms to be completed. These forms are generally sent out as soon as the faculty member knows the absence is going to extend past 30 days. There is a sample letter in the binder, and another revised sample letter in Attachment #4 which could be used when the committee follows a formal process. If the committee knows the individual, the first page of section A of the form, Application to the Rehabilitation Committee is sufficient as the additional information requested may not be relevant for return to work planning in the post secondary context. If the nature of the illness or disability is such that the committee requires specific information from a health care provider, this first page of the application form has an information release for the faculty member to sign and section C of the application provides a form for the physician to complete regarding limitations or return to work restrictions.

In some very straight forward cases it may be appropriate to follow a more informal process where the faculty member simply advises the committee that his/her doctor has determined he/she is well enough to return either full or part-time.

Maritime may be involved at this stage as they may also be maintaining contact with the faculty member. There are standard time frames that are typical for each type of illness, surgery, or

disability and if the time "off" appears to be exceeding the norm, Maritime may ask for further medical documentation, or request that the committee initiate the rehabilitation process by meeting with the faculty member, obtaining information from the physician and determining if even a partial return is possible.



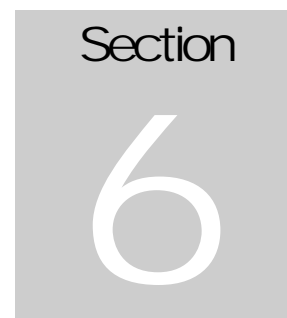
## Complete initial assessment of rehabilitation potential

The Committee will have either received the "Application for Rehabilitation form" from the faculty member or have spoken directly to the individual and determined that he/she may be ready to consider returning to work. The committee's role at this stage is to meet with the faculty member and if appropriate, to review the physician's information\* provided in section C of the Application to the Rehabilitation Committee (\*note: many cases are straight forward and there will be no physician's information other than a statement "ready to return to work"), and to review the occupational demands of the individual's position then, based on this information to:

- Determine if there are any work place barriers that would have a negative impact on the return
- Determine the percentage (10 to 100%) return that is medically most appropriate at this time
- Identify any community based rehabilitation activities that would facilitate the return process
- Determine if any workplace modifications are required
- Determine if any workload accommodations are required
- Identify any needed adaptive aids or equipment

Based on the above information, the Committee and the faculty member can then draw up a tentative return to work plan. The next step is to meet with the faculty member and his/her administrator to discuss the plan in the context of the department as a whole. Maritime Life can be an excellent resource at this stage and even when the process is straightforward, Maritime should have an opportunity to review a draft of the return to work plan. When there are workload or other collective agreement issues to be considered, the Union should also be consulted (see attachment #6). When the plan is determined to be satisfactory to all parties involved (the faculty member, the Union, the administrator, Maritime life), put it in writing for signature by the individual's physician (as in the example in attachment #5).

If the individual or their physician is unsure of how much they will be able to work, clearly state in the return to work plan that this is a trial return to work and include a review date.



## Facilitate rehabilitation and return to work

This process actually begins when the faculty member first goes off work and continues throughout the time off as the Union, Committee, coworkers and administrators maintain contact with the faculty member. Ongoing contact often has a direct correlation with the individual's enthusiasm for returning and is the most effective tool in facilitating the return to work process.

Based on the return to work plan, the committee must coordinate the acquisition of any adaptive aids or workplace modifications to ensure that they are in place prior to the anticipated return date. It should be made clear to all involved that if they are not in place, the return will be delayed. Note, that when specialized equipment must be ordered, often, considerable time is required.

If the individual has been off work for a semester or more, it may be a good idea to discuss the return process with the co-workers involved (within the bounds of confidentiality). The union steward must be involved in these discussions if there are workload implications in the return-to-work for the other members of the department. The more understanding coworkers have of the issues involved, the greater the support and acceptance of any restrictions and limitations they will provide to their returning colleague.

The committee is mandated to ensure that any rehabilitative activities that would hasten the return to work process are identified in the return to work plan and implemented. This could include physical therapy, participation in a specified rehabilitative gym program,

ongoing therapy or counseling. The return to work plan should clearly identify that the costs for any rehabilitation activities are the responsibility of Maritime Life.

Note: When a faculty member is extremely reluctant to discuss a return to work or comply with the rehabilitation activities, there may be other workplace problems that may need resolution before the return to work can be successful. In this instance, consultation with the chief steward or other designated union contact will be necessary. **Reminder: if an individual's specific issues are to be discussed, permission must be obtained first, confidentiality must be maintained at all times.**

If the return is initially less than full-time there should be a regular review schedule built into the plan and whenever possible the plan should identify when a full return is anticipated to be completed. Maritime is available as a resource and will actively participate in the process if required.

## Facilitate communication between all parties

Communication with the Employee, as previously identified, must be ongoing throughout the time off work. Ensuring that this occurs may be the single most important part of the faculty members' work on the Committee.

In most instances management's Disability Management Coordinator/Benefits Administrator will be part of the Rehabilitation Committee and will likely be the person responsible for setting meetings, bringing forward information to the committee members and providing coordination between the committee and management. If sufficient information is not forthcoming from the Benefits Administrator, it is a committee responsibility to request, and if necessary insist on the opportunity to fully participate at all stages of the process. If the committee continues to have a problem with this, the chief steward and union president should be involved as quickly as possible. The committee cannot support its members without information and active participation in the process.

### **Communicating with the supervisor and other administration**

The supervisor (Dean/Director) must be an integral part of the entire RTW process by:

- Maintaining ongoing contact with the faculty member as appropriate, participating in the return to work planning,
- Assisting other department members to understand the reasons for any changes in scheduling resulting from the return to work plan and

- Assisting with acquiring any required adaptive aids.

As this is a relatively new process, the committee has an important role in assisting all administrators (as well as their faculty colleagues) understand the procedures and their responsibilities, ideally prior to when they are required to be directly involved in the process. Many administrators find it relatively easy to understand their legal obligation (duty to accommodate) but they may have difficulty in understanding how to best achieve accommodations that work for both the employee and the college.

## **Communicating with Maritime**

Maritime representatives are involved in every aspect of an individual's illness and rehabilitation and can be a valuable resource to the committee. However, it is important to realize that their mandate may not always be consistent with the Union or Committee's mandate.

It is always good practice, especially with mental health issues to remind the employee not to offer any information that is not specifically requested. They should respond factually to direct questions only. Emphasize that they must not refer to any "problems in the department" or work place issues, and they should focus solely on the diagnosed medical condition.

All faculty members should be aware that Maritime might call other members of the department to obtain further information about the type of work the member applying for STD/LTD does, they may also ask about "problems" in the department. In most instances these requests for information should be referred to the Committee.

Maritime may call the faculty member directly to request additional information, to check on progress, to make return to work suggestions, etc. Often these calls are helpful and supportive; however if the faculty member begins to find them intrusive or a concern, they should simply ask Maritime to direct them through their designated Committee liaison/key contact person. Maritime may ask for a face-to-face meeting with the faculty member and if this occurs, it is the faculty member's right to request representation by an advocate such as a Committee member or a Union representative. If faculty members on the Committee are

not comfortable with this advocacy role, they should ensure that referral is made to the Union.

### **Understanding the medical/doctor connection**

All return to work planning and all accommodations made for employees with disabilities are based on medical documentation. It is important however to be aware that the faculty member has the greatest influence with the doctor and in many instances the doctor will take direction from her/his patient. This may result in people trying to come back too early or in some rare situations trying to stay off work longer than medically necessary. It is helpful for the faculty member to be clear with the Doctor regarding the total scope of the work roles and responsibilities. Teaching is more than standing in front of a class for 15 hours per week and the occupational demands form may be useful; or in some instances if the individual is unable to articulate their responsibilities (which is common when dealing with mental health issues), an expanded version of the scope of the responsibilities of the position as shown in Attachment #2 may be useful. When a culture of trust has been developed with the faculty member through regular and ongoing communication, it is usually easy to reach an agreement regarding reasonable time frames for the return to work process.



## Provide information to the employee on the requirements and benefits of the plan

### **Communicating with Faculty Colleagues**

Return to work success is enhanced when all participants fully understand and are committed to the process. Communication is not a one time activity, it should be part of a planned coordinated strategy implemented by the Union, the Committee and the Administration that is ongoing throughout the year and which could include: handouts/brochures, articles in union newsletters, brown bag lunch information sessions, presentations at department meetings, information in the Union handbook, posters, website links, etc.

The Union and the faculty representatives on the Committee should have already explained the return to work/disability management process to all their faculty colleagues covering at least:

- The legal basis for accommodations
- The role of the Disability Management/RTW committee members
- The importance of getting the paperwork done in a timely fashion if there is any chance that an illness will extend past 30 days.

- The fact that DM/RTW is not the place for performance issues or other non medical issues that the chief steward would usually deal with
- The fact that some disabilities are “invisible”, but all disabilities are thoroughly documented by a medical professional before any accommodation is provided.
- That the faculty reps on the committee are there as a resource during all stages of the STD/LTD process and should be used.

Members of the returning faculty member’s department need to be part of the planning process if they are to be supportive and in fact often can come up with more creative solutions than the committee or the Dean

If coworkers are not considered in the return to work process, it has a greater likelihood of failure. As an example, if a faculty member who had post-traumatic stress disorder as a consequence of a severe motor vehicle accident required a schedule that avoided all early mornings and evening classes, coworkers might see only that the physical injuries were healed and be concerned, believing that he/she was malingering or manipulating the system. This type of reaction has the potential to move the post-traumatic stress into a full-fledged clinical depression if not dealt with quickly and sensitively. Coworkers who understand the principles of accommodation, duty to accommodate, the issue of an “invisible” but very real disability, and their responsibility in the process find it easier to be supportive.

There is a fine line to walk however when considering issues of confidentiality and the need to explain why someone is getting what appears to be a preferred workload. Yet, if it is not well explained, anger and hard feelings may quickly develop. Perhaps the easiest way to deal with the issue is to ask the faculty member involved for permission to disclose some information to coworkers. It may be better to speak to the co-workers individually rather than in a department meeting, explaining that the individual has submitted good documentation from his doctor and as a result of..... (medication side effects/continuing health problems/documented medical issues, etc.) the adjustments in schedule are needed temporarily. Assure them that this is a temporary accommodation and that it will be reviewed on a regular basis. If there is an accommodation that disrupts other department members and is likely to be permanent, the need for

ensuring coworkers understand the reasons for the accommodation is even more critical. The union must be part of this process to help colleagues understand the duty to accommodate issues involved. Co-worker subtle discontent can sabotage even the best-laid return to work plan. In this instance it will likely be necessary to disclose more information, although it can still be very general in nature...(a cardiac health issue, ongoing treatment for a back problem, etc.). The disclosure is often less of an issue once the individual is back to work, as they are usually fairly open with their coworkers. Problems most often arise when colleagues do not understand the ramifications of the disorder.



## When the STD application is denied

When a Short Term Disability application claim is denied, Maritime will advise the benefits administrator and the faculty member by phone and provide a follow-up written explanation of the reason. It may be as simple as an error in the paperwork, an issue that is not covered (e.g. elective cosmetic surgery), or it may be more complex. Regardless, the faculty member may be facing day 31 with no pay and the Chief Steward or other Union designated person must be contacted immediately. A process must be in place to ensure that the Benefits Administrator immediately informs the faculty Committee member when this occurs so it can quickly be referred to the Union.

While the issue is being resolved, assuming the individual is medically unable to return to work, it may be possible for the Union to negotiate salary continuance using, if necessary, accrued holiday days. If none are available, it may be possible to negotiate “borrowing” days which can be “paid back” once the claim is approved. Failing these options, the faculty member can apply for EI sick leave benefits.

If the claim has been refused because of comments made by the doctor (which may happen with mental health issues, i.e. not documenting using the DSM terminology), it may be possible to get the doctor to “reword” the statements that caused the initial concern, to write an additional note reiterating the individual’s inability to function on the job, etc.

If the claim has been refused because there is insufficient information in terms of test results, a note or call from the doctor to Maritime explaining that the necessary tests have been ordered but that there is a waiting list, may result in tentative approval. It

may also be possible to request that Maritime pay for assessments that may not be available due to waiting lists (e.g. MRI's). Whenever possible there should be direct faculty/physician contact, but there may be instances when the committee key contact or a designated union representative may need to advocate on the faculty member's behalf with the physician, perhaps to explain the impact of the disability in the workplace, or to clarify wording to comply with Maritime requirements. There may be occasions when the faculty member is not well enough to be a self-advocate through the medical/paperwork maze. The faculty member must provide written authorization before any calls can be made.

**Note: If the key contact committee member or the union advocate does not have the appropriate background to provide effective advocacy, obtain permission to involve a colleague who does have that expertise.**

Support from the administration is also always helpful. The individual's administrator can call Maritime and explain the functional limitations that the faculty member is experiencing on the job.

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## The paper trail

Although again not mandated as a “role” of the committee, a critical responsibility that must be assumed by either the faculty members on the Committee or a designated elected Union executive member may be assisting the faculty member with the initial paperwork. If as a result of physical or psychological issues, the faculty member is not able to independently complete all the forms, someone needs to be available who understands the process.

### **Getting the paperwork done for STD**

Getting accurate and thorough medical documentation is critical at this stage to ensure that if the claim goes on to LTD, there is nothing in the documentation or occupational demands form that would present a barrier.

**The faculty member:** must take the Maritime form to the doctor for completion and then submit directly to Maritime thus, the Committee does not see this medical information. If the issue is a straightforward physical condition or surgery, documentation will likely not be a problem. However if it is a mental health issue, a soft tissue injury, an orthopedic (i.e. back) injury, or any other invisible disability, it is important that the doctor truly understands the nature of the employee’s work. It may be useful for the designated Union contact or a faculty Committee member to walk through the form with the faculty member prior to it being filled out by the Doctor. For example, identical knee surgery may require 6 weeks off work for a trade’s instructor, 4 weeks for computer instructor and 2 weeks for a counselor. Ensure that the faculty member understands the importance for the need for thoroughness and accuracy on this first form. The information on Attachment #1 may be useful to prepare an outline of the job responsibilities that the employee could take to the

doctor if he/she did not feel capable of describing the work. Attachment #2 is an example of how this was used to prepare a document for an instructor who was dealing with severe depression. This was useful as he was very unwell, not thinking clearly and unable to clearly define the cognitive demands of his position.

If it is a mental health issue: Avoid the term “stress” and advise the employee not to use this term with the doctor, rather to focus on the ability to function in the workplace. The employee should ask the physician to document using the appropriate Diagnostic and Statistical Manual (DSM) terminology. It is a good idea to offer to review the form with the faculty member after the doctor completes it and before it is sent to Maritime. As previously noted, the designated key contact may need to obtain assistance for this review process. This could save time and concern if the doctor inadvertently made an error in completion.

If the mental health issue has been precipitated by events in the workplace, those issues should only be discussed with a health care practitioner who fully understands patient/professional confidentiality such as a psychologist, psychiatrist or other mental health professional. A GP may not be trained to understand the ramifications of discussing or documenting the situation.

**The administrator:** must complete the Occupational Demands form, which the employee then signs. This form is part of the STD application package and will be used by Maritime when developing the return to work plan thus it is important that it be thoroughly done. Again, the issue of mental health disabilities calls for ensuring that all the cognitive demands of the job are clearly outlined. Attachment #3 provides an example of a form that was completed for a Faculty member by a Committee for the signature of the Dean and the faculty member. Caution is required when identifying the percentage of each work task. For example if 75% of the job requires standing/walking while 25% is done seated, Maritime may try to effect a return to work for the 25% if the disability is one that prevents walking. You will note that in the example given in attachment 3, it clearly states that the portion of the position that is done seated, is dependent directly upon the instructional component and cannot be isolated from the direct instructional work.

## **Workplace accommodations to avoid STD/LTD**

There may be instances when an individual needs an accommodation to “stay at work” and thus avoid a disability application. Ideally there will be a formal process in place which ensures faculty receive needed supports and accommodations in a fair and timely manner. Ensuring that a process is in place, which includes provision of documentation, avoids/reduces the issue of claims of “unfair advantage” as every accommodation is based on a clearly defined process. The documentation should not request a diagnosis, rather should ask for the functional impact of the condition and should identify the accommodations needed to ameliorate the effect of the disability or medical condition. Some examples of workplace accommodations have included an amplification system for a faculty member with a vocal cord disorder, a standing workstation for a faculty member with a back problem, a quiet place to rest between classes (to deal with fatigue from chemo therapy). See attachments 7 and 8 for procedures and a sample documentation form.

## **Attachment #1 PHYSICIAN'S ASSESSMENT OF WORK ABILITIES SUPPLEMENTARY INFORMATION**

This is a guide only and should not be considered prescriptive or definitive, it is one tool to assist in completing the documentation requirements of Maritime Life.

The "non-visible" effects that an injury, illness, accident, or prescribed medication may have on the ability to work effectively as a faculty member in a Post Secondary educational setting must also be clearly identified even though not clearly asked for by the Maritime form, Physicians Assessment of Work Abilities.

Even if it is highly unlikely that the illness will extend beyond STD, discussing the items on this form will help to ensure that the faculty member can explain all of the demands of the instructional position to the physician.

The information listed below is not exhaustive and is provided only to guide the discussion of the effects and limitations of the medical condition and or medication(s).

### **How to Use**

Prior to taking the Physician's Assessment of Work Abilities form to their doctor, the employee may wish to meet with a member of the Rehabilitation Committee to discuss each of the items on the Work Abilities form, which they feel may impact their ability to be an effective instructor.

It is important to ensure that the employee is able to clearly articulate limitations in all relevant areas. Provide a written summary to the employee, which they may either give directly to the doctor or use to guide discussion with the doctor (this really depends on the doctor and the individual's relationship with him/her).

### **Physical Demands**

When considering the physical demands of the instructional position, remember to consider the following:

- Are there labs or other activities that require bending over a student's workstation, or rapid movement between student

workstations? (This can have an impact on the checklist items: twist/turn, bend, walk, squat, balance, lift)

- Sitting may not be part of direct instruction but is an integral part of the job when preparing, marking, consulting 1-1 with students
- Does the instructional setting require standing for sustained periods (50, 90, 180 minutes)?
- Writing on a board may be difficult if individual has problems raising arms, moving the neck or balancing.

## Work hours

Work hours for post-secondary instructors generally are measured in terms of direct classroom/lab/shop instructional hours but which likely cannot occur without the following elements, thus total workload must be calculated not just student contact hours. Consider:

- Contracted office hours for one-to-one student contact
- Preparation time (for individual lectures as well as overall course prep)
- Marking/evaluation
- Related course/program research
- Committee or other additional responsibilities

The Workload for this instructor is estimated to be a minimum of \_\_\_\_\_hours per week

## Work Shifts

Instructional positions often have erratic time schedules (split shifts), which may involve several hours between classes. This could be an advantage or disadvantage. Is there sufficient time between classes for rest? If required, is there time to go home? Would the travel time home/back contribute to the problem?

## Judgment

Slowed or impaired judgment as a result of a medical condition, or of medications, may affect ability to:

- Complete long range planning for courses
- Judge the potential risk of student actions
- Provide consistency in marking/evaluating student work
- Evaluate safety risks within the classroom/laboratory setting
- Select suitable materials and assignments
- Manage multiple activities within the classroom
- Attend to multiple details
- Note non-verbal cues

## **Memory**

Any memory impairment resulting from a medical/psychiatric condition or medication side effect has the potential to render the Post Secondary Instructor unemployable as long as the memory impairment exists. 100% of job duties require superior memory and mental flexibility.

## **Public Contact in the Instructional Setting**

As all of the duties of a Post Secondary Instructor involve significant public contact, any issues affecting this item will have significant impact. Consider here:

- Anxiety issues
- Perceived sense of self-confidence
- Ability to function in groups
- Confidence to speak in public
- Ability to handle angry/upset students
- Specific job demands, i.e. Counselors, Disability Support Instructors, and Librarians who do not register classes have intensive one on one interactions with students; programs with work placement components may require extensive community liaison activities/meetings.

## **Multiple Tasks**

Teaching demands the ability to multitask: While teaching/speaking the instructor must be able to:

- Operate equipment (AV/computer/shop)
- Monitor student activity in the classroom (up to 42 individuals)
- Monitor student safety
- Coordinate small and large group activities
- Manage behavioral or discipline issues
- Manage individually paced activities, including multiple small groups

Outside the classroom, the instructor must be able to:

- Prepare lectures, prepare exams, mark, do program research, maintain student contact (in person, telephone, email)

## **Concentration**

The instructor must be able to:

- Sustain attention and concentration to be able to teach/answer questions for a minimum of (50/90/120/180) minutes without a break from instructional responsibilities.
- Focus on multiple details in the classroom (non-verbal student cues, etc)

## **Ability to Provide Supervision**

The instructor must provide supervision to (X# of students) in a (classroom/lab/shop) setting. The instructor must not only ensure the physical safety of the student, but the safety of others in classroom/ lab/shop setting and the safety of extremely costly equipment and resources. Both physical and mental health concerns should be considered here.

## **Additional issues**

**Emotional component of instructional positions:** Teaching often has high stress potential (e.g. disruptive students, students in crisis) which could exacerbate medical/medication issues, which relate to conditions such as depression, bipolar disorder, anxiety, etc.

**Stamina:** Consider the ability to do 100% of the job at \_\_\_% of the time, taking into account the total number of hours required to do all the related job tasks (refer back to headings “Work hours and Ability to Multitask, etc.)”.

**Episodic/Chronic/time-limited issues:** For example a muscular/skeletal injury (i.e. back/neck) may provide episodic pain, or many mental health issues may be episodic (lasts for short periods but is likely to re-occur). Chronic pain/injury/effect will always be present.

**Time limited:** The effect of the injury/illness/medication side effect will last for only a specified period of time. The most difficult to deal with are episodic issues which may flare-up at any time, last an indeterminate length of time and then resolve. Documentation must note the possibility of episodic recurrences when appropriate to do so, to ensure that the individual does not have to re-do the entire documentation each time. Note: if there are unpredictable episodic issues, there may be significant impact on the teaching/learning situation as it is not possible to get last minute class coverage.

**Medication side effects:** The side effects of some medications may be more disabling than the actual condition being treated. Common side effects that could impact on instructors' work include insomnia, drowsiness, nausea, diarrhea, dry mouth, headaches, and tremors.

## **ATTACHMENT #2**

### **Sample Information sheet for doctor, to accompany Maritime STD/LTD form**

#### **EMOTIONAL/PSYCHOLOGICAL ELEMENTS OF THE POSITION: TRADES INSTRUCTOR**

The main function of this position is the ability to deliver instruction: this requires 100% effectiveness in each of the following areas---

#### **Judgment**

- Complete long range planning for courses
- Judge the potential risk of student actions
- Provide consistency in marking/evaluating student work
- Evaluate safety risks within the classroom/automotive shop setting
- Select suitable materials and assignments
- Manage multiple activities within the classroom and automotive shop
- Attend to multiple details
- Note non-verbal cues

#### **Memory**

- 100% of job duties require superior memory and mental flexibility

#### **Public Contact in the Instructional Setting**

All of the duties of this Instructor involve significant public contact. This includes both dealing with students and with users of the automotive shop. Up to 10 or 12 vehicles at a time may be worked on at a time, by students who need constant supervision. The consequences of student error could be enormous. For example if a vehicle loses brakes or steering due to incorrect workmanship, lives could be endangered.

Anxiety issues, which impact on public contact, include:

- Sense of self-confidence
- Ability to function in groups
- Ability to handle angry/upset student
- Mood swings
- Paranoid feelings, total lack of trust

## **Multiple Tasks**

Teaching demands the ability to multitask: While teaching/speaking this instructor must be able to:

- Operate equipment
- Monitor student activity in the classroom and shop
- Monitor student safety
- Coordinate small group activities
- Manage behavioral or discipline issues
- Manage individually paced activities, including multiple small groups

## **Concentration**

This instructor must be able to:

- Sustain attention for a minimum of 120 minutes without a break from instructional responsibilities.
- Focus on multiple details in the classroom (non-verbal student cues, etc)

## **Energy Levels:**

The instructional position requires a huge expenditure of emotional energy as well as physical energy, the instructor must:

- Be self- motivated,
- Be able to self direct all work
- Be well rested to ensure ability to pay attention to detail

### **Ability to Provide Supervision:**

This instructor must provide supervision to 16 students in a classroom and shop setting. He must not only ensure the physical safety of the student, but the safety of others in classroom/ shop and the safety of extremely costly equipment and resources.

### **Attachment #3 Occupational Demands**

**Employee :** Jack Smith, College of New Caledonia

**Job Title:** Math/Biology Instructor,  
Career and College Preparation Program

Time in this position: 10 years

#### **The top 5 Duties of this position**

1. Providing instruction in lecture format (math and biology)
2. Laboratory instruction and one-to-one supervision of students in biology laboratory
3. Marking exams/recording results
4. One-on-one instructional assistance during office hours
5. Revising materials, preparing new materials

The position involves primarily lecture format instruction 70%, 15% lab work, 10% one-to-one assistance during office hours, 5% preparation.

#### **Environment**

The work environment is a standard college classroom, laboratory and office.

#### **Physical Demands**

85% of the job involves standing, walking between student desks/lab stations, bending over desks, moving from desks to file cabinets, setting up laboratory equipment, assisting students with lab cleanup, direct student interaction.

The additional 15% of the position is dependent directly upon the instructional component and cannot be isolated from the direct instructional work.

#### **Emotional/psychological elements**

100% of the job requires the employee to:

- Interact with others during the entire working day
- Supervise students
- Work on pre-scheduled activities
- Make decisions/solve problems
- Direct student complaints for problem resolution
- Set own work schedule
- Handle confidential information
- Meet deadlines

### **Additional position requirements**

- Superior memory and mental flexibility
- Superior concentration
- The ability to sustain attention for up to 90 minutes without a break
- The ability to identify nonverbal cues

### **Employee Supervisor**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Employee Declaration**

I hereby declare that the above information accurately reflects my occupational duties and demands.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **Attachment # 4**

### **Sample letter to initiate the RTW process**

Date

Dear

Re: Rehabilitation Committee:

We are sorry to hear that you have been unable to work and hope that this finds you on the road to recovery. As you may know, the Rehabilitation Committee's role is to assist you to get back to work as quickly as you are able to do so and to ensure that any return to work accommodations that you may need are put into place to make that return as easy as possible for you.

Sometimes return to work accommodations take considerable time to organize, thus the more time we have to plan, the more thorough the process will be. We have enclosed a form which authorizes the committee to start the planning process with you and your physician along with a form for your doctor to complete and return to us along with his invoice for doing so.

Please feel free to call any one of the rehabilitation committee members listed below to discuss your anticipated return date, the date by which this form should be completed by your doctor, or any other issues related to your return to work.

Yours truly,

Rehabilitation Committee  
(Members names and phone #'s)

## Attachment #5 Sample Return to Work Letter to physician

FAX TRANSMISSION

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### College of New Caledonia

Human Resources Department  
3330 - 22nd Avenue, Prince George, BC, V2N 1P8

Phone: (250) 561-5828

Fax: (250) 561-5864

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To: Dr. John Smith  
Fax: (250) 562-2131  
From: Mary Brown, Benefits Administrator  
Subject: Your patient, Ms. Sue Sunny  
Date:  
Pages: 2

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**RELEASE:** I, Sue Sunny, consent to the release of the information below to my employer for the purpose of determining my ability to safely perform the duties of an Instructor at the College of New Caledonia.

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

-----

Sue and her Rehab Committee at the College have discussed a return to work plan based on Sue's comments regarding her health status. We are seeking your approval of the plan. Please review the attached occupational demands list, as it is an integral part of this return to work plan.

We propose the following graduated return to work plan:

- Sue would be scheduled to work 4.5 hours per week (25% workload) where she would be providing instruction in lecture format. This teaching assignment requires preparation, marking and one office hour per week in addition to the 4.5 hours of instructional time.
- After the first 5 or 6 weeks of her return, an assessment would be done to determine if her hours of work could be increased. As her health permits, in addition to lecturing,

Sue could increase her workload to a maximum 50% workload with special projects allowing her flexibility with hours of work. These duties may include:

- curriculum development of on-line or correspondence courses.
- Assist with an accreditation project in the XXX Program.
- Assist in the new teaching and learning centre with such things as working with focus groups, preparing recommendations for the centre, and preparing final reports.

- This plan will be reviewed in the beginning of December with the goal of having Sue assume a 75% teaching load in January and a full workload by May. Additionally, during this return to work plan, regular follow-up (ideally biweekly) will occur between Sue and the key Return-to-work committee members to ensure plan is working effectively.

Any additional information you could provide to ensure a safe return is appreciated. Thank you for your assistance and I look forward to receiving your comments.

If you agree with the above modified duties, please check here  and sign below.

---

If you disagree with the above modified duties, or if you think Sue should avoid any activities please state so here and sign below:

---

Certifying Professional's Name (please print): \_\_\_\_\_  
Certifying Professional's Signature: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



NOTE: The employee is responsible for any costs associated with the completion of this form. Please return this signed and dated by confidential fax to the Human Resources Dept. at 250-561-5864 at your earliest convenience.

## **Attachment #6**

### **Union Consultation: Gradual Return to Work**

For complex return to work plans issues involving workload issues, there may be need for formal consultation with the union to ensure the collective agreement is taken into consideration and that the plans can be implemented within the confines of the collective agreement.

- Gradual return to work situations are often expressed as a percentage of a workload, which is often inappropriate to teaching settings. For example a College and Career Preparation instructor who teaches three classes per day would find it difficult to return to a 50% workload. Consider appropriate percentages in terms of instructional assignments, or better still ask the physician to express the partial return in terms of the numbers of courses the individual can teach.
- Consider the entire workload for each course (preparation, marking, research, office hours, etc). Two UT courses are not a workload of 6 hours per week.
- Ensure that it is appropriate to return either full-time or part-time during the middle of a semester. I.e., is there any potential for student animosity, which could exacerbate a mental health issue? Has the replacement instructor a different instructional focus that could impact on student learning if changes are made mid semester?
- Consider the scheduling of the classes which may require coworker's accommodations: Some conditions have associated insomnia that would make early classes difficult, some individuals with mental health issues may find that they are at their best midday (i.e. 10AM to 2PM)

There may be many other issues that could have workload collective agreement implications. Generally, if there is any possibility that a planned accommodation or return to work may affect the workload of colleagues, the committee should consult with the Union.

## **Attachment # 7**

### **Workplace Accommodations Procedures**

The College will assist employees who have medically based barriers to employment and/or disabilities to continue working by providing reasonable accommodations, providing the accommodations do not create undue hardship.

#### **QUESTIONS & ANSWERS:**

***Although I am not on sick leave, short or long-term disability, my doctor has advised me that in consideration of my health, I require certain accommodations in order to resume/ continue my work. What should I do?***

The first step is to obtain a Request for Workplace Accommodations form which can be obtained on-line at or from the Human Resources Dept. The form must be completed by the appropriate health professional and returned to HR.

#### ***What happens then?***

The Benefits Administrator coordinates the accommodation efforts made on your behalf based on information provided by you, your health professional(s), your administrator, and your union representative (if appropriate). We encourage the participation of a union representative with experience in handling this kind of issue. Current employee representatives are listed below. The Benefits Administrator will include the representative in the planning process upon your request. Several other factors will be considered in the planning process including schedules, impact on students and co-workers, and costs. Once a decision has been reached, the Benefits Administrator makes arrangements for the purchase of necessary equipment and/or assists the administrator in finalizing other arrangements. Follow-up is done periodically to ensure your needs are continuing to be met.

#### ***What documentation is required?***

Initially, the College will require a completed Request for Workplace Accommodations form. The documentation does not ask for a diagnosis, but must specify a detailed explanation of the functional impact of the disability on daily work. A diagnosis alone is insufficient to support a request for workplace accommodation.

***Why is documentation required?***

It is necessary to provide documentation in order to ensure the request is supported by a medical professional; the right accommodation is provided; and the accommodation is provided for the right length of time.

***What procedures are in place to protect my personal information?***

You are not required to provide any specific medical information to the College, other than functional impact. Sometimes employees are comfortable sharing the nature of their illnesses with their administrator, the Benefits Administrator, and/or the union representative. It is totally up to you with whom you share this information. If you do share it with the College, it will be held in confidence in your benefits file, which is a separate part of your personnel file.

***Who is responsible for any accommodations?***

The College and the Union both have a duty to accommodate up to the point of undue hardship. The employee has a duty to initiate the request and provide appropriate documentation. 'Undue hardship' is difficult to define and is case-specific.

***How are any accommodation expenses paid for?***

If purchase of equipment or other items is required, approval for purchases is the joint responsibility of the administrator for that budget area and the Benefits Administrator. Each administrator is expected to cover these costs from his/her appropriate budget. Any purchase is the property of the College and if no longer required by the employee, it must be returned. The items prescribed by a physician for individuals' specific medical needs (e.g. hearing aids, orthopedic shoes) are property of the individual; therefore, individuals bear the cost of these items and may submit receipts for reimbursement under the College's Extended Health Plan.

***What are some examples of arrangements that have been made?***

With proper documentation, the College has changed schedules, performed ergonomic assessments, approved partial leaves, and purchased equipment or adaptive aids.

**College of New Caledonia  
Request for Workplace Accommodations Form**

**IMPORTANT for Certifying Professional** – The College of New Caledonia provides accommodation to ill or injured employees. This information will be used to determine accommodation needs to enable our employee to continue in his/her position safely.

For the purpose of determining my ability to safely perform my regular duties, I consent to the release of information to my employer and the following individuals: *(Please check all choices and state names)*

- Disability Management Representatives *(state name(s))*: \_\_\_\_\_
- \_\_\_\_\_
- Other *(state name & relationship to you)*: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by qualified professional**

Based on the medical diagnosis please comment on the following questions as related to the aforementioned employee and their ability to perform the tasks and duties related to their position with the College as

\_\_\_\_\_ *(see attached Job Description &/or Occupational Demands List)*

Impacts on daily work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prognosis/duration: \_\_\_\_\_

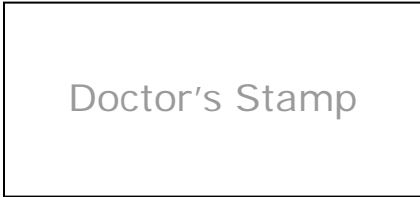
**Accommodations required (please be specific):**

- Reduced workload percent: \_\_\_\_\_
- Equipment needed: \_\_\_\_\_
- Timetable adjustments: \_\_\_\_\_
- Mobility restrictions: \_\_\_\_\_
- Environmental restrictions: \_\_\_\_\_
- Other: \_\_\_\_\_

Certifying Professional's Name (please print): \_\_\_\_\_

Certifying Professional's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



**IMPORTANT:** Please return completed form to: Human Resources Dept, ATTN: Rachel Jensen, Benefits Administrator, Fax Number: (250) 561-5864.

**NOTE:** The employee is responsible for any costs associated with the completion of this form.

CA-12MD-1200

