DISABILITY MANAGEMENT IMPLEMENTATION GUIDE

™National Institute of Disability
Management and Research™

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PREFACE

This Guide is intended for Canadian employers who want to improve the return to work outcomes for their injured or ill workers. It outlines in detail the process of establishing and implementing a Disability Management (DM) Program, and how to ensure success. The most important prerequisites for success must come from within the organization itself. They've been called "The Three Cs: Creativity, Collaboration, and Commitment." With these three fundamentals in place, and this guide, success in disability management is very much within reach.

> *TERMS In this handbook, the terms "workers with disabilities" and "injured or ill workers" are routinely used to describe workers with impairments that prevent them from doing their current jobs and who are candidates for disability management programs.*

The terms "disability management" and "return to work" appear frequently throughout this guide. They are also referred to as DM and RTW.

This guide is intended to assist with the development of a basic Disability Management program. It is informed by and aligned with the ILO Code of Practice, the Canadian Code of Practice for Disability Management, the CBDMA® Audit Standards, and the CSA Z1011 Work Disability Management System.

Employers who are establishing a Disability Management system will gain a deeper understanding of Disability Management programs by reading the documents noted above.

See Appendix A for an overview of the ILO Code of Practice and the Canadian Code of Practice for Disability Management.

More information on disability management programs, education, and training can be found at www.nidmar.ca (the National Institute of Disability Management and Research) and at www.pcu-whs.ca (Pacific Coast University for Workplace Health Sciences.)

Part 1: The Need

DEFINING DISABILITY

The World Health Organization (WHO) defines "disability" as follows:

> *"Disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)."*

A variety of conceptual models have been proposed to understand and explain disability and functioning. These models can be described as the "medical model" or the "social model."

The medical model views disability as a problem of the person, directly caused by disease, trauma, or other health condition, which requires medical care provided in the form of individual treatment by professionals. Management of the disability is aimed at treating the disease, injury, or condition.

The social model of disability, on the other hand, sees disability not as an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence the management of the problem requires social action, and it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life.

The World Health Organization has created a framework for measuring health and disability at both individual and population levels, called the International Classification of Functioning, Disability and Health (ICF). This classification is based on an integration of these two opposing models. The "biopsychosocial" approach provides a coherent view of different perspectives of health from a biological, individual, and social perspective.

DISABILITY IN OUR WORKFORCE

According to the 2017 Canadian Survey on Disability, more than 6 million Canadians aged 15 and over (22% of the population) identify as having a disability, and it is expected actual numbers are likely higher.

Despite the best efforts of government agencies and advocacy groups, Canada's record for hiring people with disabilities remains very poor. Only 59% of Canadians with disabilities aged 25 to 64 are employed compared to 80% of Canadians without disabilities.

A recent audit undertaken as part of the Public Service Commission oversight mandate to assess the integrity of the public service staffing system found that persons with disabilities experienced the largest drop in representation of any of the employment equity groups, with decreases in representation at the assessment and appointment stages. Persons with disabilities make up only 5.2% of the core public administration.

Persons with disabilities earn less than Canadians without disabilities (12% less for those with milder disabilities and 51% less for those with more severe disabilities) and are more likely to live in poverty.

Persons with disabilities face discrimination and other barriers to education and employment. As a result, they face a very high risk of living in poverty. Persons with disabilities were also overrepresented in deep income poverty. In 2018, of the 1,973,000 people whose family disposable income is below 75% of Canada's Official Poverty Line, 666,000 were persons with disabilities, meaning that around 30% of people in deep poverty had a disability.

THE IMPORTANCE OF WORK

Work plays a significant role in our well-being, far beyond its necessity as a source of livelihood. For many people, a significant part of their identity is based on what they accomplish in the workplace. Work provides vital social contact, along with a feeling of belonging to a common group. It allows individuals to develop and challenge themselves and their skills, while providing the routine and structure they need.

Research indicates that active participation in the workforce is among the top concerns of Canadians with disabilities—that work is important for the dignity of individuals for the sense of accomplishment it brings, its value to the community and to society, and the way it contributes to a sense of belonging. The tangible benefits of income, learning, and participating in the goals of an enterprise give a sense of control over an individual's destiny. Work is fundamental to one's sense of well-being and to citizenship.

THE COSTS TO THE WORKER

Workers who are away from work because of injury or illness face a number of challenges.

Money is a crucial concern for workers who have been sidelined by injury or illness. It is commonly thought that insurance coverage will protect the worker's lifestyle and family. However, research shows that workers who are off the job for a long period, perhaps permanently, may face a greatly reduced income and associated change in lifestyle, especially if benefits run out and social assistance becomes the only option. Also, with reduced or no insurable earnings, a worker is unable to contribute to retirement plans such as the Canada Pension Plan (CPP) or a Registered Retirement Savings Plan (RRSP).

Financial losses combined with the other challenges of long-term separation from job and career can produce tragic results. When workers are expected to stay away from work until the illness has abated or the injury has healed, it can break the bond with the workplace. Too often, such workers never return to their jobs. Or to any job. As they negotiate with benefit providers, the injured or ill workers can begin to see themselves only in terms of their illness or injury.

This separation from a livelihood can lead to feelings of inadequacy and alienation from society, a life on the sidelines and on social assistance. Substance abuse, mental health issues, and family breakups are not uncommon.

THE COSTS TO THE EMPLOYER

Having productive workers off the job due to injury is a loss for any employer. Lost productivity, increased workers' compensation premiums, and the need for replacement workers are the inevitable consequences. And, if the loss of a worker becomes long term or permanent, the training invested in that worker is money down the drain, as is the accumulated experience they brought to the job each day.

The costs of failure to return to work are broken down into:

- *direct costs,* including the cost of indemnifying wage or salary during the period of absence, increased insurance premiums, loss of productivity, etc.
- *indirect costs,* including the cost and time of hiring and training a replacement worker, loss of training investment, etc.

THE COSTS TO SOCIETY

Once sick leave and/or disability benefits have run out for an injured or ill worker, society as a whole bares the cost of supporting that person for the rest of their life. The worker has made the switch from a benefit contributor to a benefit recipient.

Social assistance payments, lost tax revenues, and the hidden costs of broken families add up to a staggering toll on our social system.

While few people would begrudge social assistance payments to people in need, there is an opportunity through successful disability management programs to keep injured workers work-attached and contributing as part of a society of productive, tax-paying Canadians.

THE GROWTH OF MENTAL HEALTH ISSUES

In what has been called a crisis, there has been an astronomical increase in workplace mental health issues.

According to the Canadian Mental Health Association, 1 in 5 people in Canada will personally experience a mental health problem or illness in any given year. By age 40, about 50% of the population will have or have had a mental illness.

The Centre for Addiction and Mental Health (CAMH), Canada's largest mental health teaching hospital and one of the world's leading research centres in its field, has estimated the economic burden of mental illness in Canada is estimated at $51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.

Many of the RTW processes in an established Disability Management program can also be used to help facilitate a return to work for individuals with mental health problems or illnesses.

Individuals with a mental illness are much less likely to be employed. Unemployment rates are as high as 70% to 90% for people with the most severe mental illnesses. In any given week, at least 500,000 employed Canadians are unable to work due to mental health problems. The cost of a disability leave for a mental illness is about double the cost of a leave due to a physical illness.

Developing strategies to confront this crippling trend will demand creativity, collaboration, and commitment from all parties involved.

LEGISLATION

Increasingly, legislation is being put into place to ensure accessibility and workplace integration for people with disabilities.

Federally, the *Human Rights Act* guarantees that every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical ability.

In 2010, Canada ratified the United Nations Convention on the Rights of Persons with Disabilities, which ensures equal rights and freedoms for people with disabilities.

The Canadian federal government also created *An Act to Ensure a Barrier-free Canada*, commonly known as the *Accessible Canada Act*. Under this Act, the federal government will create standards to address accessibility issues by 2040.

To date, seven provinces have also created laws designed to improve accessibility by identifying, preventing, and removing barriers that prevent persons with disabilities from full participation in the community. These provinces—as well as the federal government—have legislation focused specifically on advancing accessibility and inclusion.

Anyone involved in developing a Disability Management program should be familiar with human rights obligations as well as any legislative requirements that might apply provincially.

SUMMARY

The impacts of disability on individuals, employers, and society in general can be staggering, particularly when injury and disability results in a loss of attachment to the workplace. These impacts and costs are expected to grow with the increase in mental health conditions. While legislation is being enacted to improve the integration of workers living with disabilities into the workforce, more can and should be done to integrate injured and disabled workers into the workplace.

Part 2: The Solution

A DISABILITY MANAGEMENT PROGRAM

"Disability Management" is defined in the International Labour Organization (ILO) Code as "a process in the workplace designed to facilitate the employment of persons with a disability through a coordinated effort and taking into account individual needs, work environment, enterprise needs and legal responsibilities."

In other words, it is a framework at the organization level of policies and procedures designed to ensure that disabled workers remain connected to and active in the workplace.

In the past, the focus was exclusively on the diagnosis and treatment of the worker's injury or illness. Return to work was only considered after medical treatment, rehabilitation, and passive care, and only if and when the worker had fully recovered. Disability Management on the other hand is focused on supporting the worker early and throughout the process, and seeks to reintegrate the worker into the workplace with either temporary or permanent accommodations.

If handled poorly, workplace injuries or illness can produce far-reaching and sometimes permanent damage. These negative effects radiate in ever-widening circles from the original accident or illness, affecting many lives and triggering huge costs.

Yet, if contact with the workplace is maintained through an efficient disability management program and a well-tailored return to work plan, there's every chance such tragedies can be avoided. An effective DM program can help workers with diverse challenges—minor and major —to remain productive. It can also allow organizations to retain valued and often highly trained and skilled workers.

The key to disability management is maintaining contact between the disabled worker and the workplace. Even before 100% recovery is achieved, getting people back on the job as soon as medically feasible is essential. This may involve temporary or permanent changes to the job or work environment. As long as there is no risk of re-injury while they heal, workers can gradually return to full duties.

Workplace-based disability management programs have been shown to significantly reduce the negative social effects of disabling illness or injury on workers and their families. They also have benefits for employers and unions:

- Workers regain their former income levels, continue to perform meaningful work, and continue to contribute to society.
- Unions satisfy their role in protecting the employability of their members while still maintaining hard-won rights and principles.

A Disability Management program deals with both occupational and non-occupational injuries. This is important because occupational injuries only account for approximately 30% of injuries while 70% are non-occupational. A DM program is an effective tool not only for workers' compensation claims, but also for long-term disability (LTD) claims, or for cases where the worker is away because of a motor vehicle accident, a mental health issue, or even a sports injury.

- Employers retain trained and skilled workers, minimize productivity loss, reduce lost workdays, decrease disability insurance premiums, and comply with legislation.

This is why workplaces with DM programs in Canada, the United States, Australia, Germany, and other countries have found that making every reasonable effort to return workers to the workplace is a sound economic decision.

A Disability Management program can also intersect with and contribute to other internal workplace programs or initiatives. For example, functional job descriptions that have been completed in a Disability Management program can be shared with the human resources department to improve hiring practices. Or if an ergonomic analysis of a particular job has devised a safer, more efficient way to carry out job tasks, this information should be generalized and shared with other departments, divisions, or even related workplaces.

In addition to the social and economic benefits, there are a variety of federal and provincial statutes and regulations that pertain to the requirement to accommodate people with disabilities and to facilitate return to work. In many cases, these statutes and regulations have been augmented and fleshed out through jurisprudence.

However, aside from legislation, policy, and economics, accommodating workers with disabilities is an entirely appropriate human response with a solid moral and ethical foundation.

A Disability Management program is a pivotal first step towards a truly disability inclusive society. When employers reintegrate their disabled workers into the workplace, the stage is set for a broader societal inclusion of people living with disabilities.

ELEMENTS OF A PROGRAM

A successful Disability Management program:

- Is worker-centred
- Has management commitment and leadership
- Involves the union or workplace representatives as an active partner
- Takes a biopsychosocial approach (considers the biological, behavioural, physical, psychological, and social factors that create the disabling condition/situation)
- Focuses on early intervention
- Integrates into the organization's existing management systems
- Satisfies legal requirements

SUMMARY

A Disability Management program provides a framework for the successful reintegration of workers with illness or injury into the workplace. National and international research continues to confirm that disability management conducted effectively will reduce economic loss and radically increase the return-to-work rate of people who acquire a disabling condition and might never otherwise re-enter the workforce. A Disability Management program is a proven way to address the escalating costs of disability, the reduced return-to-work rates for persons with disabilities, and the increases in statutory obligations, including workers' compensation, duty to accommodate, human rights and accessibility legislation. Doing so saves dollars. Doing so saves lives.

Part 3: How to Implement a Disability Management Program

Through NIDMAR, the Canadian and BC Governments, on a temporary basis, are providing support for Canadian workplaces to undergo a free workplace assessment, which provides a global snapshot of a current DM program identifying gaps and areas for improvement.

ASSESS THE NEED

A committee or group is usually formed to conduct a needs analysis. It may be a temporary committee or group assigned for this purpose only, or it may become a permanent committee that will carry on once the assessment has been completed in order to oversee the implementation and administration of the Disability Management program. (For committee structure, duties, etc., please see section entitled *Establish a Joint Disability Management Committee.*)

By conducting a needs analysis, the organization can:

• Identify gaps, barriers, and opportunities in its current approach,
• Determine a structure for its Disability Management program going forward, and
• Identify the policies and procedures required to govern the program.

Although each workplace will develop its own unique approach to collecting information and defining actual needs, the following questions/queries should help guide the analysis process.

See Appendix H – Needs Assessment Checklist

How is the organization currently set up to deal with disability management?

• What formal or informal activities, procedures, and documentation are initiated/distributed when an employee becomes injured or ill?
• Are light duty/modified jobs being offered to injured or ill workers?
• If there is a union in place, what is the union's role in return to work?
• Are occupational conditions treated differently from non-occupational injuries, illnesses, or chronic conditions?
• Is there an occupational health and safety management system in place?

What benefits are provided to the employee?

• How are they administered and by whom?
• Is there an employee and family assistance program in place to assist employees with life challenges that may not be covered by an insurance carrier?

What are the organization's trends regarding injuries, illnesses, or chronic conditions?

- Types, causes, statistics, length of absences
- Costs—direct (insurance), indirect (replacement, training, loss of productivity)
- Trends on illness and injury and links between incidents and specific job activities
- Record keeping—Who tracks and analyzes accident and disability information and how is it done? What software is used?

What are the current corporate/union/employee attitudes toward accommodating injured or ill workers?

- Are injured workers being accommodated?
- Is the union involved in accommodations?

Consider an Audit or Assessment

While the preceding questions outline some insights, an audit can provide a much richer understanding of the needs and opportunities that exist within an organization.

The Consensus Based Disability Management Audit (CBDMA®) is a highly regarded, web-enabled, and well-researched tool that measures disability management program performance in a range of large and small workplace settings, both in the private and public sectors.

The CBDMA® is a comprehensive audit consisting of 180 questions comprised of consensus questions, evidence questions, and survey questions. The final audit report identifies program strengths, gaps in the program, and a detailed roadmap for the development and implementation, or the improvement of an effective disability management program. For further details, please view the following webpage: https://www.nidmar.ca/audit/audit_auditing/auditing_cbdma.asp

The Workplace Disability Management Assessment (WDMA) is a condensed version of the CBDMA®, containing 72 questions completed through an interview process that requires less time and resources to complete, which provides a gap analysis of a current program and a roadmap for program improvement and/or program development. For further details, please view the following webpage: https://www.nidmar.ca/audit/audit_auditing/auditing_wdma.asp

See Appendix B – Audit Standards

The BC Health Employers Association and their healthcare sector unions have made their Enhanced Disability Management Program (EDMP) part of their collective agreements. The EDMP provides proactive support to help employees' timely and safe recovery when they are absent from work or struggling at work due to an illness or injury.

ESTABLISH A JOINT DISABILITY MANAGEMENT COMMITTEE

A Joint Disability Management Committee can help develop and implement a Disability Management program and then provide ongoing support, promotion, and guidance once the program is established.

Joint Management and Labour Participation

Experience has shown that a collaborative approach is an essential component of a successful return to work (RTW) process. When the concerns and interest of both labour and management are addressed, the program has a much greater chance of success. Having labour and management jointly involved in the development of the program is a very effective way to achieve joint ownership of the program.

Committee Structure

The committee structure will depend on the size and structure of the organization. For example, large multi-unit organizations may have an executive level steering committee to oversee the overall program planning, including budget planning, staffing, development of policies/procedures, and program evaluation, with one or more committees at the operational level working on implementation and, in some cases, reviewing and facilitating return to work plans.

Single unit or small organizations may opt to have one only committee with responsibility for both planning and implementation, including reviewing and facilitating return to work plans. This same committee may also be responsible for safety and prevention and wellness in addition to return to work.

In general, the greater the sense of ownership of the Disability Management program by employees at all levels, the more likely there is to be commitment to and support for return to work across the organization.

Determining Who Serves on the Committee

Committee members should have an understanding of the difficulties experienced by persons with disabilities, have the respect of co-workers and management, and be perceived as unbiased. The committee may include individuals who understand administrative, managerial, and labour issues, as well as those with specific expertise in areas such as occupational health and safety, human resources, risk management, employee benefits, and return to work.

ROLE OF THE JOINT DISABILITY MANAGEMENT COMMITTEE IN LAUNCHING THE DISABILITY MANAGEMENT PROGRAM

To help get the Disability Management program up and running, the Joint DM Committee is involved in:

1. Determining program structure.
2. Helping to select a Disability Management Professional, that is, the person who will administer the program.
3. Developing a Return to Work Commitment Statement for the organization.
4. Setting objectives/targets for the program.
5. Establishing and documenting policies and procedures.

Once the Disability Management Professional is selected, the committee may assign them as the lead in developing these elements.

1) Determining Program Structure

There are any number of effective program structures, depending on the individual circumstances and size of the organization. This is contingent upon industry type, public or private sector organization, regulatory environment, etc.

While various aspects of return to work can be contracted out to external service providers, accountability for workers who have been injured or become ill rests with the organization.

This does not mean that an organization should not contract with external consultants for return to work coordination or even some program management services. Physicians, therapists, rehabilitation professionals, and lawyers can be helpful sources of expertise and advice. However, accountability for the return to work should ultimately rest with the employee's organization; and the joint disability management committee should remain active and involved.

Once the program structure has been determined, action can be taken to identify the tasks to be carried out by employees who are hired or assigned to disability management responsibilities or to recruit someone for that position.

2) Helping to select a Disability Management Professional

The Disability Management Professional is the person who has overall responsibility for facilitating the development of the return to work plan and overseeing its implementation. A DM Professional could have a professional designation, or they could, for example, be working in HR and be responsible for disability management. Either way, they are the main contact person for all stakeholders, an active supporter of the injured or ill worker and their family, and the catalyst for facilitating the return to work of that worker for facilitating the return to work of that worker.

The Certified Disability Management Professional (CDMP) and Certified Return to Work Coordinator (CRTWC) are professional designations that have been recognized and adopted by employers and provincial and federal organizations across Canada, and are recognized as the global gold standard for those working in the field.

Through NIDMAR, there is currently, on a temporary basis, Federal and BC Government support for individuals to obtain their professional DM designations (see NIDMAR website at: www.nidmar.ca)

Depending on the size and structure of an organization, this individual may be someone who is hired to work full time in this area, or the responsibility may be assigned on a part-time basis to someone who has other job duties.

(Please note that the Disability Management Professional is sometimes hired or designated earlier in the process and therefore may be involved earlier in the DM program development; for example, in the needs assessment part of implementation.)

The role and number of Disability Management Professionals will vary with the requirements of the organization.

Key responsibilities of the Disability Management Professional include:

- Acting as the main point of contact for the worker, the supervisor, and other key stakeholders in managing the worker's return to work.
- Assisting the injured or ill workers in applying for medical benefits or obtaining appropriate medical assistance.
- Working in collaboration with the injured or ill worker and with workplace supervisors, the union, co-workers, and healthcare providers to identify initial injury limitations and offer safe and appropriate modified or alternate duties that match the worker's individual injury or illness limitations.
- Working with key stakeholders such as WCB, insurance carriers, physicians, and other healthcare providers to coordinate information and to assist with Return to Work planning.
- Creating, implementing, and monitoring a Return to Work/Stay at Work plan.
- Actively monitoring the RTW plan, troubleshooting issues and modifying the plan as needed.
- Assisting the Joint DM Committee in drafting policies and procedures.
- Carrying out cost-benefit analyses and conducting periodic evaluations of the DM program.

- Developing strategic alliances with internal and community groups that may assist the program's objectives such as creating awareness about the program with the physician community.

The Disability Management Professional should have excellent interpersonal and communication skills, be objective, have the respect of co-workers, union officials and management, be knowledgeable of the diversity of jobs and their requirements, have the ability to cope with conflict, and work effectively in a collaborative environment.

The Disability Management Professional will likely be selected through the normal HR process. The Joint DM Committee can assist by defining the competencies and experience required, by screening resumés or by assisting in the interview process.

See Appendix D – Core Skills and Competencies for Disability Management Professionals

3) Developing a Return to Work Commitment Statement for the Organization

A RTW Commitment Statement signed by the CEO and posted prominently sends a powerful message about the employer's commitment to the well-being of their workers.

The CEO statement should be a simple, short, powerful statement focused on what the organization wants to achieve and how it will achieve it. For example:

> *ACME Company values its employees.*
>
> *We are committed to ensuring a safe and healthy workplace and to the successful recovery of injured and ill employees.*
>
> *ACME Company will provide support by assisting in timely intervention and return to safe and productive work. We will take all reasonable steps to accommodate injured and ill employees to their pre-injury job or other suitable jobs as quickly as possible.*

Details of the program itself can be left for other communications. Keep the CEO's message short and powerful.

The CEO message should be communicated broadly across the organization and posted prominently. When people in the organization see that the Disability Management program being developed is a priority, they are more likely to assist in its development and to participate and support the program once it is established.

4) Setting Objectives/Targets for the Program

The first step in setting targets is to establish a baseline—that is, the point from where the program starts. The second step is to set a target, a point to move toward based on realistic expectations of how much improvement is possible with concentrated effort. The findings from the Needs Analysis will help inform appropriate targets.

Targets might include bringing key success indicators up to industry standards or improving the organization's performance by a set percentage (if so, detail what percentage and why). Key indicators of success might include:

- Decrease in the average days injured or ill workers are away from work.
- Decrease in costs for hiring replacement workers.
- Decrease in costs for overtime to replace absent workers.
- Decrease in insurance and workers' compensation costs.

To develop a baseline, data must be collected from previous years. For most medium and large organizations, this data is likely already available. If there is no baseline, industry averages can be used, such as the number of accidents and illnesses, the number and length of absences, and the costs of workers' compensation and other insurances. This information can be obtained from a variety of sources including workers' compensation and other insurance providers.

5) Establishing and Documenting Policies and Procedures

Documenting policies and procedures is vitally important in order to ensure continuity and consistency in the application of day-to-day case management efforts.

Most organizations find that creating a policies and procedures manual is the best way to document the process. Such a manual usually includes:

- **Mission Statement or Policy Statement,** which identifies general program goals and workplace values with regard to minimizing the impact of disabling illness/injury.

- **Program Objectives,** which are usually based on the needs analysis and should be practical and results-oriented.

- **Administration Procedures,** which should include Joint Committee bylaws, details on program administration, and accountability.

- **Roles and Responsibilities of Key Stakeholders,** which lists who will be involved in the program and their role in the RTW process.

- **Eligibility Criteria,** which defines who qualifies for assistance and how referrals are made, and addresses questions such as: Is involvement mandatory and under what circumstances? Are other in-house programs, such as OH&S, EFAP, involved?

- **Dispute Resolution Policy,** which outlines the process by which disagreement on the appropriateness of RTW options is resolved.

- **Program Evaluation,** which defines methods of measuring performance of the program.

The manual should also include a policy that addresses confidentiality, privacy and personal information and how personal information will be handled, collected, stored, and used.

ROLE OF THE DISABILITY MANAGEMENT PROFESSIONAL IN ESTABLISHING THE PROGRAM

To help establish the program, the Disability Management Professional should:

1. Draft an implementation plan
2. Identify the roles and responsibilities of RTW participants
3. Identify transitional work opportunities/create a Job Bank
4. Develop RTW forms
5. Develop Worker RTW Package
6. Develop a tracking tool
7. Develop communication strategies
8. Measure, monitor, and improve the program

1) Draft an Implementation Plan

The Disability Management Professional is generally responsible for implementing the DM program based on the decisions and input of the Joint DM Committee.

A plan should be drafted that outlines the key steps and includes dates as to when those key steps will be completed (e.g., when staff will be in place and when the program will be up and running).

They will need to establish a preliminary budget, remembering to include staff (if hiring new) as well as the cost of any software needed to track outcomes.

It is sometimes helpful to research other DM programs to determine what is required for staff, equipment, software and supplies.

2) Identify the Roles and Responsibilities of RTW Participants

A successful RTW process requires the active participation and support of many individuals working together in order to ensure the best RTW outcome for the injured/ill worker. The role of each should be documented so that everyone understands their role.

The injured or ill worker

The role of the injured or ill worker is much more than that of a passive receiver of treatment or assistance. The individual should be encouraged to actively participate in the return-to-work process, to ensure that it is safe, suitable, and sustainable. Worker responsibilities include:

- Reporting initial injury or illness as soon as possible to obtain the help required for early return to work.
- Providing information about their functional abilities and transferable skills.
- Contributing to the development of a suitable return to work plan.
- Complying with recommendations of treatment providers and actively participating in their recovery and return to work.
- Providing regular updates to their supervisor and the Disability Management Professional about any changes or challenges in the RTW process.

Healthcare Providers

Supportive healthcare providers can assist an employee's return to work considerably by:

- Reviewing functional job descriptions with the employee to explore possibilities for return to work and being alert to job demands that might cause re-injury or aggravation of an existing condition.
- Completing functional assessment forms with sufficient detail so that the worker's functional abilities can be used to assist with identifying suitable work.
- Suggesting ways in which tasks could be modified to place less strain on existing injuries or conditions.

Insurance Providers (short-term and long-term disability and workers' compensation)

Insurance providers play an essential role in promoting and supporting early and safe return to work. Their specific responsibilities are defined by the contracts they have with the employing organizations and by their internal policies and procedures. In the case of Workers' Compensation Boards, the parameters of their role are also established by legislation.

From the perspective of a Disability Management program, insurance providers are expected to contribute by:

- Supplying benefits to the worker and arranging for appropriate rehabilitation services.
- Communicating openly with the employee and Disability Management Professional to explore return to work strategies.
- Participating in the process of identifying or creating temporary or permanent job accommodation options.

Supervisors

Because of their daily connection with workers, supervisors play a key role in the RTW process. Experience shows that RTW outcomes are greater when supervisors support the process. Supervisors contribute by:

- Monitoring safe work practices of employees who are returning to work.
- Identifying transitional work options or job accommodations that might assist return to work.
- Working closely with the Disability Management Professional to analyze the overall demands of each job.
- Discussing concerns and issues around job performance, safety, etc. with employee and the Disability Management Professional.
- Actively supporting the RTW plan and the worker.
- Monitoring the worker's progress to help prevent re-injury.
- Addressing co-workers' questions and concerns about disabled employees, job modifications, etc., while maintaining the injured or ill worker's privacy and confidentiality.
- Providing the worker with a safety orientation when starting a new job or job tasks.

Senior Management

Senior management support is key to a successful Disability Management program. If it is not a priority for them, it will not be a priority for the organization. Senior management contribute by:

- Providing visible support and commitment to DM program objectives.
- Ensuring accountability by revising management structure and/or accounting procedures as required.
- Ensuring program resources are available.
- Empowering the Joint DM Committees to carry out program objectives.

Worker Representatives/Union Officials

Union/worker representative support is key to an individual's successful RTW and to a successful Disability Management program. The union/worker representative contributes by:

- Providing visible support and commitment to DM program objectives.
- Providing insights on the work tasks and suggestions on modifications.
- Facilitating the return to work process by supporting workers and the Disability Management Professional.

- Identifying transitional work options or job accommodations that might assist return to work.
- Promoting return to work language within the collective agreement.
- Supporting marketing and promotion efforts.
- Empowering the Joint DM Committee.
- Advocating for the rights of employees with disabilities.
- Communicating the objectives and potential benefits of a Disability Management program to co-workers.

3) Identify Transitional Work Opportunities and Create a Job Bank

RTW programs are often strengthened by creating a Job Bank, which is a collection of temporary, meaningful and productive jobs or job tasks (sedentary to light work activity) that can be performed while workers are making a recovery from the injury or illness. The idea is to identify transitional job opportunities in advance, before an injury or illness occurs.

Job Banks can be created (within a work unit or within an entire workplace) by identifying and classifying tasks that can be performed safely by workers with restrictions. Job tasks may last as briefly as one hour, or they may be combined to last a full 8-hour workday. Job Banks are typically comprised of job tasks or work activities that do not exceed 20 lbs. or 10 kg of lifting and carrying, and they generally do not involve excessive or repetitive postural changes (i.e., constant or continuous bending, stooping, above shoulder reaching, pushing/pulling, crawling, etc.).

Job Bank tasks often include work activities that can be performed while seated or tasks that allow the worker to alternate sitting and standing. It is important to establish detailed and concise information regarding tasks in the Job Bank, since this information will be compared with the worker's functional abilities to perform these tasks when involved in transitional work.

It is helpful to identify the common types of injuries that occur in your organization and to identify job tasks or transitional work opportunities that are safe for those injuries. This helps ensure that your Job Bank is relevant to your organization.

See Appendix I – Development of a Job Bank

4) Develop RTW Forms

A structured set of RTW forms can help properly document and track RTW plans. These forms typically include a RTW plan and some type of communication log. A standardized form helps ensure that all the elements for a successful RTW are captured. Typical forms include:

- RTW plans
- Communication logs

- Functional Abilities forms
- Evaluation forms

5) Develop a Worker RTW Package

A worker RTW package is a package of information that typically includes an overview of the RTW program, the statement of commitment from the CEO, and a Functional Abilities Form to be completed by the health care provider. Ideally, this package is given to the worker by their Supervisor immediately following an injury. This allows the worker to bring the Functional Abilities Form to their physician at the first visit and focuses both the worker and the physician on the worker's abilities and RTW options.

6) Develop a Tracking Tool

Accurate, timely, and detailed information is essential to an effective disability management program. A tracking tool allows you to follow up on RTW plans in progress to ensure that nothing is missed. It also provides data collection and analysis, which is a powerful tool for Disability Management Professionals and Joint Disability Management Committees.
A well-designed tracking/data tool can

- Monitor RTW plans in progress
- Provide accurate benchmarks for measuring program success
- Show overall injury/disability trends in the organization
- Calculate detailed analysis of fiscal impact
- Provide a cost/benefit analysis to justify the program

Information collected should include detailed case information, job inventories, and overall program performance. The Joint DM Committee can help decide what information is important to the program, set a realistic budget and schedule for the initial data entry, and establish maintenance procedures.

Procedures regarding data collection, including who can access what information, should be clearly defined. Responsibility for the database is generally the primary responsibility of the Disability Management Professional who will typically:

- Develop appropriate procedures for updating information on individual returns to work.
- Sample and test for accuracy of information.
- Maintain database information links (internal and to other databases in the workplace).
- Develop standardized report formats to ensure information output is clear and effective.
- Customize programs, formats, and reporting to meet the specific characteristics of the workplace.

It is important to remember that information gathered, stored, handled, or used (and reports that are generated) must be treated in an ethical manner and comply with Federal and Provincial privacy legislation—that is, Disability Management Professionals must protect the confidentiality of that information and protect the privacy of the workers according to the laws that apply.

Paper files and documentation should be stored in a secure and locked location. Databases and computer systems should be protected by current and robust cybersecurity systems and data storage protection systems.

Confidential information about workers should only be handled by staff who have signed a confidentiality agreement and should only be used on a need-to-know basis.

See Appendix E – Suggested Content of Database

7) Develop Communication Strategies

An essential characteristic of successful Disability Management programs is the widespread understanding of the program and support of key stakeholders, both within the workplace and within the broader community.

Before a workplace-based Disability Management program can begin, there must be broad awareness of the issues around reintegration of workers with disabilities and the need for a formal program within the workplace. There should also be communication around the benefits of staying at work or return to work.

For individual workers, it is important that they are aware of the benefits of the Disability Management program before an injury or illness occurs so that they can ask for help immediately and so that job accommodations are available to assist with early return to work.

For healthcare service providers, awareness of the existence of a Disability Management program is important because they will be more supportive of an individual's return to work if they know there is a planned, safe approach in which the work available fits the capacity of the person who has incurred an injury or illness.

This is only the beginning of what should be a continuous effort to increase understanding and overcome any existing cynicism and indifference to the difficulties experienced by individuals with disabilities. Education and open, honest communication about program objectives, successes, and failures are powerful tools that can change entrenched attitudes and build trust between individuals involved in the return to work process.

Refer to Appendix G – Creating a Communication Plan for more information on the elements of an effective communications strategy including:
- Selecting a lead

- Developing a message
- Identifying the audience
- Developing a strategy for internal and external communications
- Sustaining ongoing communication

8) Provide Training to Supervisors about their Role in RTW

Supervisors are critical to the RTW process as they are often the last person that the injured worker sees before they leave the worksite after an injury. They will provide the worker with a worker RTW package of information regarding the DM program and potential RTW options.

Supervisors need to be trained on how the program will work so that they can accommodate workers effectively. This means having an understanding of the injury reporting requirements, the transitional work available, how they will be supported by the Disability Management Professional, how they should monitor any return to work, and how they can actively support the worker. Supervisors should also be reminded to provide the worker with appropriate job training, orientation, and an understanding of all hazards and controls when assigned to a new job or assigned new tasks.

9) Measure, Monitor, and Improve the Program

The Disability Management Professional should establish a framework for regular reporting on progress to the Joint DM Committee as well as to senior management. The goal is to ensure that overall program objectives and the workers' needs are being met.

Reporting should include both quantitative and qualitative information. This could include the statistics from the program, progress toward goals, results of surveys and interviews, user feedback, analysis of case histories, and audits of the program.

Sharing DM Data to Improve Workplace Safety

Improving workplace health and safety is critical. Workplaces free from injury and disease mean that workers can continue to work without the need for any Disability Management program intervention.

Most organizations have a safety coordinator or committee responsible for promoting safety in the workplace. They work to increase awareness of safe work procedures and the use of proper safety equipment. Although they collect safety data, they are unlikely to have the level of personal detail that a Disability Management database is designed to collect.

The data collected by the Disability Management program can provide unique insights into unsafe working conditions or procedures. The Disability Management Professional should extend data analysis to look for commonalities in case histories. Recurrent injuries, repetitive

types of injuries or consistent injuries that occur in a particular job or during the performance of a specific task create recognizable patterns and can be used to prevent further injuries.

This information should be shared with the safety coordinator or safety committee to improve workplace safety.

More detail can be found under Part 6: Measure, Monitor, and Improve the Program.

Part 4: The RTW Process—Background

KEY PRINCIPLES

The following principles are foundational to the RTW process:

Early Identification and Intervention

Evidence shows that the longer an individual is away from work, the greater the chance they will never return to work. For this reason, it is very important to maintain attachment to the workforce. Early identification of workers in need of assistance and early intervention to facilitate return to work is the key to maintaining work attachment.

Worker-centred Approach

A worker-centred approach means that the worker is involved in all aspects of return to work planning. The worker knows best what their needs are in the RTW process. The worker should remain the centre and the focus of the programs, processes, and systems designed to support them in their recovery and return to work.

Biopsychosocial Approach

A biopsychosocial approach considers all facets of the person when planning a return to work, not just the physical aspects. It also considers other aspects such as psychological and social factors in the return to work process.

Focus on Accommodation

Employers should take all reasonable steps to return injured and ill employees to their pre-injury job as quickly as possible. When a worker cannot return to their pre-injury employment, employers should seek to accommodate them in other suitable work, either temporarily or permanently as the need requires.

Focus on Function

The focus should be on the worker's capabilities—that is, on what they are able to do versus what they are now unable to do as a result of an injury or illness.

GOAL HIERARCHY

The overall goal is to minimize the impact of the illness or injury on the worker's ability to actively participate in the workplace. The ultimate goal is to return the worker to their pre-injury job—the job where they have existing knowledge, abilities and experience.

At times, however, a return to the same job is not possible and alternative strategies must be developed. To provide return to work options that pose minimal barriers, require the fewest DM interventions, and the least adjustment by the worker, the following hierarchy of alternative strategies should be used:

- Same job unmodified
- Same job modified (transitional work—temporary accommodation)
- Same job modified (permanent accommodation)
- New job unmodified (transitional work—temporary accommodation)
- New job modified (transitional work—temporary accommodation)
- New job unmodified (permanent accommodation)
- New job modified (permanent accommodation)
- Retraining

TRANSITIONAL WORK

Temporary accommodations are referred to as "transitional work." Transitional work encompasses any group of tasks or specific jobs that are not intended to be the end result of the return to work process. Through modified work hours or duties, the worker is expected to eventually be capable of returning to full pre-disability duties.

Transitional work provides an opportunity for a worker with a temporary disability to remain involved in the workplace. Such work enables the worker to maintain income levels and the self-discipline of the standard work routine. Care must be taken to set definite guidelines as to the demands that can be placed on a worker in a transitional work position, and the length of time the worker can remain in that position. Without clear guidelines, there may be a tendency to add on tasks that could impede the worker's full rehabilitation, or that could create new trauma or illness. There is also a risk of the worker overextending in an effort to "get back to normal" as soon as possible. In an opposite reaction, a worker may become so attached to the transitional work that there is a reluctance to return to former duties.

With all transitional work, care must be taken to ensure that the job duties are perceived as meaningful by the worker, the supervisor, and co-workers. Otherwise, the return to work plan may be undermined and the worker may lose motivation, a critical element in the RTW process. As safety is paramount, always ensure that the worker has the skills to do the work and that any medications they are taking do not impair their ability to do the work safely.

JOB ACCOMMODATIONS

In order to return injured or ill workers to the workplace, it is sometimes necessary to modify an existing job or to identify other jobs within the organization that the worker is capable of doing.

Job accommodations include any modification of job demands, hours, physical or structural modifications, or the installation of assistive devices required in order to match the functional or work capacity of the individual returning to work. Modification of the job can range from redistribution of specific duties (trading duties with other job positions) to adjustment in hours of work. Job accommodations can be temporary or permanent, depending on the needs of the individual and the workplace. Physical modifications can range from simple ones such as adjusting the height of work surfaces to complex redesign of job areas supervised by qualified ergonomic specialists.

There should be a clear understanding of the worker's abilities in order to identify potential job accommodations that would facilitate a safe return to work. Information about the worker's abilities can be found through discussion with the worker, in doctors' reports, or in functional abilities evaluations, for example.

There should also be a good understanding of the physical and psychological demands of the job (referred to as a physical demand analysis or a job demands analysis). Workers, supervisors, and union representatives are very helpful in identifying the demands of the job. External providers can also assist with creating a detailed job demand analysis.

In keeping with the hierarchy of return to work options, the goal is to assist the individual to return to work at their pre-injury job wherever possible.

Where that is not possible, it is important to consider alternatives to the pre-injury job in order to keep the injured or ill worker connected to the workplace. The Disability Management Professional should consider the worker's functional abilities and skills in order to identify transitional work options.

If a suitable transitional job is not immediately obvious, a comprehensive skills analysis that focuses on the worker's transferable skills should be done to help identify options. The transferable skills analysis may be carried out with the worker by the Disability Management Professional or by an outside specialist. Some workplaces may find that as their Disability Management program matures, they are able to refine their functional job descriptions to highlight transferable skills a worker would acquire from performing each position.

Temporary Accommodations

It may not always be possible for a worker to return to the same job immediately after an injury or illness. The worker may be temporarily restricted from certain motions or activities that prevent them from doing certain tasks, or they may have temporarily lost some of the physical strength required to perform the job tasks. The worker can be accommodated by modification of their pre-injury work or in other transitional work as they increase their strength and endurance until they are able to return to their pre-injury job.

Permanent Job Accommodations

In some cases, the impacts of an injury or illness can be permanent and the worker requires a permanent accommodation. This may mean that their pre-injury job is permanently modified through changing the hours of work, physical modifications of the workplace, and/or the installation of assistive devices.

If a worker cannot return to their pre-injury job, they will need assistance to return to a different job within the company, either an existing job or a newly created one.

COMPREHENSIVE SKILLS PROFILE — The Disability Management Professional should work with the individual and union/worker representative to identify all positions for which the person has sufficient seniority or skills to apply. A comprehensive skills profile for a worker is a useful tool for this purpose. The Joint Committee can be helpful in identifying other suitable jobs within the organization.

Once suitable, alternate work is identified, a graduated return to work may sometimes be required to allow the worker to become accustomed to the new work demands.

In a union environment, many factors must be considered such as the remuneration and seniority of individuals when they move to new positions. Care must be taken to respect the provisions of the collective agreement.

Employers may have other obligations to provide permanent obligations either under their collective agreements or under Provincial or Federal legislation, such as the *Human Rights Code.* Under human rights laws, employers may be required to show that job requirements presented as a reason to prevent an individual from performing a job are "bona fide occupational requirements." These are requirements a person must have to perform a job adequately, without creating an unnecessary risk to self and others. Employers must also consider the "duty to accommodate" embodied in some Provincial and Federal human rights

legislation. Organizations affected by duty to accommodate legislation must show that they have made a reasonable attempt to accommodate the needs of individuals with disabilities. Organizations affected by duty to accommodate legislation must show that they have made a reasonable attempt to accommodate the needs of individuals with disabilities.

Training

Sometimes, the worker may require additional training to access other suitable jobs. The training that is selected should be focused on the needs of the specific job, be practical, and suited to the worker. Training may take place on the job or at schools, colleges, or universities.

This training may be financed by the employer, the insurance provider, or through available government programs. The details of educational funding will be dependent on each individual's personal circumstances (i.e., type and cause of disabling condition, geographic location, type of workplace, and benefit plans).

Types of Job Accommodations

At a high level, a job can be modified in one of three ways:

1. Modify the hours
2. Modify the job activities
3. Modify the physical environment

Any or all of these modifications can be temporary or permanent.

1) Modify the hours

i) Graduated Return to Work (GRTW)

A GRTW is a return to work plan where the worker starts at reduced hours and increases their hours over time as they recover and regain their strength and endurance. A GRTW can also be used to increase the difficulty of job tasks over time as the worker's strength and endurance increases. Or it can be a combination of both.

Workers sometimes lose some of their physical strength required to perform the job tasks as the result of an injury or from time away from work. In these cases, gradual physical conditioning—known as "work hardening"—is a necessary first step. Work hardening is designed to gradually develop an individual's strength and endurance.

Work hardening is sometimes done at mock work stations in rehabilitation centres but can also be accomplished within the person's workplace by introducing modified work hours and gradually increasing the amount of time spent at work and the number of tasks completed.

As an example, an employee might return to work for only two hours per day during the first week, gradually increasing the number of hours spent at work over an eight-week period to the point that a full work shift is being completed.

On average, graduated returns to work are scheduled over a four to eight-week period, but the actual return to work plan will depend on the specific situation and the physical, intellectual, and/or emotional capacity of the person.

ii) Rescheduling work hours

Sometimes the job accommodation can be as simple as changing the hours of work. This is often because workers who are returning will still need time off for continuing treatments such as physiotherapy or counseling.

Examples of rescheduling hours include:

- scheduling someone who has come out of cancer treatments to part-time work while they undergo treatment
- allowing someone with a shoulder injury to come in early so that they can leave early to attend physiotherapy

2) Modify the job activities

i) Remove specific job tasks

The job or job activities can be modified so the worker with a disability will not be re-injured by removing certain activities that the worker is unable to do because of their illness or injury. For example, activities that require lifting for the job of the person with a back injury could be removed. These activities can be substituted with other activities while the worker recovers.

ii) Graduated Return to Work (GRTW)

As noted earlier, a GRTW can also be used to increase the tasks over time as the worker's recovery progresses and they regain their strength and stamina. For example, a returning employee might work a full shift but the time spent on a specific task, such as reaching or lifting, might initially be limited to twenty percent of what was normally expected in that job. The return to work plan would include a schedule outlining how time on those tasks would be increased by twenty percent each week as the worker's physical conditioning improves.

Where appropriate, less demanding tasks that are part of the worker's original job can be combined with temporarily assigned job tasks that are compatible with the worker's abilities.

3) Modify the physical environment

i) Making ergonomic adjustments

In some cases, job accommodations may involve physical changes to the work area, equipment, or the way each part of the job is carried out.

Often, only minor task changes or equipment modifications are required to make a job easier and safer for all workers. Examples include:

- Raising or lowering workbenches
- Putting a padded wall around noisy equipment to lower the sound level

More complex modifications may require the help of an ergonomist. Ergonomists study the relationship between human beings and their interaction with their working environment. They are experts on improving the efficiency and safety of jobs. Some organizations may already have ergonomic committees in place that can be consulted.

> *ERGONOMIC SOLUTIONS — At one operation, problems were continually occurring at job sites where workers were required to sit at control panels for lengthy periods. By installing ergonomically designed chairs and modifying control consoles, the problems were almost completely eliminated.*

ii) Assistive devices

Assistive devices can often help workers to successfully return to their original jobs.

Assistive technology is defined as "any item, piece of equipment, or product systems, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve function capabilities of individuals with disabilities." (Reference: *US Technology-Related Assistance for Individuals with Disabilities Act*)

Assistive devices are not necessarily technically complex or expensive and may also benefit others in the workplace. Some examples include: an ergonomic keyboard, ceiling lifts, a non-glare screen, powered hoists, or voice-activated computer software.

THE IMPORTANCE OF DOCUMENTING AND MONITORING THE RTW PLAN

All job accommodations should be documented in a return to work plan. All RTW plans should be monitored to ensure that scheduled increases in time on task or task difficulty are progressing as planned and are in line with the worker's current physical abilities in order to prevent re-injury or a deterioration of the worker's condition.

Part 5: The RTW Process—Steps

The RTW process outlined below is intended as a general guide. While not all steps will be required in all cases nor will the steps always be sequential, it is recommended that the Disability Management Professional proceed in the order laid out to ensure that nothing is missed and that where steps are skipped, it is appropriate.

1. *Worker Seeks Medical Attention (if needed)*

If the worker needs to see a physician or health care provider, the supervisor should remind the worker of the employer's Disability Management program and provide the worker with a RTW package, which typically includes an overview of the RTW program, the statement of commitment from the CEO, and a Functional Abilities Form to be completed by the health care provider. The Functional Abilities Form allows the physician to outline the worker's current physical abilities. This form should also provide information on what light duty, transitional work is available that the worker may be able to undertake without aggravating an injury or illness.

2. *Report the Injury or Illness*

Making Decisions about Benefits and Support Programs

When making decisions about benefits and support programs, it's important to consider the cause and nature of the injury as outlined in the table below:

➡ Is the injury/illness work-related?

— YES ➡ WCB

— NO ➡ **Is the disability the result of a motor-vehicle accident?**

— YES ➡ **Car insurance**

— NO ➡ **Does the company have STD/LTD insurance?**

— YES ➡

— NO ➡

Does the employee have private insurance?

— YES ➡ **Check terms of coverage**

— NO ➡ **Is the employee eligible for EI?**

— YES ➡ **Check terms**

NO

Check terms Canada Pension

Short term absence?
No disability
No accommodations
(STD: sick leave)

⬇

Longer term absence?
No accommodations
(LTD: employer)

Short term absence?
Needs accommodations
during recovery
(STD: employer)

⬇

Short term absence?
Needs accommodations
(LTD: employer)

If employee will be permanently disabled and requires significant job accomodations:
Check for alternative 'non-insurance' support programs.

Working with Insurance Providers/WCB

It is important for employers to ensure they are fulfilling their legal incident reporting requirements—this may include completing WCB forms in the case of an occupational injury or notification to the insurance provider in the case of a non-occupational injury or illness.

In all cases, you should indicate to the insurance provider that your company has a Disability Management program and that you are willing to accommodate the worker in suitable work as they recover.

3. Maintain Contact with the Worker

Early and Ongoing Contact

Early, supportive contact as soon as possible after injury or illness occurs and continued contact with the worker helps establish a foundation of trust that must exist for the return to work process to succeed.

The Disability Management Professional should generally contact employees within the first 24-48 hours of absence due to an injury, in order to find out if they need any assistance or information, and to see if they are aware of the support provided by the Disability Management program.

A caution when contacting injured or ill employees is to be sensitive as to whether the call is being received as a caring inquiry, or as a push to return to work. If an employee believes that the Disability Management Professional is checking up on them and is trying to persuade them to return to work before they are ready, the call may cause anxiety and prolong the absence.

See Appendix L – Communicating with the Worker.

Guidelines for Timing the First Contact

In the case of an accident, the Disability Management Professional should generally contact the worker within the first 24 to 48 hours. In the case of illness, the Disability Management Professional should generally make contact if it appears from the initial information that the worker will be away for more than 10 days. These are general guidelines. The nature of each illness or injury plus the organization's guidelines for contact must be taken into account.

> *"I have found great success by being responsive to communication. Even if I don't know an answer, getting back to someone without significant delay to at least acknowledge their question or concern can go a long way. It builds trust, demonstrates support, and reduces frustration. Although DM Professionals are generally quite busy, the worker's line of sight is mostly on their own case. Taking a few minutes of acknowledgement can have very positive effects on their general understanding that the DM Professional is there for them."*
>
> **A CERTIFIED DISABILITY MANAGEMENT PROFESSIONAL**

Making the First Call

The goal of the first call is to open the lines of communication, express concern, and to make sure injured or ill workers:

- Receive the support they need
- Are aware of their benefits and entitlements, including the return to work program
- Have their questions answered
- Understand that their co-workers care about what happens to them
- Are able to focus on returning to work, if their situation allows it

In many organizations there will be a benefits manager or coordinator in the human resources department whose job it is to assist people who have incurred a disability to fill out the forms required by insurance providers. However, even when a benefits manager is available, the Disability Management Professional, who may be asked for information and assistance, should have a basic understanding of the workplace benefit programs.

The Disability Management Professional should take the opportunity in this first call to explain how the Disability Management program can assist the worker in obtaining the services, treatment, and the help they require to return to the workplace, and to reinforce the benefits of return to work. Depending on the circumstances of the illness or injury, the Disability Management Professional may suggest the worker begin to explore return to work options with the treating physician.

Ongoing Contact

Ongoing contacts are important in helping the individual to maintain an attachment to the workplace.

During these regular contacts, the Disability Management Professional can address any concerns the worker has about medical treatment, rehabilitation, or their ability to return to work. In most cases, by working with the individual and treatment providers, the worker's concerns can be easily addressed, and the worker's energy and attention can be focused on recovery.

The Disability Management Professional should also begin to explore ways to assist the worker in returning to work quickly and safely. The worker should be reminded about the RTW program and transitional work opportunities should be discussed. Although early return is considered optimal, the worker's health must be protected. Therefore, any decisions about return to work should always be made in conjunction with the treating physician(s) and other health care providers.

If they haven't been already, the worker should be provided with information on the transitional work opportunities available along with a Functional Abilities Form to discuss with their doctor.

With the worker's permission, the Disability Management Professional can send this information directly to the worker's health services provider.

If the treating doctor is aware of the workplace-based Disability Management program, they may suggest an earlier return to work with appropriate job modifications (e.g., shorter work hours, modified duties).

The Disability Management Professional should also consider how else to keep the worker attached to the workplace. This might be by inviting them to the workplace for a coffee with their peers, including them in work social functions, or forwarding the company e-newsletter to them at home.

The Disability Management Professional must ensure that regular contacts do not take on a nagging tone or make the worker feel harassed or guilty. The purpose of regular phone calls or visits is to provide the worker and their family with support, and to maintain a close contact with the workplace. By assisting the worker to resolve financial concerns and to gain access to high-quality medical, rehabilitation, counseling, or other services required, the Disability Management Professional can considerably increase the likelihood of a successful and early return to work.

4.   Determine Worker's Functional Abilities

A good understanding of the worker's functional abilities is required in order to assess their ability to return to their pre-injury work or to alternate jobs. While the worker may have job tasks that they cannot do because of their illness or injury, the focus should be on the worker's functional abilities—that is, what they can do—in order to accommodate them in suitable work.

An often-overlooked source of this information is the worker themselves. They have the best understanding of their current abilities and they know the demands of the pre-injury job. Workers often come up with suggestions on ways that work can be modified to allow them to successfully return to work.

RESTRICTIONS — Restrictions are activities or tasks that the worker should not perform. For example, a worker with a foot injury may be restricted from walking. Restrictions can be temporary or permanent.	*LIMITATIONS — Limitations do not mean that the worker is unable to do the tasks, simply that there are limits on how they do the tasks or how long they do the tasks. For example, a worker might still be able to lift, but be limited to lifting no more than 5 kg.*

The other common source of information comes from the physician or health care provider. This information can come from the Functional Abilities Form that the physician has completed, or it can take the form of a report that contains restrictions and limitations.

In some cases, the health care provider or physician may request a Functional Capacity Evaluation (FCE) to help clarify the worker's functional abilities. A Functional Capacity Evaluation, typically completed by a physiotherapist or occupational therapist, is a thorough assessment that can last from a few hours to a few days that provides detailed information about the worker's limitations and restrictions, as well as their current abilities.

Although they do not occur frequently, cognitive and psychological assessments (e.g., neuropsychological or psycho-vocational assessments) may be useful in certain cases. Neuropsychological tests can help identify some of the complex physical, psychological, and social issues that need to be addressed in order to achieve a return to work in a timely manner, while vocational assessments can help identify transferable skills and abilities the worker possesses.

Upon receipt of information about the worker's functional abilities, the Disability Management Professional should begin the process of exploring suitable work. At this stage, workers' compensation or a private insurance provider may also become involved in the development of a return to work plan for the worker.

If the treating doctor indicates the worker is not likely to return to the pre-injury job because of permanent restrictions, a formal Return to Work plan can begin to explore strategies to assist the worker in returning to a modified job or a new position.

Independent Medical Examinations

In rare cases, there will be times where the employer and worker will benefit from a third-party, independent medical examination (IME). The IME is usually used to help determine the worker's physical capabilities and their ability to return to a specific job in cases where the information is either not available from the worker's physician or there is conflicting information about the worker's abilities.

If an IME is required, the doctor or treatment provider should be informed as to the nature of the conflicting information and given as much information as possible about the functional demands of the worker's job. The Joint DM Committee should have a dispute resolution policy in place that sets out whether the opinion of the independent examiner will be binding.

5. Identify Suitable Work Options

Equipped with the worker's functional abilities, the Disability Management Professional can now begin to identify jobs the worker is capable of doing. They may consult their Job Bank or work with the Joint DM Committee to identify options.

Remember that the worker's functional abilities may be such that they can return to their pre-injury employment with only slight modifications.

The key is to ensure that there is a good fit between what the worker is able to do and what the job demands are. Using the information provided by the worker, the physician, or the functional capacities evaluation—or all three—the goal is to match the worker's current abilities with the requirements of the job being considered. It is also important to consider the worker's transferrable skills to make sure that the worker has the necessary skills to do the work.

The requirement of the job can be outlined in a Physical Demand Analysis (PDA). The PDA provides detailed information about job demands, including:

- Location of work
- Description of job
- Hours of work
- Job functions
- Occupational safety hazards
- Occupational health hazards
- Special job requirements
- Psychosocial demands & psychosocial stresses

Many organizations have complete job analyses of all jobs and update them on a regular basis.

The Disability Management Professional can build a PDA by speaking with workers who do the job, the union, the supervisors, and/or the human resources advisor.

The PDA helps provide detailed information about job demands that can be shared with the healthcare provider/physician to give them a clear understanding of the transitional work being proposed. This is important because the physician will want to ensure that their patient does not return to a working environment in which they could potentially be a hazard to themselves or others.

6. Create a RTW Plan

When to Begin a Return to Work Plan

Once the Disability Management Professional understands the worker's physical abilities and has identified suitable work, they should create a RTW Plan.

A RTW Plan is a document that clearly lays out the job accommodation, the start date, the end date, the progression to full duties (if a GRTW), as well as who will be involved in supporting the worker through the process.

A complex return to work plan is not required in cases where an injured or ill worker needs minimal assistance in order to get back to work. However, where the accommodations required are greater (i.e., more than basic modification to the pre-injury work), a RTW Plan is required.

A Collaborative Effort

A Return to Work Plan is developed through a collaborative effort involving the worker and assisted by the Disability Management Professional. The following individuals critical to its success should be involved at the planning stage so that they are more likely to understand and support the worker's efforts:

- **Worker**—provides information about their functional abilities and transferable skills.
- **Disability Management Professional** —reviews the job requirements thoroughly to identify any and all barriers to a worker's ability to return to work.
- **Supervisor**—provides insights on the work tasks and suggestions on modifications.
- **Union/worker representative**—provides insights on the work tasks, suggestions on modifications, and ensures that the worker's collective agreement rights are respected in a union environment.
- **Representative of the insurance provider**—can provide benefits for worker and sometimes pay for modifications to the work space.
- **Physician/treatment provider**—can help ensure that the scheduled increases in time on task, or task difficulty are in line with the expected improvement in the worker's condition (sometimes joining via conference or video call).

If there is need to discuss the medical details of a worker's case, the informed consent of the worker must be obtained first. The worker should be told why the diagnostic information would be useful and what it will be used for before they sign a release form. The Disability Management Professional must ensure that the confidentiality of all personal information is respected and that access to it is strictly controlled.

The Disability Management Professional should consult extensively with the insurance provider to ensure that early return to work does not endanger a worker's benefit coverage. By involving the insurance provider in developing a return to work plan, the Disability Management Professional can ensure that, if the return is not fully successful, the worker can be reinstated in the coverage without penalties. In most cases, insurance providers are supportive of the objectives of early return to work. In addition, insurers may cover the cost of some accommodations and training.

The final step before implementing a worker's Return to Work Plan is to gain the agreement and full support of all individuals who are essential to its success. Obviously, the most important consent will be that of the injured or ill worker. Without the worker's full participation, a successful return to work is unlikely.

7. Communicate and Share the RTW Plan

It is important that the RTW Plan be shared so that the associated parties can actively support the injured worker in their return to work. A copy of the plan should be provided to the worker's physician, their supervisor, and their union/worker representative. It should also be shared with the insurance provider. Ensure that your confidentiality and privacy policies and practices are being followed.

8. Implement and Monitor the RTW Plan

The Disability Management Professional should meet regularly (initially daily, then weekly at a minimum) with the worker to discuss and evaluate worker's progress in the RTW Plan. The supervisor and union/worker representative can also be involved. Workers should be encouraged to discuss any physical difficulties they encounter on the job.

The goal is to ensure that the worker is supported and that any barriers to a successful return to work are identified and addressed early on.

Overcoming Return to Work Barriers

When RTW barriers are identified, the RTW Plan must be modified to prevent any risk of re-injury or relapse. This could involve modifying the hours or the job tasks.

In some cases, the worker will require a longer period away from work and will have to go back on benefits coverage. In other cases, different job strategies will allow the worker to return in a modified job or in a different job.

9. Conclude the RTW Plan

The RTW Plan is concluded once all the steps in the plan have been completed. It is important at this point to ensure that the insurance provider is notified and that any human resources issues are addressed (especially in the case of permanent accommodation in a new job).

10. Evaluate the RTW Plan

Once the steps in the agreed-upon plan have been completed, the worker, the Disability Management Professional, and the appropriate stakeholder representatives should meet to

discuss the success of the return to work process. Success will be measured differently, depending on the details of each case. It may mean that the worker is performing all of their pre-injury duties, or that they are able to carry out all the duties of a new or modified job.

An important question to answer is whether the RTW Plan worked as expected. It is useful to assess how well the process worked for the employee, and to identify any problems that arose. Satisfaction surveys are often used. Follow-ups at the one-year and two-year points can also provide useful feedback for the Disability Management program. This provides data on how well the program is achieving its long-term goals of helping workers remain at work, and maintaining their health and productivity. It also helps to ensure that RTW is sustainable.

The length of time between the point when a worker achieves the stated objectives of a Return to Work Plan and when the case file is closed will have to be negotiated by the insurance provider and the Disability Management Professional. In some cases, a Disability Management Professional will wait four to six weeks after achievement of targets before closing the file and determining that the return to work has been successful. As a general rule, following a six-month period of successful return to work, the return to work will be considered durable and lasting.

SUMMARY

The RTW process is focused on the worker's abilities and seeks to match their abilities to jobs within the workplace to ensure early and safe return to work. By taking a worker-centred approach and collaborating with all parties in the workplace, workers feel engaged and supported, and return to work outcomes are greater and more sustainable.

Part 6: Measure, Monitor, and Improve the Program

A successful Disability Management program must allow for continual evaluation of the program and modifications of policies and procedures to ensure that both the program and policies remain current, effective, and sustainable.

This process of continuous improvement is dynamic. Reviews and evaluations happen continually —at the conclusion of an individual return to work, on a fixed review cycle, as well as any time you receive feedback. As gaps are identified, they can be addressed, verified and the cycle begins again.

Based on feedback from the Joint DM Committee and senior management, the Disability Management Professional should develop an action plan to address any areas identified for improvement in the program and report out as they are addressed.

ENSURING WORKERS' NEEDS ARE MET

In a worker-centred approach, it is critical to ensure that workers' needs are being met. This requires an evaluation of the opinions and experiences of individuals directly involved in the return to work.

To gather data, consider using client satisfaction surveys as well as having discussions with the affected workers. It is useful to know what workers found the most useful or supportive aspects of the program as well as parts that didn't go so well—a great deal can be learned from both.

It may also be useful to ask supervisors who have been involved with return to work planning and implementation to complete satisfaction surveys.

MEETING PROGRAM TARGETS

The Disability Management Professional should use a tracking tool to generate regular reports (at least monthly) so that they can monitor progress toward the program targets and are alerted to trends such as increases in:

- A specific type of illness or injury.
- Injuries or referrals to medical personnel in any one department or from using a specific piece of equipment.
- The number of workers off on injury or illness without accommodation.

If the established targets are not met, other areas of the evaluation process, including an examination of demographics and accident and illness records, or benchmarking and audits, should provide a rationale. If not, the evaluation process itself needs to be examined.

RE-EVALUATING THE TARGETS

If targets have not been met, questions should be asked:

- Are the objectives still relevant and realistic?
- Is it too early in the program's development to assess the achievement of some of the program's objectives?
- Does the program have sufficient resources and personnel to accomplish the stated objectives?
- How can the procedures or policies be modified to meet objectives?

Any changes to targets should be discussed and agreed upon by the Joint Disability Management Committee.

COST/BENEFIT ANALYSIS

Organizations want to ensure that the costs of the Disability Management program do not exceed the benefits. It is not enough that the costs of insurance go down or average yearly absences per worker decrease. The costs of obtaining these improvements must be the same or less than the benefits obtained. Areas that can be easily measured using a cost/benefit ratio are:

- Insurance costs (Note that, because of the way that some WCB costs are calculated, savings in any given year will only show up two or three years later).
- Decreases in average absences and associated costs following an injury or illness.

Other factors can be measured, but these may be affected by other organizational issues. Such factors include:

- Costs of staff turnover, including supervisor time, recruitment, and training.
- Increases in productivity as a result of the retention of skilled and healthy workers.
- Decreases in recruitment costs (because workers are staying on and do not need to be replaced).

Program costs generally include:

- Resources including staff, expenses, and infrastructure.
- Assistive technology and modifications to workstations.
- Any additional costs of rehabilitation borne by the organization as a result of the program.

When considering cost/benefit, explore ways in which the Disability Management program intersects with and provides value to other internal workplace programs or initiatives. For example, has the program been able to provide relevant trends or profiles to safety, ergonomics, or training committees to assist them in achieving their objectives? If functional job descriptions have been completed during the Disability Management program, are they being shared with

the human resources department to improve hiring practices? If an ergonomic analysis of a particular job has devised a safer, more efficient way to carry out job tasks, can this information be generalized and shared with other departments, divisions, or even related workplaces? Answers to these questions will help demonstrate value created by the program in addition to the established targets.

BEST PRACTICE BENCHMARKS

Benchmarking is the process of comparing the performance of your Disability Management program to those of another company considered to be the best in the industry. The point of benchmarking is to identify internal opportunities for improvement. By studying companies with high performing Disability Management programs and breaking down what makes such high performance possible, you can identify changes you can make in your program—changes that are likely to yield significant improvements.

The following sample questions can be used to evaluate the elements of a best-in-the-industry DM program:

- What are their guidelines for early contact and intervention?
- How comprehensive are their written policies and procedures for return to work planning, gradual return to work, how accommodations are requested and implemented?
- Do they have a case management process that includes a central contact person for information and services?
- How do they take a multidisciplinary approach to return to work that ensures the worker's needs are considered in a holistic way, encompassing physical, psychological, and social aspects?
- Do they have a communications plan and processes for informing workers, service providers, and others about the DM program?
- What are their guidelines for documentation and records management, including issues of confidentiality, data collection and analysis, and effectiveness of computer software?
- What is their worker/management involvement and consensus-building in the disability management process?
- Does their program link to other disability prevention programs, including safety, ergonomics, health promotion and, linkages with Employee (and Family) Assistance Programs? If so, how?
- Are workers who have incurred occupational and non-occupational illnesses and injuries treated in the same way?
- How do they follow-up on the return to work plan after the implementation period?
- What are their program evaluation procedures?

AUDIT/ASSESSMENT

An external audit or assessment can be an excellent way to identify gaps in your program. An audit or assessment evaluates your program and compares it against all the elements of a specific standard. Standards, such as the Consensus Based Disability Management Audit (CBDMA®) and the Workplace Disability management Assessment (WDMA), incorporate best practices that have already been determined by benchmarking and other evaluative processes.

See Appendix B – Audit Standards

SUMMARY

Program evaluation is a key element of implementing a program where none exists and/or improving an existing program. This continuous evaluation and refinement process helps ensure that the program is relevant, cost effective, and meets the needs of the workers and the employer.

Part 7: Appendices

APPENDIX A: OVERVIEW OF THE ILO CODE OF PRACTICE

In 2002, the Geneva-based International Labour Organization (ILO), the oldest agency of the United Nations, created the world's first Code of Practice on Managing Disability in the Workplace, which provides valuable guidelines for employers in the management of disability-related issues in the workplace.

The objective of the ILO Code is to provide practical guidance on the management of disability issues in the workplace with a view to:

- Ensuring that people with disabilities have equal opportunities in the workplace.
- Improving employment prospects for persons with disabilities by facilitating recruitment, return to work, job retention, and opportunities for advancement.
- Promoting a safe, accessible, and healthy workplace.
- Assuring that employer costs associated with disability among employees are minimized, including health care and insurance payments, in some instances.
- Maximizing the contribution that workers with disabilities can make to the enterprise.

A key element of both the ILO and Canadian Codes of Practice is that they are based on the principle of consensus between management and labour. But, one size doesn't fit all. The codes provide minimum optimum practice benchmarks. From there, how these principles are translated to meet individual operating standards is left to organizations to modify and adapt to their specific workplace environments.

The provisions of the code should be considered as basic ingredients for the effective management of disability issues in the workplace. They can assist employers in maximizing the benefits to be gained through employing or retaining workers with disabilities. They can contribute to ensuring that workers with disabilities can make a valued contribution, and that they have equal opportunity and are not subject to discrimination, within the legal framework set by national legislation.

APPENDIX B: AUDIT STANDARDS

Benchmarking For Success

Organizations wishing to maximize their return on investment in the practice of disability management can get support to help them audit their level of compliance with the nationally and internationally recognized standard, the Code of Practice for Disability Management. The Consensus Based Disability Management Audit® (CBDMA®) is a highly regarded and well researched tool that measures an organization's level of compliance against the Code of Practice.

The CBDMA® can be used by organizations as:

- An evaluation tool, to determine their current level of compliance with the Code of Practice for Disability Management.
- A monitoring tool, when administered at regular intervals, to reveal relative increases or decreases in effectiveness for each audit area measured.
- A corrective tool, to establish where program deficiencies are and highlight remedial actions required.
- A program promotion tool, maintaining disability management concepts in worker consciousness and demonstrating management's commitment to workplace disability management practices.

The framework of the CBDMA® was developed based on the results of a global review of best practices in disability management. The key elements identified as crucial when running effective disability management programs are embodied in both the CBDMA® and the Code of Practice for Disability Management.

The CBDMA® allows employers to assess their level of compliance with the Code, providing them with the information they need to ensure workers with disabilities are reintegrated into the workplace in a manner that provides optimum results for all key stakeholders in the disability management process.

Application of CBDMA® Standards

What do the CBDMA® Standards Do?

The CBDMA® Standards are designed to:

- Establish a minimum acceptable benchmark for disability management in the workplace.
- Identify opportunities for disability management program improvement.
- Encourage the adoption of best practices in disability management.

What do the CBDMA® Standards Comprise?

The CBDMA® is divided into four main sections:

1) Elements one through six review disability management policies and workplace resources

     i)   Joint Worker-Management Support and Empowerment
     ii)   Responsibility, Accountability and Authority
     iii)   Workplace Culture and Policy Development
     iv)   Information and Communication Management
     v)   Benefit Design and Influences
     vi)   Knowledge and Skills of Disability Management Practitioner(s)

2) Elements seven through eleven review disability prevention

     vii)   Accident Prevention and Safety Programs
     viii) Occupational Ergonomics
     ix)   Health Promotion and Wellness
     x)   Injury, Disability and Lost-time Patterns
     xi)   Disability Cost Benefit Data

3) Elements twelve through sixteen review early intervention and timely return to work processes

     x)   Early Intervention and Worker Communication Protocol
     xiii) Case Management Procedures
     xiv) Return to Work Coordination
     xv)   Transitional Work Options
     xvi) Workplace Accommodations

What does a CBDMA® involve?

There are four main phases involved in the CBDMA® process:

1. Contracting a certified registered auditor to perform the CBDMA® at the workplace.
2. Joint interviews with workers and management to verify disability management practices used at the workplace.
3. Document reviews to confirm disability management processes and systems comply with audit standards.
4. Standardized audit scoring and report writing to disseminate audit results.

The CBDMA® process can generally take up to three days on site; one to two days for joint worker-management interviews, and one day for viewing of documents, cases and reports.

The Workplace Disability Management Assessment® (WDMA®)

It was acknowledged that the CBDMA® provided the details required when assessing the DM program at larger, more complex, and often unionized organizations, but that a shorter version of the audit would be most helpful for assessing smaller, less complex organizations and workplaces.

A regression analysis was undertaken, followed by a detailed review through a broad-based Disability Management expert team, and the assessment tool was created based on the CBDMA®, called the Workplace Disability Management Assessment® (WDMA®). The assessment is based on the same 16 audit elements, consisting of 72 questions, having the same 5-level well-defined hierarchy response option, but in this case, the questions are completed by representatives from the workplace who, working with the certified auditor, respond to the questions indicating their level of operation in each area.

To complete the WDMA® requires fewer workplace resources and less time, is psychometrically highly reliable, and usually takes less than one day to complete the questions and possibly one day for the auditor to enter the data online and complete the report.

View the 12 minute video that sets out what is involved when undertaking a WDMA:
The Workplace Disability Management Assessment:
https://www.youtube.com/watch?v=qzoD-3iAh3E

APPENDIX C: UNIVERSAL SUCCESS FACTORS IN DISABILITY MANAGEMENT

The ILO has identified several factors common to all successful Disability Management programs:

- Maintenance of effective safety programs and working injury prevention approaches.
- Stronger focus on health promotion and wellness programs, supported by enterprises.
- Increased use of early intervention strategies, combined with formal return to work programs that are supported by policies and procedures, which are jointly endorsed by labour and management.
- The establishment of more effective and efficient communication systems within enterprises, as well as between enterprises and external community and government resources.
- The revitalization of benefit programs, with designs that reward return to work activities instead of encouraging an ongoing disability status.
- Increasing the knowledge and skills of enterprise personnel with respect to disability management competencies and demonstrated best practices.
- More creative use of transitional work options to address the individual needs of persons with disabilities during the return to work process.
- Adaptation of worksite accommodation and rehabilitation engineering approaches to ensure full worksite participation for all persons with disabilities.
- Joint labour-management support of retention policies, procedures, and protocol at the worksite.
- Identification of key worksite personnel.
- An enterprise-based system of accountability.
- Through education and regulation, the development of enterprise cultures that reflect the will to employ, accommodate, and retain persons with disabilities.

APPENDIX D: CORE SKILLS AND COMPETENCIES FOR DISABILITY MANAGEMENT PROFESSIONALS

The core skills and competencies for effective Disability Management Professionals were developed in response to demand from employers, workers with disabilities, unions, public and private insurance carriers, and government who identified the skills, knowledge, and attitude criteria required by professionals facilitating return to work and administering Disability Management programs. The basic skill and competency set includes knowledge of and the ability to apply the following:

- Disability management theory and practice
- Legislation and benefit programs
- Labour/management relations
- Communication and problem-solving skills
- Disability case management
- Return to work coordination
- Health, psychosocial, prevention, and functional aspects of disability
- Program management and evaluation activities
- Ethical and professional standards of conduct

Based on these core skills and competencies, the Occupational Standards in Disability Management established the criteria and job descriptions for two key positions: Certified Disability Management Professional® and Certified Return to Work Coordinator®. These positions are typically held by trained and experienced professionals who believe, intellectually and emotionally, that every person has a contribution to make. These professionals are committed to helping the people they work with make that contribution in their workplace.

The personnel requirement for the Disability Management program will be dependent upon the size and complexity of an organization. For example, a single-site organization may only require one individual responsible for the DM program, whereas an organization having many locations may require centralized DM activities overseen by a CDMP with CRTWCs responsible for establishing individualized return to work plans at distant worksites.

The role of the CDMP is responsible for the overall development, implementation, administration, and evaluation of the DM program and they may also be responsible for development of individual RTW plans.

The CDMP professional designation has become the internationally recognized and accepted "Gold Standard" for those working in the field in over 22 countries to date.

View the 10-minute video that sets out the process to obtain the CDMP professional designation and also the value proposition associated with obtaining this coveted CDMP designation: CDMP – The Gold Standard for Disability Management Professionals: https://www.youtube.com/watch?v=JbMxshkmo9M

The following provides a generalized description of roles and responsibilities as identified in the Occupational Standards in Disability Management.

Certified Disability Management Professional® (CDMP®)

Certified Disability Management Professionals may work internally within their own organization or externally as a provider. Although they may provide direct services to workers with disabilities, they often perform executive functions that may include but are not limited to administration of DM services, development of policies and procedures, promotion of RTW concepts through education and training, consulting to joint labour-management committees, program evaluation, etc.

For a description of roles and responsibilities, please download the Examination Preparation Guide that can be found on the following webpage, which sets out in detail the tasks required of a CDMP: https://www.nidmar.ca/certification/cdmp/cdmp_background.asp

Certified Return to Work Coordinator® (CRTWC®)

Certified Return to Work Coordinators may work internally within their own organization, or externally as a provider. Responsibilities include, but are not limited to, expediting, coordinating, and facilitating the return to work of persons with injuries, illnesses, and disabilities in a range of settings.

For a description of roles and responsibilities, please download the Examination Preparation Guide that can be found on the following webpage, which sets out in detail the tasks required of a CRTWC: https://www.nidmar.ca/certification/crtwc/crtwc_background.asp

APPENDIX E: SUGGESTED CONTENT OF DATABASE

There are many different types of information that can be collected. Following are some examples and details of various types.

1) Case Details

- Type of injury or illness, with specific details. Was it the result of an accident, repetitive strain, illness, or other?
- For an injury, where and when it occurred.
- Details of prior injuries or illnesses.
- Worker's personal details: occupation, age, education, abilities, any previous work-related restrictions.
- Accident investigation report or first aid report.
- Supervisor's name.
- Job description and/or functional job analysis, if available.
- Initial medical assessment as to worker's limitations and restrictions, and documentation of decision to enter the worker into a return to work program.
- Appropriate medical information (signed release should be on file).
- Date and outcome of meetings with worker and others, such as supervisors and treatment providers.
- Details of planned return to work, including target dates for each step and whether targets were met.
- Identification of each individual involved in the RTW process and their responsibilities.
- Job accommodations required.
- Potential and actual costs of return to work plan.
- Benefits received: amount, type, duration.
- Details of referral to other treatment providers.
- Success of return to work program.

2) Job Inventory

- Functional descriptions of existing jobs.
- Functional descriptions of partial jobs or duties available within the workplace.
- List of jobs available in other divisions or workplaces (functional description if possible).

3) Overall Program Performance

- Program usage (i.e., number of participants).
- Direct and indirect costs associated with individual cases.
- Direct and indirect costs and benefits of DM program as a whole.

APPENDIX F: ESTABLISH DATA COLLECTION PROCEDURES

After the types of information your DM program requires have been defined, the following questions should be considered:

- Should you use an existing systems/database within your organization, develop a new one, or purchase one off the shelf?
- Where will the information come from? Who has it? Who is responsible for collecting or reporting this information?
- What options are there for sharing data collection and entry with other departments to minimize costs?
- What types of information are already collected in other databases within the workplace that apply to the needs of the Disability Management program? Can an automatic link be established to allow data to be shared between databases/systems?
- How can the privacy of the individual be protected, while still satisfying the need to communicate personal information? What are the legal requirements for accessing medical information and collecting it in a database? What are the implications of collecting information regarding the individual, their condition, and their ability to return to the workplace?
- Who will control access to the database information? Will the individual have the right to access information that pertains to them? Under what conditions might the individual have the right to modify such information? Who should have the right to access the information in the database? Will there be rules or guidelines governing how the database information may be used?
- Is there a confidentiality policy defining the type of information that can be collected and who can access it? This policy statement should also acknowledge the need to educate staff about confidentiality of personal information.
- What information is required right now to allow the coordinator to begin to work with individuals and plan return to work strategies? How much will it cost to input all the preliminary data, and how long will it take? How often will the database have to be updated after initial set-up? Who is ultimately responsible for the accuracy of the information in the database?

The answers to these questions should help to develop a more realistic operating budget and schedule for completion of the initial database/system development. For those with existing database systems, speak with IT personnel to determine the best way of integrating a DM database with the current system while sustaining the unique qualities and requirements of disability management. Once the disability management information system is in place, the next step is to define the maintenance procedures that will ensure that the information in the database is accurate, up to date, and comprehensive.

APPENDIX G: CREATING A COMMUNICATION PLAN

Depending on the size and nature of the organization, the following are potential options for consideration.

Select a Lead Responsible for the Communication Plan

The Disability Management Professional or a member of the Joint Disability Management Committee should be assigned responsibility for ongoing efforts to promote awareness and to gain support for the DM program. In larger organizations, the Disability Management Professional may work closely with the organization's Communications department.

Develop the Message

A methodical approach to communication planning requires establishing a clear message. This message will typically reflect the Statement of Commitment sent by the CEO but will drill down to a deeper level. It is important to stress the positive impact that the Disability Management program will have on workers. Employees will also want to hear some level of detail about how the program will work. This is a good time to address any fears about the program that may have been expressed through the Joint DM Committee members or others.

Remember that the easier the message is to access and absorb, the more likely it is to have an impact.

Identify the Audiences

Recognizing that each important group or individual will be responsive to different facts and considerations, a communication strategy should be developed for different audiences. A successful communication strategy should consider the needs of each audience, identify the level of information they need, and develop ways to deliver that information.

Audiences may include:

- Senior management
- Supervisors
- Workers
- Unions/Worker representatives
- Insurance, healthcare providers, and service providers

Develop the Communication Strategies

The communication strategies developed by the Joint Disability Management Committee and the Disability Management Professional (with the support of the Communications department in larger organizations) must not only define the message but also define how the information can be delivered most effectively.

Internal Communications

Understanding the workplace environment, the corporate structure and culture, and the complex interpersonal relationships that exist will guide the selection of communication strategies, which can include:

- Social media initiatives
- Simple emails
- Colourful e-newsletters
- Online presentations
- In-person presentations
- Talks with small groups of managers, workers, and worker representatives to relate program successes and problems, and talk about continuing efforts to improve

In some workplaces, the coffee room or cafeteria functions in the same way as a town square. Information posted in these areas will eventually be read and discussed by all workers. The information can be reinforced by targeted postings in shared spaces such as around the water cooler, at the coffee machine, in control rooms, or security shacks.

The purpose of the communication will also help to determine the vehicle that is most appropriate. Brochures, e-news, fact sheets, or simple posters are suitable for creating general awareness of disability issues and the objectives of workplace-based Disability Management programs. To facilitate more comprehensive understanding, brief presentations using slides, videos, and hand-outs, and involving group question-and-answer sessions, can be effective.

In large organizations, ongoing communication strategies are likely to be more complex. In these workplaces, it might be difficult to keep all senior managers, workers, and worker representatives informed through personal contact or periodic presentations. Other communication tools, such as social media, company and union e-newsletters, special events, and displays can also be used. Each workplace should find its own specific solutions, ensuring that communication is consistent across departments and divisions.

Communication strategies for workers must also reflect the reality of the workplace environment and the existing worker-management relations. Workers may be more receptive to information about the program if the Disability Management Professional is supported by a union or worker representative during initial presentations. In some workplaces, the worker representative on the Joint Disability Management Committee should be asked to conduct orientation or information sessions.

External Communications

Gaining the support of workers' compensation, private insurance providers, the local health care community, and rehabilitation or other service providers is key. The Disability Management Professional and the Joint Disability Management Committee should develop communication strategies that create awareness of the specific benefits of a workplace-based Disability Management model. This is important because medical service providers will be more supportive of an individual's return if they know there is a planned, safe approach in which the work available fits the capacity of the person who has incurred an injury or illness.

Your communications message should include the parameters of the program, the methodology of return to work, the planned outcomes, and the expected benefits. Remember to consider the specific advantages that each group can realize by participating in the Disability Management program.

Many of the same communication vehicles used internally can be used externally. Understanding the external audience's time constraints and interests is essential for selecting appropriate methods to convey information about the Disability Management program. Social media, emails, brochures, posters, e-newsletters, and occasional articles in local newspapers and magazines can all be used to effectively introduce the organization's Disability Management program and maintain awareness of program achievements thereafter.

Workshops and presentations are suitable for gaining support and commitment. Location and timing are important to ensure that busy professionals are able to attend. Scheduling evening or weekend presentations may be helpful or over lunch (with lunch provided).

Tours of the workplace can be arranged for individuals who require more detailed understanding of functional demands, such as doctors and other health care practitioners.

SCHEDULING VISITS – One organization schedules periodic site visits and an annual luncheon for representatives from insurance providers. These visits are deliberately informal and involve managers, members of the Joint Disability Management Committee, the Disability Management Professional, and rehabilitation officers or managers from the insurance provider. The relaxed atmosphere helps to develop better working relationships and improves the insurance provider's understanding of the workplace environment.

Ongoing Communication

It is important to keep workers informed about DM program successes so they can see practical examples of what the Disability Management program can mean to them.

In the end, keeping all parties to the Disability Management process well informed will also keep them involved in ongoing efforts to improve the program and in moving it toward its performance targets.

APPENDIX H: NEEDS ASSESSMENT CHECKLIST

In order to obtain an accurate picture of an organization's current Disability Management program, policies, and practices, it is recommended that, as an initial first step, a formal program assessment be undertaken.

This will include an assessment of the following 16 key areas:
- Joint Worker-Management Support and Empowerment
- Responsibility, Accountability and Authority
- Workplace Culture and Policy Development
- Information and Communication Management
- Benefit Design and Influences
- Knowledge and Skills of Disability Management Practitioner(s)
- Accident Prevention and Safety Programs
- Occupational Ergonomics
- Health Promotion and Wellness
- Injury, Disability and Lost-time Patterns
- Disability Cost Benefit Data
- Early Intervention and Worker Communication Protocol
- Case Management Procedures
- Return to Work Coordination
- Transitional Work Options
- Workplace Accommodations

Disability Management Self Assessment (DMSA)

An easy to complete Disability Management Self Assessment (DMSA) tool is available at the link provided below. The tool is made available under the auspices of the International Disability Management Standards Council (IDMSC).

A suggestion is to download the pdf file of the 39 questions so that you are prepared to respond to the questions once you log on to the site. If the site is left idle for 20 minutes, it will time out and any data that has been entered will be lost.

A valid email address is required in order to receive the computer-generated report. The report will identify each question, how you responded to each question, and it also provides what is considered as "best practice" for each question.

https://www.idmsc.org/dmsa/background.php?referral=1

Workplace Disability Management Assessment (WDMA)

The Workplace Disability Management Assessment (WDMA) is an assessment tool that was created through a regression analysis undertaken of the full Consensus Based Disability Management Audit (CBDMA®) and is completed through an interview process with a certified auditor and workplace stakeholders. It provides a more complete picture as a gap analysis.

A short 12-minute video is available that sets out the process involved when an organization undertakes an assessment. The video can be viewed at:
https://www.youtube.com/watch?v=qzoD-3iAh3E

Further details can be found on the following webpage:
https://www.nidmar.ca/audit/audit_auditing/auditing_wdma.asp

There may be funding available to cover the cost of the assessment.
Please contact NIDMAR by email at: nidmar@nidmar.ca

APPENDIX I: DEVELOPMENT OF A JOB BANK

A Job Bank is a database of temporary, meaningful and productive jobs or job tasks (sedentary to light work activity) that can be performed while the worker is making a recovery from injury or illness.

Work tasks and jobs from the Job Bank can be flexibly assigned to the workers with restrictions, on a day-to-day basis to facilitate a return to the worker's regular job or to a permanent modified job.

For example, job tasks from the Job Bank may be temporarily assigned to a worker who is unable to perform the essential functions of their regular job. Concurrently, the worker may also be assigned tasks from the original job that are compatible with their functional capacities.

The Job Bank is an effective resource that helps to reduce or eliminate lost time, which relates directly to reduced workers compensation and other disability costs.

Job Banks can be created within a work unit or within an entire workplace by identifying and classifying tasks that can be performed safely by workers with restrictions.

Job Banks are typically comprised of:

- Job tasks that may last as briefly as one hour or that might be combined to last a full 8-hour workday.
- Job tasks or work activities that do not exceed 20 lbs. or 10 kg. of lifting and carrying.
- Job tasks that generally do not involve excessive or repetitive postural changes (i.e. constant or continuous bending, stooping, above shoulder reaching, pushing/pulling, crawling, etc.)
- Job tasks that often include work activities that can be performed while seated or tasks that allow the worker to alternate sitting and standing.

It is important to establish detailed and concise information regarding tasks in the Job Bank since this information will be compared with the worker's functional abilities to perform these tasks when involved in transitional work.

APPENDIX J: MONITORING THE RETURN TO WORK PLAN

When the worker returns to work, the supervisor and the DM Professional must monitor progress carefully.

Workers must be encouraged to discuss any physical difficulties they encounter on the job with their doctor, the DM Professional, or the rehabilitation provider.

If at any time, there is a risk of re-injury or relapse, the worker's return to work plan must be modified.

In some cases, the worker will require a longer period away from work and will have to go back on benefits coverage. In other cases, different job strategies will allow the worker to return in a modified job or in a different job.

Most important is the constant monitoring of the effectiveness of the plan, the progression of the individual, and the effectiveness of the treatment services being provided.

To summarize the key points to monitoring the return to work plan:

- Continue to monitor the plan to assess if there are any problems
- Determine whether the person's health condition is improving as expected
- Change or adapt elements of the plan if there are problems or no improvement
- Ensure provisions of the plan are being maintained

APPENDIX K: EVALUATING THE RETURN TO WORK PLAN

Once the steps in the agreed-upon plan have been completed, the worker, the DM Professional and the appropriate stakeholder representatives should meet to discuss the success of the return to work. Success will be measured differently, depending on the details of each case. It may mean that the worker is performing all of their pre-injury duties, or that they are able to carry out all the duties of a new or modified job.

It is useful to assess how well the process worked for the employee and to identify any problems that arose. Satisfaction surveys are often used.

- Did the RTW plan work as expected?
- Did the worker's condition improve as much as expected and, if not, what were the problems?
- Was the worker satisfied with treatment and rehabilitation services?
- Did the worker have any suggestions that would improve the DM program, type of assistance provided, or assist other workers in a return to work situation?

Follow up should take place at the six month, one year, and two year mark which provides useful feedback for the DM program. This provides data on how well the DM program is achieving its long-term goals of helping workers remain at work and maintain their health and productivity.

The length of time between when a worker achieves the stated objectives of their RTW plan and when the case file is closed is usually negotiated by the insurance provider and the DM Professional. In some cases, the DM Professional will wait four to six weeks after achievement of targets before closing the file and determining that return to work has been successful. As a general rule, following a six-month period of successful return to work, the return to work will be considered durable and lasting.

APPENDIX L: COMMUNICATING WITH THE WORKER

Early Contact

Early supportive contact can lay the foundation for the trust that must exist for the return to work process to succeed. The purpose of the first contact is to open the lines of communication and let the worker know that a support program is available. Most organizations have policies around this. The goal of these policies is to ensure that employees

- Receive the treatment they need
- Are aware of their benefits and entitlements, including the return to work program
- Understand that their co-workers care about what happens to them
- Are able to focus on return to work if their situation allows it

Maintaining Contact

During the early contact with the worker, the DM Professional may discuss a regular contact schedule based on the nature of the injury or illness and needs of the individual. The DM Professional may be in contact with the worker on a weekly or monthly basis in order to keep communication lines open should the worker have any concerns about medical treatment, rehabilitation, and the return to work plan.

The following are links to videos developed by WorkSafeBC which highlight interactions with workers.

https://youtu.be/7mexD_Z6vCM
https://youtu.be/gvw15OeXJVE
https://youtu.be/lDdzcN4Wb14

APPENDIX M: COURSES IN DISABILITY MANAGEMENT

For an up to date listing of current online educational opportunities in the field of Disability Management and Return to Work through the Pacific Coast University for Workplace Health Sciences (PCU-WHS), please visit:

Bachelor of Disability Management:
https://www.pcu-whs.ca/programs/bdm/

Advanced Certificate in Return to Work:
https://www.pcu-whs.ca/programs/acrtw/

Disability Management Practitioner Certificate Program:
https://www.pcu-whs.ca/programs/continuing-professional-education/dmpc-program/

Effective Workplace Responses to Mental Health Certificate Program:
https://www.pcu-whs.ca/programs/continuing-professional-education/effective-workplace-responses-to-mental-health-certificate-program/

Disability Management from a HR Perspective Certificate Program
https://www.pcu-whs.ca/programs/continuing-professional-education/certificate-in-disability-management-from-a-human-resources-perspective/

Special and Advanced Continuing Education Courses:
https://www.pcu-whs.ca/programs/continuing-professional-education/specialized-and-advanced-courses/

GLOSSARY

Accessibility
The quality of being open and easily available for entry or use to all and, in particular, to people dealing with disabilities. It involves the provision of programs, services, devices and appropriate conditions at the time they are needed and without inherent barriers for any specific group of users.

Accommodation
The process and implementation of changes to a job that enable a person with a disability to perform the job productively and/or to the environment in which the job is accomplished.

Activity
The execution of a task or action by an individual. It represents the individual perspective of functioning.

Activity Limitations
Decreased ability to execute tasks or actions as a result of physical or mental health impairments which may restrict an individual's participation in day-to-day work and social roles. An activity limitation may range from a slight to a severe deviation in terms of quality or quantity in executing the activity in a manner or to the extent that is expected of people without the health condition.

Advocate
A person who assists, advises or provides legal representation to a person with a disability in dealing with issues related to the impact of the disability on employment and could include worker representatives, community legal workers, lawyers, Disability Management Professionals and others.

Assistive Device
Any item, piece of equipment or product – whether acquired or modified or custom designed – that is used to increase, maintain or improve the functional capabilities of a worker with a disability.

Barriers
Factors in a person's environment that, through their absence or presence, limit functioning and create disability. These include aspects such as a physical environment that is inaccessible, lack of relevant assistive technology, and negative attitudes of people towards disability, as well as services, systems and policies that are either nonexistent or that hinder the involvement of all people with a health condition in all areas of life.

Body Functions
The physiological functions of body systems, including psychological functions. "Body" refers to the human organism as a whole and thus includes the brain. Hence, mental (or psychological) functions are subsumed under body functions. The standard for these functions is considered to be the statistical norm for humans.

Body Structures
The structural or anatomical parts of the body such as organs, limbs and their components classified according to body systems. The standard for these structures is considered to be the statistical norm for humans.

Capacity
A construct that indicates, as a qualifier, the highest probable level of functioning that a person may reach in a domain at a given moment. Capacity is measured in a uniform or standard environment and thus reflects the environmentally adjusted ability of the individual. (Also see **Work Capacity**)

Clinical Impairment
The degree of anatomical or physiological compromise of an individual.

Confidentiality
A principle that information is not to be disclosed to another party because of legislative requirements, policies and procedures, or professional requirements. Information can be disclosed with permission, provided it is used for the purpose it was collected for.

Contextual Factors
The factors that together constitute the complete context of an individual's life and, in particular, the background against which health states are classified. There are two components of contextual factors: Environmental Factors and Personal Factors.

Disability
An inability to perform an activity in the manner or within the range considered normal for a human being as a result of a mental or physical impairment that makes it more difficult to carry out certain work, social, and personal pursuits.

Disability Management
The process in the workplace designed to facilitate the employment of persons with a disability through a coordinated effort and taking into account individual needs, work environment, enterprise needs and legal responsibilities.

Disability Management Program
The program in the workplace designed to facilitate the employment of persons with a disability through a coordinated effort and taking into account individual needs, work environment, enterprise needs, and legal responsibilities.

Disabling Injury
An occupational or non-occupational injury that prevents an employee from reporting for work or from effectively performing all duties connected with the employee's regular work.

Discrimination
Any distinction, exclusion or preference based on certain grounds that nullifies or impairs equality of opportunity or treatment in employment or occupation. General standards that establish distinctions based on prohibited grounds constitute discrimination in law. The specific action of a public authority or a private individual that treats unequally persons or members of a group on a prohibited ground constitutes discrimination in practice. Indirect discrimination refers to apparently neutral situations, regulations or practices which in fact result in unequal treatment of persons with certain characteristics. Distinction or preferences that may result from application of special measures of protection and assistance taken to meet the particular requirements of disabled persons are not considered discriminatory.

Duty to Accommodate
Refers to an employer's obligation to take appropriate steps to eliminate discrimination against employees, prospective employees or clients resulting from a rule, practice or barrier that has – or can have – an adverse impact on individuals with disabilities.

Employee
Any person who works for a wage or salary and performs services for an employer. Employment is governed by a written or verbal contract of service. (Also see **Worker**)

Employee Assistance Program (EAP)
A program – either jointly operated by an employer and a workers' organization, or by an employer alone, or a workers' organization alone – that offers assistance to workers and frequently also to their family members, with problems liable to cause personal distress, which affect or could eventually affect job productivity. May be called **Employee and Family Assistance Program (EFAP).**

Employer
A person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities and private companies as well as individuals may be employers.

Employment
All work or activities performed in carrying out assignments or requests made by the employer. It includes related activities not specifically covered by an assignment or request; any voluntary work or activities undertaken while on duty for the benefit of the employer; any activities undertaken while on duty with the consent or approval of the employer.

Employment Equity Act
Canadian federal government legislation. The purpose of this Act is to achieve equality in the workplace so that no person shall be denied employment opportunities or benefits for reasons unrelated to ability and, in the fulfilment of that goal, to correct the conditions of disadvantage in employment experienced by women, aboriginal peoples, persons with disabilities and members of visible minorities by giving effect to the principle that employment equity means more than treating persons in the same way but also requires special measures and the accommodation of differences.

Environmental Factors
All aspects of the external or extrinsic world that form the context of an individual's life and, as such, have an impact on that person's functioning. Environmental factors include the physical world and its features, the human-made physical world, other people in different relationships and roles, attitudes and values, social systems and services and policies, rules and laws.

Equal Opportunity
Equal access to and opportunities for all persons in employment, vocational training and particular occupations, without discrimination.

Ergonomics
Integrates knowledge derived from the human and technical sciences to match jobs, systems, products, and environments to the physical and mental capabilities of people.

Essential Duties
The minimum required duties and abilities necessary to perform the tasks of the job which can be determined by sorting which tasks are a major part of the job and which are not. Factors to consider include the percentage of time spent performing those duties, the qualifications required to do these tasks, and whether the job exists in order to have these duties performed.

Functioning
The human experience related to body functions, body structures, and activities and participation. It denotes the positive aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).

Functional Capacity Evaluation (FCE) / Functional Assessment
A process of measuring an individual's ability to dependably sustain performance in response to broadly defined work demands. FCE's may involve observation and controlled tests with specially designed equipment and/or with job-related tools and supplies.

Graduated Return to Work
Involves staggered hours or duties, slowly increasing in frequency and duration until the full job can be performed without aggravating the worker's health condition.

Health Condition
An umbrella term for disease (acute or chronic), disorder, injury or trauma. A health condition may also include other circumstances such as pregnancy, aging, stress, congenital anomaly, or genetic predisposition.

Healthcare Provider
A person or persons who, in accordance with provincial laws and regulations, is qualified to provide assessment and intervention to an individual for a health condition.

Human Rights Legislation
Framework of government statutes and regulations that exist to ensure that all persons, regardless of disability, ethnicity, gender and first nations heritage are protected from discrimination.

Impairment
Any loss or abnormality of psychological, physiological or anatomical structure or function.

Independent Medical Examination (IME)
An assessment of an individual's medical status carried out by a qualified physician or specialist and which includes comments related to diagnosis, prognosis, treatment and recommendations related to their ability to carry out activities.

Job Demand Analysis (JDA)
Specific, detailed and comprehensive information related to the cognitive and psychosocial demands of a job.

Job Reintegration / Work Reintegration
The process of assisting an employee to return to a job following a disability-related leave resulting from injury, illness, or another health condition – referred to as a return to work in a Disability Management program. It can involve temporary or permanent changes to hours of work, job tasks, and environmental conditions; the provision of assistive devices and technology; and, in some cases, a move to a different job.

Job Retention
Remaining with the same employer, with the same or different duties or conditions of employment, and when applied to disability management, the process of maintaining a worker in employment while an impairment is treated and, as needed, providing job accommodation – often referred to as a remain at work or stay at work initiative in a Disability Management program.

Maximum Medical Recovery
A term usually used to identify the point, designated by a physician, when it is determined that there will not likely be any further significant improvement in an individual's medical condition.

Modified Work
Any modification to hours of work, job content or workplace that enables an individual to return to work.

Occupational Health
A field concerned with the maintenance and promotion of workers' health and working capacity; the improvement of working environment and work to become conducive to safety and health; and the development of work organization and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation, and may enhance the productivity of the undertaking.

Occupational Health Services (OHS)
Health services that have essentially a preventive function and that include responsibility for advising the employer as well as the workers and their representatives on the requirements for establishing and maintaining a safe and healthy working environment to facilitate optimal physical and mental health in relation to work.

Occupational Injury
Any injury, disease or illness incurred by an employee in the performance of or in connection with his or her work.

Participation
The involvement of persons in various areas of life. It represents the societal perspective of functioning.

Participation restrictions
Problems an individual may experience in involvement in life situations. The presence of a participation restriction is determined by comparing an individual's participation to that which is expected of an individual without disability in that culture or society.

Performance
A construct that describes, as a qualifier, what individuals do in their current environment and so brings in the aspect of a person's involvement in life situations.

Personal Factors
Contextual factors that relate to the individual such as age, gender, social status, and life experiences.

Physical Demand Analysis
Specific, detailed and comprehensive information related to the mental and physical demands of a job. Sometimes referred to as **Job Demand Analysis (JDA)**.

Return to Work (RTW)
The process by which a worker is supported in resuming work after an absence due to injury or illness.

Support Services
Those services which assist a person to recover from or cope with a disablement and include medical treatments, therapies, physiotherapy, medical, vocational and social rehabilitation.

Transferable Work Skills
The ability, competence and expertise that an individual applies in their current job tasks that could be utilized in various work environments or jobs.

Undue Hardship
The point to which an employer is required under legislation in many countries to accommodate an individual with a disability. Common factors in determining whether the effect of an accommodation would be excessively harsh on an employer include overall financial resources of the organization, the nature and cost of the accommodation, the impact of providing the accommodation on a particular site or operation of the business and health and safety requirements, if any.

Universal Design
The process of creating an environment (exteriors and interiors of buildings, products, workstations, computer interfaces and technology, and services) so that it can be accessed, understood, and used to the greatest extent possible by all people regardless of their age, size, ability or disability. Universal design generally results in product and service features that benefit a variety of users, not just people with disabilities.

Vocational Evaluation
A comprehensive process which assists individuals in vocational planning using real or simulated work along with medical, psychological, social, vocational, educational, cultural and economic data in the process of assessment and vocational exploration.

Vocational Rehabilitation
Measures with a view to providing and evaluating vocational guidance, vocational training, placement, employment and other related services to enable disabled persons to secure, retain and advance in employment.

Work Capacity
The degree to which a person can engage in job tasks – the total amount of work a person can perform, recover from, and adapt positively to, based on the intensity and duration of required activities.

Work Hardening
A series of carefully designed, controlled job tasks used to safely build strength and endurance to assist a worker with a disability to return to work.

Worker
Any person who works for a wage or salary and performs services for an employer. Employment is governed by a written or verbal contract of service. (See also **Employee**)

Working Conditions
The factors determining the circumstances in which the worker works, which could include the work environment, hours of work, work organization, job content, compensation and benefits, and other factors, and the measures taken to protect the occupational safety and health of the worker.

Working Environment
The facilities and circumstances in which work takes place and the environmental factors which may affect workers' health.

Workplace
All the places where people in employment need to be or to go to carry out their work and which are under the direct or indirect control of the employer. Examples include offices, factories, plantations, construction sites, ships and private residences.

Workplace Health Systems
Integrated and synergistic programs and policies designed to optimize worker health and productivity including occupational health and safety, health and wellness promotion, disability management (remain at work and return to work initiatives), and medical and disability benefits.

Workstation
The part of the office or factory where an individual works, including desk or work surface used, chair, equipment and other items.