

## Return to Work Procedure

### Purpose:

This Return to Work Procedure ("Procedure") is intended to provide guidance in implementing the Return to Work Policy ("Policy"). The Procedure describes the typical process; however, given the variations in injuries and illnesses, it should be noted that the Procedure may be adapted when applied in individual cases.

The objectives of this Procedure are:

- (a) To outline the Return to Work process for employees who are unable to perform their essential job duties as a result of an occupational or non-occupational illness or injury;
- (b) To outline the general steps involved in developing a Return to Work Plan for an employee's safe and timely Return to Work;
- (c) To describe the roles and responsibilities of individuals involved in the Return to Work process;
- (d) To apply the Policy and Procedure in a manner that is fair and supportive, and in which all individuals are treated with dignity and respect; and
- (e) To comply with the requirements of applicable policies and procedures, collective agreements and relevant legislation, including but not limited to the [Ontario Human Rights Code](#) and the [Occupational Health and Safety Act of Ontario](#).

**This document is available in alternate format on request.**

### Definitions:

**Disability:** is defined by the [Ontario Human Rights Code](#) as:

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

**Medical Restrictions and Limitations:** **Restrictions** are those physical or mental activities that an employee is not able to carry out and are to be avoided, as a result of the employee's medical condition or treatment, or in order to prevent an increase in severity of symptoms.

**Limitations** are those physical or mental activities that an employee may carry out but only in a limited capacity, as a result of the employee's medical condition or treatment, or in order to prevent an increase in the severity of symptoms. To support the Return to Work process, an employee will provide the College with medical documentation that outlines their restrictions and/or limitations as completed by their physician or health care provider.

**Modified or Transitional Duties:** Alternate work, task, function or combination thereof that an employee who requires accommodation may perform safely, which may or may not normally have been performed by that employee prior to the occupational or non-occupational illness or injury. Examples of modified or transitional duties include but are not limited to:

- Reduction in hours worked
- Change in shift or rotation
- Reduction in the volume of work
- Modification to regular duties
- Placement in a different position
- Work hardening (gradual reintroduction of work tasks)
- Job sharing/splitting
- Placement in a different location

The assignment of modified work will be dependent on the employee's functional abilities and is based on whether the employee can physically, psychologically and vocationally perform the tasks without aggravating the injury or illness and not impeding recovery.

**Non-Occupational Injury or Illness:** An injury or illness not arising as a result of workplace duties, activities, exposures and/or other workplace factors.

**Occupational (work-related) Injury or Illness:** An injury or illness arising as a result of workplace duties, activities, exposures and/or other workplace factors.

**Personal Health Information:** Under the *Personal Health Information and Protection of Privacy Act*, personal health information is considered to be individually identifiable information that pertains to an individual's health status, including information about the individual's physical or mental health, health care services, test results, identification of health care providers and/or health number.

**Reasonable Accommodation:** Is an individualized process which, to the point of undue hardship, involves the implementation or modified or transitional duties for the removal or alleviation of barriers that prevent an otherwise capable individual from participating equally in the workplace because of a disability, in accordance with the [Ontario Human Rights Code](#).

For the purpose of this document, "reasonable accommodation" and "accommodation" are used interchangeably.

**Return to Work (RTW):** the process of returning to work following a period of disability related to an occupational or non-occupational injury or illness. The primary goal is to return the employee to work that is both suitable and available. Suitable work is safe, productive, and consistent with the employee's functional abilities. This process begins at the time of the injury or awareness of the medical condition or illness, and continues through the recovery or impairment period. Ideally, the employee will return to their pre-injury job, with accommodations

if required. At times, it may be necessary to explore temporary alternate suitable work while the employee recovers.

**Return to Work Plan:** A written document that outlines the steps to help a worker return to suitable and available work. It is an individualized plan developed collaboratively by the College and the employee (and the third party insurance provider for employees returning from a WSIB or long-term disability absence) to ensure that these parties understand what will happen during the employee's Return to Work. The Return to Work Plan will document functional abilities, relevant limitations or restrictions, the work activity identified within the employee's medical capabilities, any stipulations to be observed during the plans duration, meeting timeframes, and evaluation dates for review of progress.

**Stakeholders:** Although the administration of the disability claim and Return to Work process will depend on the details of a specific employee's situation, relevant stakeholders will include those who have specific knowledge or input into the process. In general, this will include the employee, the employee's manager, the Senior Abilities and Accommodation Specialist, the Human Resources Business Partner, the employee's union representative if requested by the employee, the employee's health care provider, and/or third party insurance providers (e.g. WSIB, Sun Life).

**Undue Hardship:** The point at which, after examination of all relevant circumstances, it is determined that providing an employee with an accommodation would result in excessive impact on the business or operations of the College. The [Ontario Human Rights Code](#) prescribes three factors to consider when assessing whether an accommodation could cause undue hardship: financial costs, outside sources of funding, and health and safety risks.

## **Procedures:**

### **1. Strategies**

#### **1.1 Early Assistance**

- 1.1.1 To facilitate early assistance and as part of the leave process, an employee must notify their manager as soon as the employee is aware they will be unable to report to work due to an occupational or non-occupational illness or injury.
- 1.1.2 Early assistance is intended to help an employee maintain a positive connection to the workplace, address their concerns regarding the absence and the Return to Work and Accommodation process, avoid unnecessary absences from the workplace, and maintain salary and benefit provisions where eligible.
- 1.1.3 Early knowledge and understanding of the employee's inability to perform some or all of the essential duties and responsibilities of their position may assist the manager with the return to work process, the accommodation of restrictions and limitations, and planning for operational needs.
- 1.1.4 An employee who is experiencing an illness or injury is generally expected to be under the care of a licensed physician or other health care practitioner for the purposes of

medical assessment and treatment to manage the illness or injury.

## **1.2 Cooperative Approach**

- 1.2.1 Humber, the employee, and the union representative (if requested by the employee) understand their general obligations, including the duty to cooperate, and will work together to achieve the objective of returning the employee to work as soon as practicable.
- 1.2.2 The manager and the employee will maintain periodic communication over the course of the employee's absence so that the College is aware of the status of the leave and the prognosis relating to the return to work. The employee will update their immediate manager and the Senior Abilities and Accommodation Specialist as updates become available, and provide updates on their Return to Work/Accommodation status and other information that may be reasonably requested.
- 1.2.3 All stakeholders in the process will cooperate in sharing relevant information and prognosis in a timely manner. If delays should occur, particularly with respect to the timely submission of medical documentation by health care practitioners, the stakeholders will make every effort to obtain the requested documentation and to find solutions.

## **1.3 Medical Accommodation**

- 1.3.1 Accommodation measures will be incorporated into the Return to Work Plan based on the employee's individualized restrictions and limitations, and in a manner that respects the dignity, privacy and self-esteem of the employee.
- 1.3.2 Accommodation measures will facilitate temporary or permanent accommodation to provide meaningful, productive and safe modified work to ill or injured employees unable to perform their regular work duties.
- 1.3.3 The College is responsible for determining the specific accommodation measures or modified duties based on all information available.
- 1.3.4 The principles and practices followed will align with those outlined in Humber's [Accommodation for Employees with Disabilities Policy](#) and the [Ontario Human Rights Code](#).

## **1.4 Confidentiality**

- 1.4.1 All employees will be made aware of their rights regarding confidentiality of their personal and personal health information. Only information, such as restrictions, limitations, prognoses and dates of upcoming medical appointments may be shared with relevant stakeholders. The Senior Abilities and Accommodation Specialist will not disclose any personal health information during the Return to Work process, except to the extent required to be disclosed to claims administrators (e.g. third party insurance providers). All stakeholders will be responsible to maintain confidentiality of any personal health information shared with them by the employee, either verbally or in

writing.

- 1.4.2 All medical documents and personal health information provided to the Senior Abilities and Accommodation Specialist will be kept secure and separate from the employee's regular personnel file.
- 1.4.3 Unionized employees have the right to union representation at their sole discretion during the Return to Work process, and may voluntarily share their medical circumstances and their Return to Work arrangements with their union representative for this purpose should they elect to do so.

## **2. Roles and Responsibilities**

Stakeholders in the Return to Work process are expected to collectively and individually support the process, and recognize and adhere to their obligations to achieve the objectives of this Policy and Procedure. Individual stakeholders may have different responsibilities and may be involved at different phases of the process.

### **2.1 Employee Responsibilities include:**

- Notify the manager of any absence due to injury or illness as soon as reasonably possible (which can include inputting the absence in the Human Resources Management System), and provide contact details and expected Return to Work date or timeframe for when there would be a Return to Work once known.
- Focus on recovery; obtain and follow appropriate medical treatment.
- Keep the manager and the Senior Abilities and Accommodation Specialist up to date with respect to expected Return to Work dates during periods of absence, and while developing and participating in a Return to Work Plan.
- Respond in a timely manner to requests for information from Humber.
- Cooperate in the Return to Work process.
- Promptly communicate any concerns regarding the Return to Work process or the Return to Work Plan to the manager, the Human Resources Business Partner or the Senior Abilities and Accommodation Specialist, or the union representative if they wish.
- Promptly inform and provide updated medical documentation to the Senior Abilities and Accommodation Specialist when changes in abilities or limitations occur, or when requested by the College.
- Cooperate in the implementation of the Return to Work Plan and processes to ensure a safe and successful timely Return to Work/Accommodation.
- Contact union representative to assist in the Return to Work process at the employee's discretion.

### **2.2 Manager/Supervisor Responsibilities include:**

- Ensure employees are informed about the administrative processes related to sick leave and the resources available through the College.
- Maintain early and periodic contact with the absent employee during the Return to Work/Accommodation process.
- Promptly input the employee's absence into the Human Resources Management

System, if needed.

- Identify Return to Work assignments and accommodations within the work area in consultation with the Human Resources Business Partner and the Senior Abilities and Accommodation Specialist, based on the employee's restrictions and limitations.
- Participate in Return to Work meetings, as needed.
- Implement the Return to Work arrangements for the employee in accordance with the Return to Work Plan and the principles of the Return to Work Policy, and in compliance with legislative obligations.
- Monitor and evaluate the Return to Work Plan in consultation with the employee and relevant stakeholders.
- Ensure that employees are provided with a safe, healthy and respectful work environment.
- Maintain and safeguard any confidential medical information that the employee may have elected to disclose to the manager during the process.

**2.3. Senior Abilities and Accommodation Specialist Responsibilities include:**

- Initiate and maintain contact with employees whose absence exceeds five (5) working days for non-occupational injury or illness, or employees who have had an occupational injury or illness and have lost time from work or received health care as a result of the injury or illness, or employees with Return to Work Plans.
- Provide proper documentation to the employee for completion by the treating physician or health care practitioner.
- Conduct the claims administration process.
- Coordinate communication between stakeholders with respect to the Return to Work and Accommodation processes.
- Establish and convene Return to Work meetings, as required, in collaboration with the manager, the employee, and the Human Resources Business Partner.
- Act as the claims and Return to Work liaison with the WSIB and LTD insurer.
- Monitor and evaluate the Return to Work program and identify opportunities for improvement in consultation with the college community stakeholders.
- Protect confidentiality, and secure and retain record keeping of personal health information.
- Contribute to the development of safe and suitable Return to Work Plans.

**2.4 Human Resources Business Partner Responsibilities include:**

- Facilitate and support Return to Work processes.
- Provide expertise in relation to legal and collective agreement obligations.
- Support the manager and the employee with respect to matters related to the Return to Work process.
- Participate in Return to Work meetings, as needed.
- Mediate in disputes, and conduct grievance responses and resolutions.

**2.5 Union Representative Responsibilities include:**

- Represent and support the employee in the Return to Work process when requested by the employee.
- Assist the employee in understanding the roles and responsibilities of the parties involved in the Return to Work process, the Return to Work policy and procedure,

and related legislation.

- Participate in Return to Work meetings, when required or requested by the employee.
- Maintain the confidentiality of all employee personal and medical information that may be communicated or shared during the Return to Work process.

## **2.6 Co-Workers Responsibilities include:**

- Provide a caring, supportive and respectful work environment, including participating or assisting with assigned duties, as requested by the manager.
- Immediately discuss workplace issues or concerns related to the returning employee with their manager.

## **2.7 Return to Work Team Responsibilities include (where applicable):**

A Return to Work team is established and convened by the Senior Abilities and Accommodation Specialist or the Human Resources Business Partner on an as-required basis for an individual employee disability management case. Typically, the Return to Work team includes the employee, the manager, the employee's union representative if requested, the Human Resources Business Partner and the Senior Abilities and Accommodation Specialist.

The Return to Work Team will:

- Meet to discuss the Return to Work Plan.
- Support the Return to Work process, and maintain the confidentiality of all personal employee information pertaining to the return to work.

## **2.8 Return to Work Committee Responsibilities include:**

Humber maintains a standing Return to Work Committee membership from the academic, support staff and administrative employee groups, and management as outlined under the Return to Work Committee Terms of Reference as may be amended from time to time.

The Return to Work Committee's tasks include:

- Review progress and effectiveness of the Return to Work Policy and process on an annual basis, and provide feedback and make recommendations on the Return to Work process to the Vice-President, Human Resources and Organizational Effectiveness.
- Review information provided by the various Return to Work teams or others, in order to make recommendations for continuous improvement to the Policy or process.
- Support the objectives of the Return to Work Policy and Procedure.

## **3. Return to Work Stages and Procedures**

The Return to Work stages and guidelines are outlined in Appendix A.



### 3.1 Occupational Injury/Illness

- 3.1.1 All employees are to report any work-related injury or illness to their manager immediately or as soon as is practicable.

The [process](#) for responding to and reporting work-related injuries is to be followed.

- 3.1.2 The employee's manager will complete the Health and Safety Incident Report and submit to Occupational Health and Safety Services within 24 hours. If lost time occurs (i.e. the employee misses the next scheduled shift of work not including the date of the accident), the manager will input this information into the Human Resources Management System.
- 3.1.3 The employee's manager must promptly notify the Senior Abilities and Accommodation Specialist if, as a result of a work-related illness or injury, the employee:
- Experiences lost time,
  - Seeks treatment from a physician or other licensed healthcare practitioner, or
  - Requires some form of accommodation for more than seven (7) calendar days, or prior to seven (7) calendar days at their discretion.

The Senior Abilities and Accommodation Specialist will:

- Complete and submit an Employer's Report of Injury/Disease (WSIB Form 7) claim form to the WSIB;
  - Establish initial supportive contact with the employee within 24 hours; and
  - Follow up on the employee's specific situation and medical information throughout the recovery process. The contact frequency may vary depending on the nature and severity of the injury/illness.
- 3.1.4 If the employee is assessed and treated by a physician or other licensed healthcare practitioner for the workplace injury/illness, the physician or practitioner will complete a Health Professional's Report (WSIB Form 8) and provide the employee with a copy. The employee will provide a copy of page 2 of the form to the Senior Abilities and Accommodation Specialist.
- 3.1.5 The Senior Abilities and Accommodation Specialist will review the information on the WSIB documents (e.g. WSIB Form 8, WSIB Form CMS8, WSIB FAF) regarding the employee's functional abilities (limitations or restrictions). The Senior Abilities and Accommodation Specialist will communicate limitations or restrictions to the manager, the Human Resources Business Partner and the employee to help identify suitable and sustainable duties upon the employee's return to work based on the functional abilities outlined by the employee's health care provider. Considerations will first be made to whether the employee can perform the core duties of their job prior to looking at alternative work.
- 3.1.6 While the College has the ultimate responsibility for deciding on any required accommodation measures or modified duties, such measures or duties will be determined after a review of the employee's functional abilities as outlined by their health care provider and after appropriate consultation with the manager, the Human



Resources Business Partner, the employee, and the union, if applicable. The employee must make an attempt to return to work and participate in the modified duties, if assigned. The employee may consult with their health care provider about the assigned modified work duties and/or work schedule.

- 3.1.7 A Return to Work Plan (Appendix E) will be documented once stakeholders have been consulted about the accommodation measures. In some cases, WSIB may assign a Return to Work Specialist to develop a RTW Plan that would assist in the transition. Regular follow-up date(s) will be set with the employee to provide input as to the progress of the Plan as required.
- 3.1.8 The employee will provide periodic updates to the WSIB on their functional abilities, as required, through submission of a WSIB Functional Abilities Form (FAF) that has been completed by the employee's health care practitioner and any other relevant narrative documentation by the employee to evaluate recovery and update the terms of the Return to Work Plan.
- 3.1.9 The Senior Abilities and Accommodation Specialist will complete periodic updates to the WSIB on the employee's status as it relates to their WSIB claim, as required, through submission of a WSIB Employer's Progress Report (WSIB Form 42) or Employer's Subsequent Statement (WSIB Form 9).
- 3.1.10 The WSIB will make decisions about the employee's Return to Work status and entitlement to benefits. The WSIB will inform the employee and the College of the employee's claim status. The Senior Abilities and Accommodation Specialist will in turn notify the manager and the Human Resources Business Partner. The employee or the College has the right to appeal should they disagree with any decision made by the WSIB.
- 3.1.11 If the employee requires accommodation on an ongoing basis, or recovery appears to be prolonged, the Senior Abilities and Accommodation Specialist will continue to update and cooperate with the WSIB. The WSIB may, in turn, request intervention services or referral to specialty clinics.

## **3.2 Non-Occupational Disability**

- 3.2.1 All employees are to report any absence due to a non-work-related illness or injury to their manager as soon as reasonably possible; this can include inputting the absence in the Human Resources Management System. The employee should let their manager know that they will be absent due to a non-occupational illness or injury, the expected Return to Work date and their contact information (e.g. telephone number, email address). This communication should be carried out as far ahead of the employee's normal start time as possible, and should take place directly between the employee and their direct manager, unless the employee is incapacitated. For situations involving scheduled surgery, an employee should provide their manager with as much advanced notice as possible.

- 3.2.2 The manager will input this absence information into the Human Resources Management System.
- 3.2.3 If the non-occupational illness/injury requires an absence from work that is **not likely to be more than five (5) consecutive working days** and is not part of a pattern of absences, the absence will be managed by the manager.
- 3.2.4 If the non-occupational illness/injury requires an absence from work that is **likely to be more than five (5) consecutive days but less than ten (10) consecutive days**:
- (a) The manager will ensure that the Senior Abilities and Accommodation Specialist and the Human Resources Business Partner are notified. The manager, if needed, will input the absence information in the Human Resources Management System which will notify the Compensation and Benefits Specialist.
  - (b) The Senior Abilities and Accommodation Specialist will initiate contact with the employee as soon as possible but no later than within five (5) business days of notification.
  - (c) The Senior Abilities and Accommodation Specialist will contact the employee to request the submission of a completed Medical Absence Certificate (Appendix B) as soon as the absence commences or at minimum, one to two days prior to the Return to Work date.
  - (d) The manager will manage the absence in consultation with the Senior Abilities and Accommodation Specialist and their Human Resources Business Partner.
- 3.2.5 If the non-occupational illness/injury requires an absence from work that is **likely to be ten (10) or more consecutive days**, additionally, the Senior Abilities and Accommodation Specialist will contact the employee to request that a Short Term Disability (STD) Benefit Form (Appendix C) be submitted, typically within two weeks from the time of notification of the absence.
- 3.2.6 Upon receipt of medical documentation, the Senior Abilities and Accommodation Specialist will review the information to determine whether it supports the absence (i.e. substantiates the disability and eligibility to continue receiving sick leave benefits if available), to assess any possible accommodation needs and to identify the Return to Work date.
- 3.2.7 The Senior Abilities and Accommodation Specialist will notify the employee, the manager and the Human Resources Business Partner of receipt of the medical documentation, any relevant accommodation information, and the expected Return to Work date.
- 3.2.8 As a short-term disability leave progresses, the employee will periodically submit a completed medical form, generally the Assessment of Work Abilities and Limitations Form (Appendix D), in response to requests at reasonable intervals by the Senior Abilities and Accommodation Specialist.
- 3.2.9 Following an employee's medical documentation support of their fitness to Return to Work, the Senior Abilities and Accommodation Specialist will inform the manager and the Human Resources Business Partner of Return to Work readiness and the employee's restrictions and limitations if any.

- 3.2.10 In consultation with the stakeholders, if the Senior Abilities and Accommodation Specialist determines that the Return to Work measures are straightforward (e.g. no or minimal accommodation measures required), the employee will return to work and the measures will be implemented.
- 3.2.11 In consultation with the stakeholders, if the Return to Work measures are significantly complex, the Senior Abilities and Accommodation Specialist will arrange for a Return to Work Team meeting. The purpose of the meeting will be for all parties to discuss the components of the Return to Work Plan and to confirm details pertaining to the Return to Work.
- 3.2.12 The Senior Abilities and Accommodation Specialist will develop and document the Return to Work Plan (Appendix E) following the Return to Work Team meeting. If required, an individual Workplace Emergency Response Information (WERI) Plan (Appendix F) will be included.
- 3.2.13 The Return to Work Plan may be forwarded to the employee's treating health care provider by the Senior Abilities and Accommodation Specialist or the employee to request feedback on any medical concerns regarding the Plan.
- 3.2.14 Once finalized, the manager and employee will implement the Return to Work Plan in the workplace. The manager will monitor the Return to Work Plan regularly and will discuss any concerns directly with the employee. The employee will inform the manager or the Senior Abilities and Accommodation Specialist if there are any concerns with the implementation of the Return to Work Plan or if there are any changes that would warrant a review of the Return to Work Plan. If there are any medical changes, the employee will provide the Senior Abilities and Accommodation Specialist with updated medical documentation and the Return to Work Plan will be revised as required. The Senior Abilities and Accommodation Specialist, in consultation with the manager, the employee and the Human Resources Business Partner, as appropriate, will monitor progress until the end of the Return to Work Plan. The manager and the employee can request assistance from the Senior Abilities and Accommodation Specialist or the Human Resources Business Partner as needed at any time.
- 3.2.15 The Senior Abilities and Accommodation Specialist will inform the Compensation and Benefits Specialist about the employee's Return to Work date, work schedule and work hours. Sick leave benefits will cease or be reduced based on the employee's level of Return to Work, or the implementation of an accommodation plan.
- 3.2.16 For employees who are on a long term disability leave, the Senior Abilities and Accommodation Specialist will become involved in the Return to Work planning once the third party insurer has indicated that the employee is ready to return to work or that the claim is not supported. The Senior Abilities and Accommodation Specialist will schedule a meeting between the Return to Work team members to discuss and confirm the details of the Plan based on the information provided by the third party insurer.

#### **4. Dispute Resolution Process**

- 4.1 The dispute resolution process is not intended to limit employee rights provided in applicable collective agreements or the *Employment Standards Act* (ESA).
- 4.2 Any differences of opinions in the Return to Work process will be discussed in a spirit of cooperation and with the understanding of the obligations of all stakeholders under this Policy and Procedure.
- 4.3 Depending on the nature of the dispute, the Human Resources Business Partner and the Senior Abilities and Accommodation Specialist, in consultation with the manager, the employee, and the union representative as requested, will clarify the nature of the dispute, and attempt to resolve the issue.
- 4.4 To resolve a dispute, the College may request additional medical information to clarify an employee's limitations and/or restrictions, and their abilities to perform certain functions.
- 4.5 If no suitable resolution is identified, the matter will be referred to the Director, Human Resources Business Partner Services, Employee and Labour Relations, or designate. The Director will make a final decision giving due consideration to the interests of the employee and the College.

## **5. Communications and Training**

- 5.1 The College will communicate this Policy and Procedure, and any future updates to stakeholders, including by posting on the College's "Policies and Procedures" website as well as in the Communique. All employees are entitled to receive a copy of this policy should they request it.
- 5.2 New employees will be made aware of the policy during their orientation.
- 5.3 Managers will be advised by the College about their obligation to reasonably accommodate employees with limitations and restrictions, and appropriate training and resources will be provided to assist them.

**Appendices:**

- A. Return to Work Process Flowchart
- B. Medical Absence Certificate
- C. Short Term Disability Benefit Form
- D. Assessment of Work Abilities and Limitations form
- E. Return to Work Plan Template
- F. Workplace Emergency Response Information (WERI) Plan Template
- G. Return to Work Committee Terms of Reference

**References:**

[\*Accessibility for Ontarians with Disabilities Act, 2005\*](#)

[\*Accommodation for Employees with Disabilities Policy\*](#)

[\*Freedom of Information and Protection of Privacy Act \(1990\)\*](#)

[\*Human Rights Policy and Procedure\*](#)

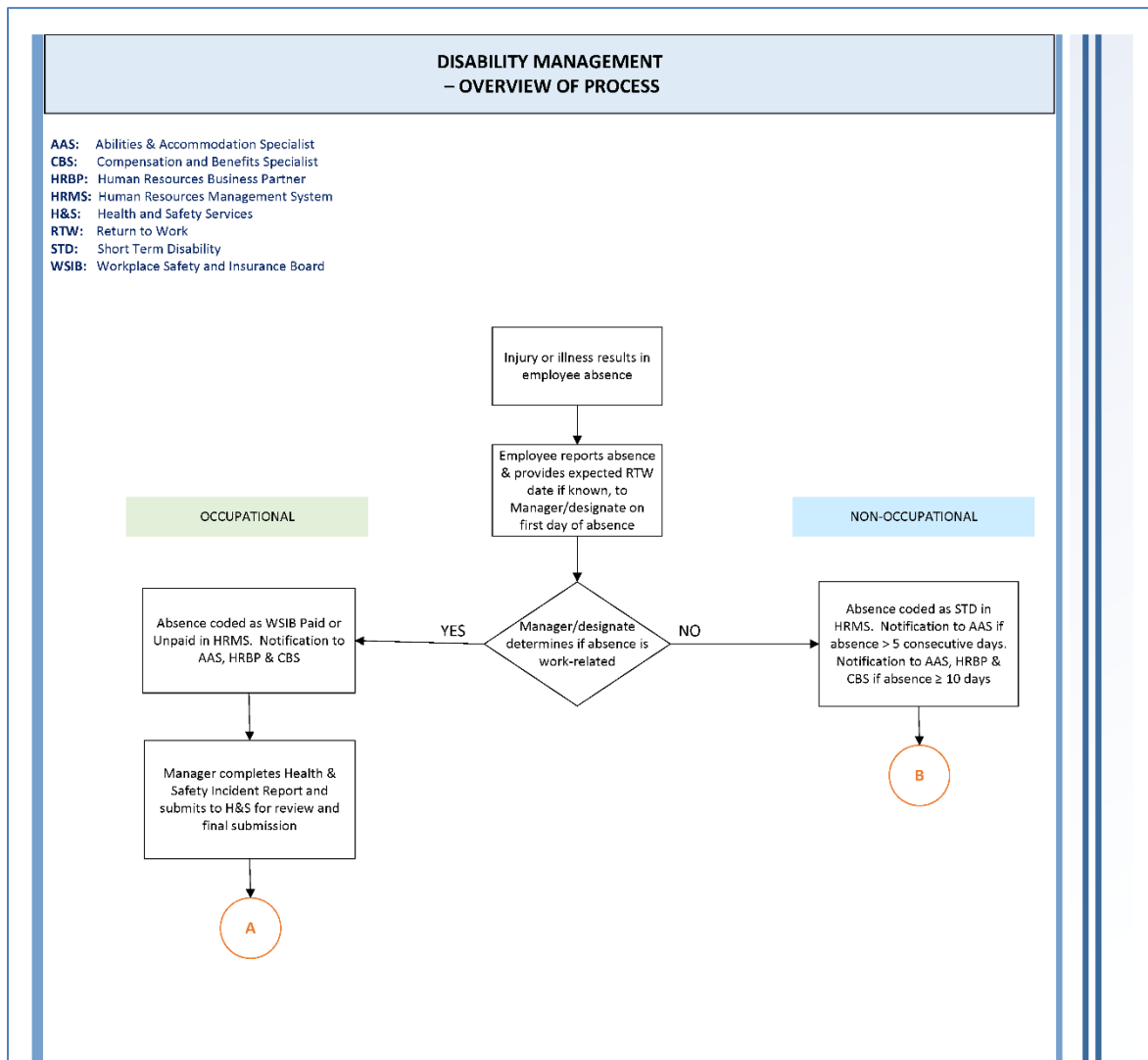
[\*Occupational Health and Safety Act, 1990\*](#)

[\*Occupational Health and Safety Policy\*](#)

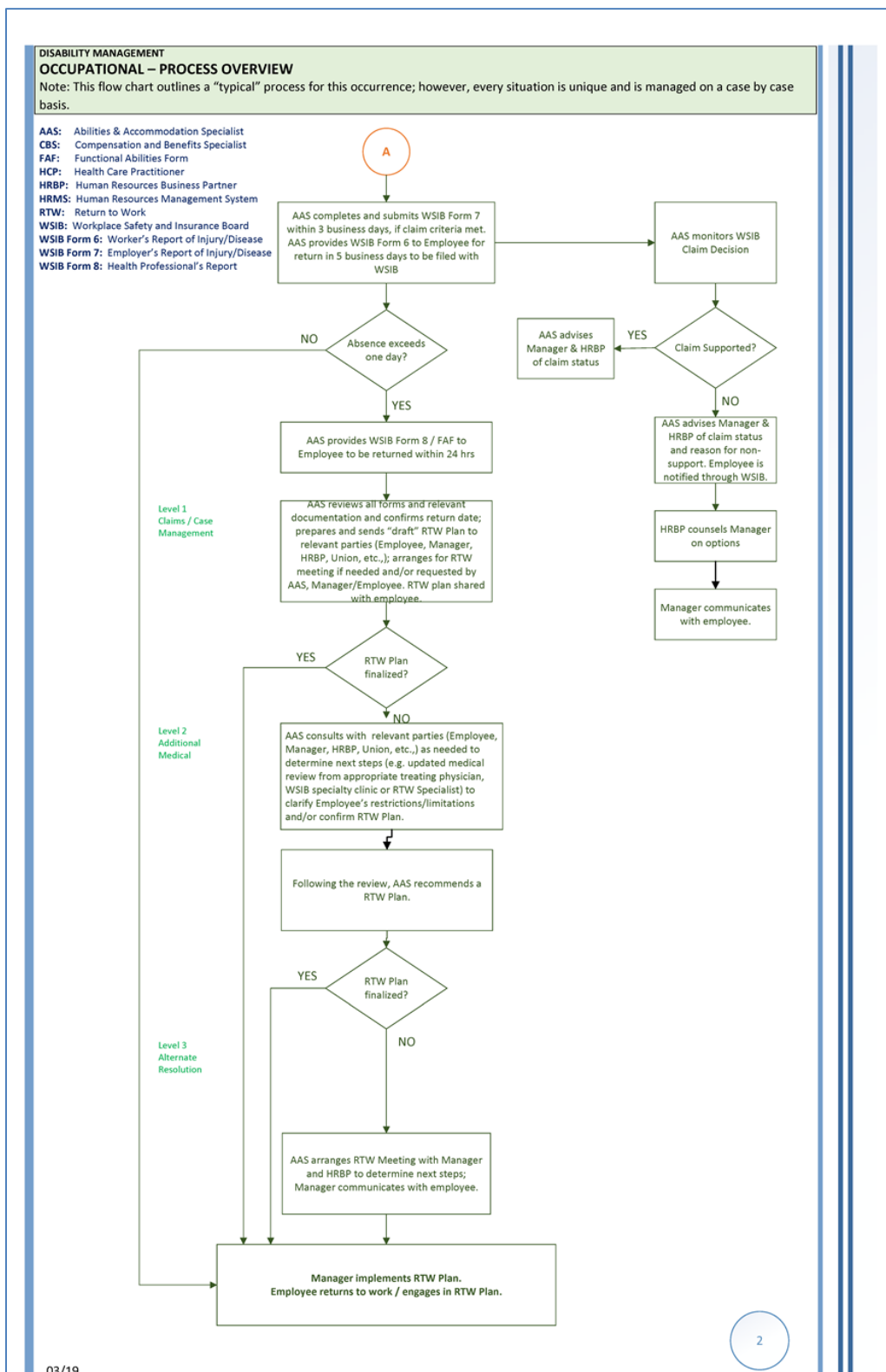
[\*Ontario Human Rights Code, 1990\*](#)

[\*Personal Health Information Protection Act \(2004\)\*](#)

[\*Workplace Safety and Insurance Act, 1997\*](#)

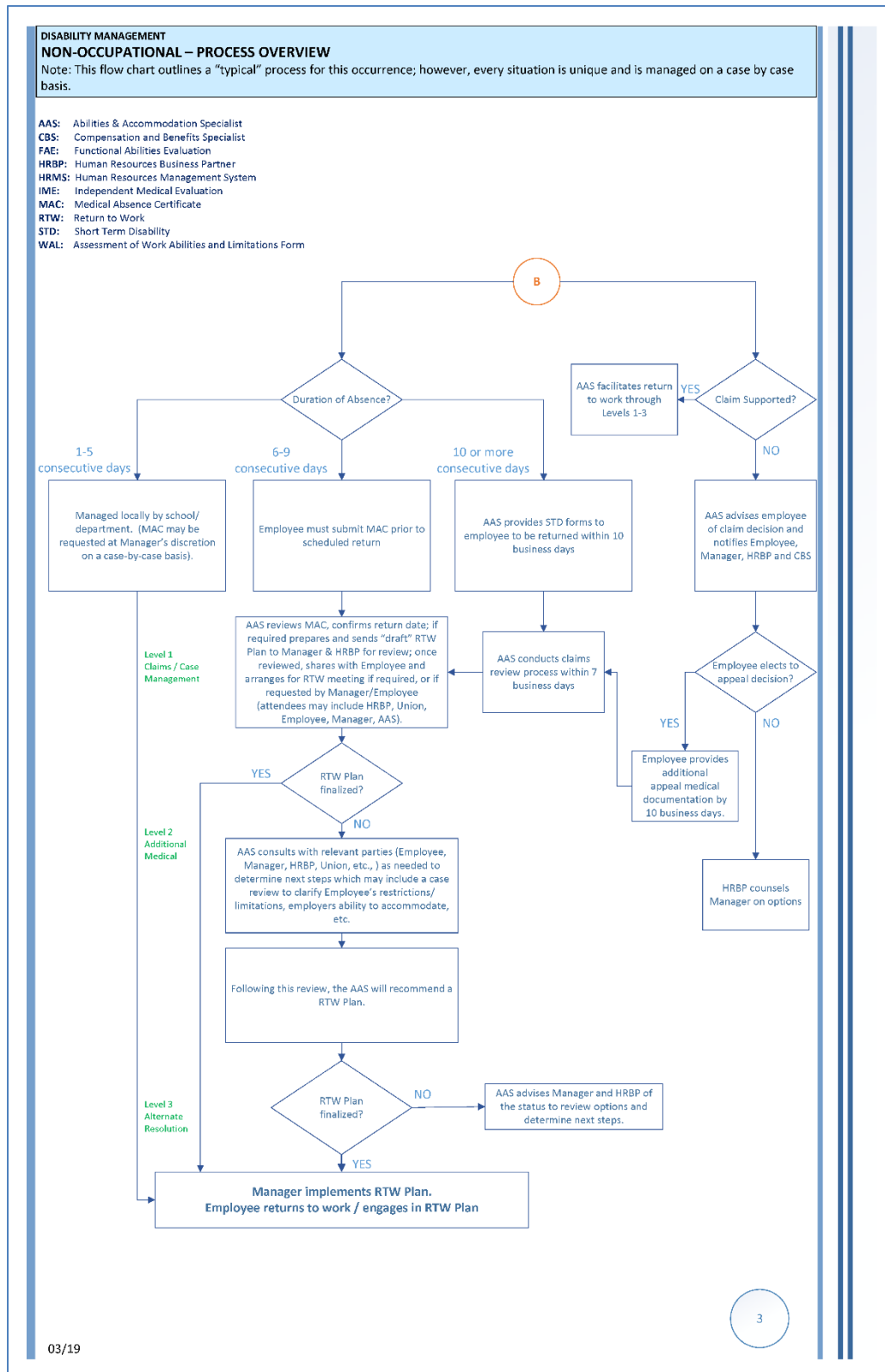
**Appendix A: Return to Work Process Flowchart**


## Appendix A: Return to Work Process Flowchart (cont'd)





## Appendix A: Return to Work Process Flowchart (cont'd)



## Appendix B: Medical Absence Certificate

<b>MEDICAL ABSENCE CERTIFICATE</b> <b>Primary Health Care Provider or Nurse Care Practitioner</b> Please complete for absences of 6 to 9 days due to illness or injury; OR as requested by your manager. Any costs incurred for the completion of this form is the employee's responsibility.										
<b>I - EMPLOYEE STATEMENT</b> <i><b>Note to Employee:</b> The Medical Absence Certificate is to be completed by you and your health care provider, and returned to Humber's Health and Safety Services. The information will be used to facilitate the administration of employee benefits, ensure your fitness to return to work safely, and/or to determine any required work accommodation.</i> I authorize my physician/health care provider to release the information outlined below to the disability management team within Health and Safety Services at Humber College. <b>Employee Name:</b> _____										
<b>Employee Signature:</b> _____		<b>Date:</b> _____								
<b>II - HEALTH CARE PROVIDER STATEMENT</b> <i><b>Note to Physician/Health Care Provider:</b> Humber is committed to taking steps to support employee recovery, provide reasonable job accommodation for ill or injured employees and to ensure a safe and healthy workplace. The employee named on this certificate has been absent from work due to illness/injury. In order to safely and effectively return the employee to work, please complete this Medical Absence Certificate and submit prior to the employee resuming their role responsibilities in full or in part. Your cooperation in completing this certificate is greatly appreciated.</i>										
1. Employee Name:										
2. Date symptoms of the illness first appeared or injury occurred:	DD / MM / YYYY									
3. Date of assessment:	First: DD / MM / YYYY	Last: DD / MM / YYYY								
4. Based on my assessment, the employee is/was unable to attend work commencing:	DD / MM / YYYY									
5. Fitness to Return to Work: <input type="checkbox"/> The employee is fit to return to work full time with no limitations/restrictions. <input type="checkbox"/> The employee is fit to return to work with some limitations/restrictions. <input type="checkbox"/> The employee is totally disabled from performing the essential duties of the job and is not fit to return to work.										
6. If the employee is able to return to work and requires accommodation in the workplace, please provide details of the employee's limitations and restrictions as it pertains to their ability to work:										
7. Expected duration of any limitations/restrictions:	<input type="checkbox"/> _____ days	<input type="checkbox"/> _____ weeks								
8. Anticipated date that the employee can return to work to either full or modified duties?	DD / MM / YYYY									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px dashed black; padding-top: 5px;"><b>Health Care Provider's Name (please print)</b></td> <td style="width: 50%; border-top: 1px dashed black; padding-top: 5px; text-align: center;"><b>Office Stamp</b></td> </tr> <tr> <td style="border-top: 1px dashed black; padding-top: 5px;"><b>Health Care Provider's Signature</b></td> <td style="border-top: 1px dashed black; padding-top: 5px; text-align: center;"><b>Date</b></td> </tr> <tr> <td style="border-top: 1px dashed black; padding-top: 5px;"><b>Telephone:</b> _____</td> <td style="border-top: 1px dashed black; padding-top: 5px;"><b>Fax:</b> _____</td> </tr> <tr> <td colspan="2" style="border-top: 1px dashed black; padding-top: 5px;"><b>Email:</b> _____</td> </tr> </table>			<b>Health Care Provider's Name (please print)</b>	<b>Office Stamp</b>	<b>Health Care Provider's Signature</b>	<b>Date</b>	<b>Telephone:</b> _____	<b>Fax:</b> _____	<b>Email:</b> _____	
<b>Health Care Provider's Name (please print)</b>	<b>Office Stamp</b>									
<b>Health Care Provider's Signature</b>	<b>Date</b>									
<b>Telephone:</b> _____	<b>Fax:</b> _____									
<b>Email:</b> _____										
Humber Institute of Technology & Advanced Learning, HR Services, 205 Humber College Blvd., Toronto ON M9W 5L7 Fax 416 675 8508										

## Appendix C: Short Term Disability Benefit Form

<p align="center"><b>SHORT TERM DISABILITY BENEFIT FORM</b>  <b>Primary Health Care Provider or Other Applicable Health Care Practitioner to Complete</b>          Please complete for consecutive absence of 10 days or longer due to illness or injury          Any costs incurred for the completion of this form is the employee's responsibility</p>	
<p><b>SECTION A – EMPLOYEE STATEMENT</b> (to be completed by the Employee)</p>	
<p><i><b>Note to Employee:</b> The Short Term Disability Benefit Form is to be completed by you and your health care provider, and returned to Humber's Health and Safety Services. This information will be used to facilitate the administration of employee benefits, ensure your fitness to return to work safely and/or to determine any required work accommodation. We acknowledge that the short term disability review process involves disclosure of sensitive health information. We protect the confidentiality of this medical information by keeping it in a secure location within Health and Safety Services separate from an employee's human resources file. Please return the completed form to Health and Safety Services by:</i></p>	
<p>I authorize my physician/health care provider to release the information outlined below to the disability management team within Health and Safety Services at Humber College.</p>	
<p><b>Employee Name (please print):</b></p>	
<p><b>Employee Signature:</b></p>	<p><b>Date:</b></p>

<b>SECTION B – HEALTH CARE PROVIDER STATEMENT</b> (to be completed by the Health Care Practitioner)	
<p><b>Note to Health Care Practitioner:</b> Humber is committed to taking steps to provide reasonable job accommodation for ill or injured employees to support employee recovery and to ensure a safe and healthy workplace. In order to safely and effectively return employees to work, identify appropriate accommodation measures or facilitate the administration of employee benefits, the information that you provide regarding the employee's specific physical and cognitive restrictions and/or limitations will be helpful for Humber College to determine its ability to meet and implement appropriate accommodation measures. Once we have this information, our approach is to work with the employee (for further case review). Your cooperation in completing this form is greatly appreciated:</p> <ol style="list-style-type: none"> <li>1. Please review and complete Section B (based on objective medical findings) and Section C of this form.</li> <li>2. Only complete those items which clearly and directly apply to the employee's condition.</li> <li>3. Humber may subsequently send you a return to work plan for your review/comments.</li> </ol>	
Date First Seen for Condition:	DD / MM / YYYY
Date of Current Assessment:	DD / MM / YYYY
<p>1. Please describe the general nature of the illness or injury (specific diagnosis not required).</p>       	
<p>2. Is the condition a result of workplace duties or factors?    <input type="checkbox"/> Yes (please describe below)    <input type="checkbox"/> No</p>    	

**Appendix C: Short Term Disability Benefit Form (cont'd)**

<b>SHORT TERM DISABILITY BENEFIT FORM</b> <b>Primary Health Care Provider or Other Applicable Health Care Practitioner to Complete</b> Please complete for consecutive absence of 10 days or longer due to illness or injury Any costs incurred for the completion of this form is the employee's responsibility																								
<p>3. (a) Has a treatment plan been created for the employee?</p> <p>(b) Is the employee following the plan?</p> <p>(c) Are tests/investigations/referrals pending?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>(d) Are there any concerns relating to employee safety and ability to effectively perform job functions as a result of treatment?</p> <p>(e) Date of your next appointment with the employee:    DD/MM/YYYY</p>																								
<p>4. Please describe the current cognitive or physical limitations and/or restrictions based on your assessment of objective findings?</p> <p><b>Cognitive limitations:</b></p> <table style="width: 100%;"> <tr> <td>1. Understanding and memory</td> <td><input type="checkbox"/> Not limited/not significantly limited</td> <td><input type="checkbox"/> Moderately limited</td> <td><input type="checkbox"/> Severely limited</td> </tr> <tr> <td>2. Sustained concentration/focus</td> <td><input type="checkbox"/> Not limited/not significantly limited</td> <td><input type="checkbox"/> Moderately limited</td> <td><input type="checkbox"/> Severely limited</td> </tr> <tr> <td>3. Social interaction</td> <td><input type="checkbox"/> Not limited/not significantly limited</td> <td><input type="checkbox"/> Moderately limited</td> <td><input type="checkbox"/> Severely limited</td> </tr> <tr> <td>4. Adaptation to change</td> <td><input type="checkbox"/> Not limited/not significantly limited</td> <td><input type="checkbox"/> Moderately limited</td> <td><input type="checkbox"/> Severely limited</td> </tr> <tr> <td>5. Performing simple/repetitive tasks</td> <td><input type="checkbox"/> Not limited/not significantly limited</td> <td><input type="checkbox"/> Moderately limited</td> <td><input type="checkbox"/> Severely limited</td> </tr> <tr> <td>6. Energy level/stamina</td> <td><input type="checkbox"/> Not limited/not significantly limited</td> <td><input type="checkbox"/> Moderately limited</td> <td><input type="checkbox"/> Severely limited</td> </tr> </table> <p><b>Physical limitations:</b></p> <p>Lift/carry (lbs):    <input type="checkbox"/> 1-10    <input type="checkbox"/> 11-20    <input type="checkbox"/> 21-50    <input type="checkbox"/> 50+</p> <p>Push/pull (lbs):    <input type="checkbox"/> 1-10    <input type="checkbox"/> 11-20    <input type="checkbox"/> 21-50    <input type="checkbox"/> 50+</p> <p>Sit:    <input type="checkbox"/> Never    <input type="checkbox"/> Occasionally (0-3hrs)    <input type="checkbox"/> Frequently (3-5hrs)    <input type="checkbox"/> Constantly (6+hrs)</p> <p>Stand:    <input type="checkbox"/> Never    <input type="checkbox"/> Occasionally (0-3hrs)    <input type="checkbox"/> Frequently (3-5hrs)    <input type="checkbox"/> Constantly (6+hrs)</p> <p>Walk:    <input type="checkbox"/> Never    <input type="checkbox"/> Occasionally (0-3hrs)    <input type="checkbox"/> Frequently (3-5hrs)    <input type="checkbox"/> Constantly (6+hrs)</p> <p>Bend/stoop    <input type="checkbox"/> Never    <input type="checkbox"/> Occasionally (0-3hrs)    <input type="checkbox"/> Frequently (3-5hrs)    <input type="checkbox"/> Constantly (6+hrs)</p> <p>Frequent position change required:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Gripping, holding objects; rotational hand movements:</p> <p style="padding-left: 100px;"><input type="checkbox"/> Never    <input type="checkbox"/> Occasionally (0-3hrs)    <input type="checkbox"/> Frequently (3-5hrs)    <input type="checkbox"/> Constantly (6+hrs)</p> <p>Keyboarding, typing:    <input type="checkbox"/> Never    <input type="checkbox"/> Occasionally (0-3hrs)    <input type="checkbox"/> Frequently (3-5hrs)    <input type="checkbox"/> Constantly (6+hrs)</p>	1. Understanding and memory	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited	2. Sustained concentration/focus	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited	3. Social interaction	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited	4. Adaptation to change	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited	5. Performing simple/repetitive tasks	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited	6. Energy level/stamina	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited
1. Understanding and memory	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited																					
2. Sustained concentration/focus	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited																					
3. Social interaction	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited																					
4. Adaptation to change	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited																					
5. Performing simple/repetitive tasks	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited																					
6. Energy level/stamina	<input type="checkbox"/> Not limited/not significantly limited	<input type="checkbox"/> Moderately limited	<input type="checkbox"/> Severely limited																					
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Humber Institute of Technology &amp; Advanced Learning, HR Services, 205 Humber College Blvd., Toronto ON M9W 5L7 Fax 416 675 8508</span> <span>Page 2</span> </div>																								

**Appendix C: Short Term Disability Benefit Form (cont'd)**

<b>SHORT TERM DISABILITY BENEFIT FORM</b> <b>Primary Health Care Provider or Other Applicable Health Care Practitioner to Complete</b> Please complete for consecutive absence of 10 days or longer due to illness or injury Any costs incurred for the completion of this form is the employee's responsibility	
5. Please describe the impact of the medical condition on the employee's ability to perform their duties. Specifically indicate how the impact of the condition is preventing the employee from participating in their duties.	
6. Please provide information regarding any factors complicating or delaying recovery that would be important for the employer to be aware of?	
7. What is the anticipated date that a return to work on a part time basis can occur?	
8. What is the prognosis for complete recovery?	
9. Please indicate which of the following applies based on your assessment: <input type="checkbox"/> The employee is fit to return to work full time with no limitations/restrictions. <input type="checkbox"/> The employee is fit to return to work with some limitations/restrictions. <input type="checkbox"/> The employee is totally disabled from performing the essential duties of the job and is not fit to return to work.	<b>Return to Work Start Date:</b> DD / MM / YYYY

**SECTION C – HEALTH CARE PRACTITIONER AUTHORIZATION**

By signing below, you agree to the following:

**I am a licensed medical practitioner. I have personally assessed and treated the above individual for their current condition. It is my opinion that the information provided is true and accurate.**

Health Care Practitioner's Name

Specialty & Office Stamp

Health Care Practitioner's Signature

Date

Telephone

Fax

Email

## Appendix D: Assessment of Work Abilities and Limitations Form

### ASSESSMENT OF WORK ABILITIES AND LIMITATIONS - GENERAL

#### Primary Health Care Provider or Other Applicable Health Care Practitioner to Complete

**Note to Health Care Provider:**

Humber is committed to taking all steps to provide reasonable job accommodation for ill or injured employees, to support employee rehabilitation and to ensure a safe and healthy workplace. In order to safely and effectively return employees to work and to facilitate the administration of employee benefits or accommodation measures, we require specific information on their functional physical and cognitive abilities and/or limitations. Please note the following:

1. Please complete Sections B, C and D of this form based on objective medical findings.
2. Only complete those items which clearly and directly apply to the employee's condition.
3. Humber may subsequently send you a return to work plan for your review/comments.

**SECTION A – EMPLOYEE AUTHORIZATION (To be completed by Employee)**

- ☐ I hereby authorize the release of this information, relevant to my functional and/or cognitive capabilities, to Health & Safety Services to assist in my early and safe return to work, to determine any required work accommodation resulting from my health condition, and/or to facilitate the administration of my employee benefits.
- ☐ **Optional:** I agree that, as required, Health & Safety Services may consult with my physician or health care practitioner(s) regarding my medical condition via written or verbal communication in an effort to clarify assessment details referred to in this form.

**Employee Signature:**
**Date:**
**SECTION B – JOB DUTIES AND REQUIREMENTS (To be completed by Health Care Provider)**

Please indicate which of the following applies based on your assessment:

- ☐ The employee is fit to return to work with no restrictions.
- ☐ The employee is fit to work with some job modifications/restrictions.
- ☐ The employee is not fit to perform core duties even with modifications.

Return to Work Start Date: DD / MM / YYYY

**SECTION C – WORK RESTRICTIONS (To be completed by Health Care Provider)**

NOTE: If limitation is temporary, please fill in relevant details under Comments, including estimated duration, percentage, degree, maximum limits for weight or height restrictions, minutes/day or percentage of day for time-based restrictions, etc.

<b>C1. Date of Assessment:</b>		DD / MM / YYYY	
<b>C2 Nature of condition/disability:</b>			
<b>C3. Musculoskeletal</b>	<b>Limitations</b>	<b>Comments</b> (for limitations, include affected side, degrees of range, duration)	
Neck	<input type="checkbox"/>		
Shoulder	<input type="checkbox"/>		
Elbow	<input type="checkbox"/>		
Wrist/Hand	<input type="checkbox"/>		
Finger	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Ankle/Foot	<input type="checkbox"/>		
<b>C4. Functional</b>	<b>Limitations</b>	<b>Comments</b> (for limitations, include frequency, duration, weights)	
Bend/Twist/Turn at waist	<input type="checkbox"/>		
Walk	<input type="checkbox"/>		
Sit	<input type="checkbox"/>		
Stand	<input type="checkbox"/>		
Balance (indicate assistive device)	<input type="checkbox"/>		
Push/Pull	<input type="checkbox"/>		
Reach (above and/or below)	<input type="checkbox"/>		
Grip/Rotational Forces	<input type="checkbox"/>		
Keyboard/write	<input type="checkbox"/>		
Lift	<input type="checkbox"/>		
- Floor to waist	<input type="checkbox"/>		
- Waist to shoulders	<input type="checkbox"/>		
- Above shoulders	<input type="checkbox"/>		
Carry (load & distance)	<input type="checkbox"/>		
Climb (steps vs. ladders)	<input type="checkbox"/>		
Work hours (workload or hrs/day)	<input type="checkbox"/>	60%	80% 100%
Work shifts (days/week)	<input type="checkbox"/>		



**Appendix D: Assessment of Work Abilities and Limitations Form (cont'd)**

**ASSESSMENT OF WORK ABILITIES AND LIMITATIONS - GENERAL**  
**Primary Health Care Provider or Other Applicable Health Care Practitioner to Complete**

C5. Travel to Work	Limitations	Comments (duration)
Ability to use public transit	<input type="checkbox"/>	
Ability to drive a car (MTO limits)	<input type="checkbox"/>	
C6. Cognitive	Limitations	Comments (list any assistive devices required, duration)
Vision	<input type="checkbox"/>	
Speech	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Concentration	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	
Judgement	<input type="checkbox"/>	
Public contact	<input type="checkbox"/>	
Multiple tasks/ Complex tasks	<input type="checkbox"/>	
Provide/receive supervision	<input type="checkbox"/>	
Reduced energy/Pace required	<input type="checkbox"/>	
C7. Health & Safety Responsibilities	Limitations	Comments (duration, limitations, specific circumstance)
Safety of others	<input type="checkbox"/>	
Operate machinery	<input type="checkbox"/>	
Operate motor vehicles	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	
Working alone	<input type="checkbox"/>	
C8. Environmental	Limitations	Comments (durations, aggravating factors, specific circumstance)
Temperature	<input type="checkbox"/>	
Humidity	<input type="checkbox"/>	
Precipitation	<input type="checkbox"/>	
Outdoors	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	
Dust	<input type="checkbox"/>	
Chemicals	<input type="checkbox"/>	
Vibrations	<input type="checkbox"/>	
Other (specify):	<input type="checkbox"/>	
C9. Medical Aids and Personal Protective Equipment (PPE)		
<input type="checkbox"/> Medical Aids/PPE Required because of condition (specify/explain):		
<input type="checkbox"/> Medical Aids/PPE to be Avoided because of condition (specify/explain):		
C10. Estimated Duration of Limitations (from date of assessment):		
<input type="checkbox"/> _____ days	<input type="checkbox"/> 2-4 weeks	<input type="checkbox"/> 4-6 weeks
<input type="checkbox"/> 6-8 weeks	<input type="checkbox"/> 8-10 weeks	<input type="checkbox"/> > 10 weeks
<input type="checkbox"/> Other: _____		
C11. Additional Questions or Comments		
<input type="checkbox"/> Employee will need to attend appointments at the following intervals:		
<input type="checkbox"/> Is the employee currently on a treatment plan to treat the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Additional Comments or Considerations:		

**SECTION D- TO BE COMPLETED BY HEALTH CARE PROVIDER**

<b>Health Care Provider's Name</b>	<b>Specialty</b>
<b>Health Care Provider's Signature</b>	<b>Date</b>
<b>Telephone</b>	<b>Fax</b>
<b>Email</b>	

Humber Institute of Technology &amp; Advanced Learning, HR Services, 205 Humber College Blvd., Toronto ON M9W 5L7 Fax 416 675 8508

Page 2



**Appendix E: Return to Work Plan Template**
**Occupational Health and Safety Services  
ABILITIES AND ACCOMMODATION**
**EMPLOYEE RETURN TO WORK (RTW) PLAN**

<b>DATE:</b>	
<b>EMPLOYEE NAME:</b>	
<b>JOB TITLE:</b>	
<b>DEPARTMENT:</b>	
<b>MANAGER:</b>	
<b>OBJECTIVE:</b>	
<b>RTW START DATE:</b>	
<b>FULL RTW DATE:</b>	

Humber College is committed to providing appropriate accommodation, when possible, to ill and/or injured employees returning to work with medical restrictions and/or limitations as we are interested in your overall well-being.

This RTW Plan summarizes all short-term temporary accommodation measures identified by the College in support of the limitations and/or restrictions set out by your treating physician or health care practitioner(s):

**WORK-RELATED RESTRICTIONS/MODIFICATIONS:**

#	Restriction(s)	Accommodation Measures
1.		
2		

WEEK	DATES	# WORKING HOURS (excluding the lunch break)				
		Mon	Tue	Wed	Thu	Fri
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						

**POINTS OF UNDERSTANDING:** *(Specific details related to workplace measures, benefits, etc., as needed)*

- 
- 
- 
-

**Appendix E: Return to Work Plan Template (cont'd)****EMPLOYEE RETURN TO WORK (RTW) PLAN**

**MONITORING OF WORK ARRANGEMENT:** *(Description of roles and responsibilities for monitoring the RTW plan over the RTW period, as needed)*

- 
- 
- 

**WORKPLACE EMERGENCY RESPONSE INFORMATION PLAN**

- ☐ Not applicable based on the nature of the limitations.
- ☐ Completed and attached.

**CONFIDENTIALITY OF MEDICAL INFORMATION:**

- To maintain the confidentiality of your information, employees are asked to provide medical documentation directly to the Senior Abilities & Accommodation Specialist.
- Please note only information regarding functional work abilities or restrictions relating to your job duties will be shared with your manager.

---

Humber College is committed to assisting you as you prepare to return to work and in providing reasonable supports or accommodation, where medically required, as you resume your role. We look forward to welcoming you back.

By signing below, you acknowledge that you understand and accept this RTW plan, and that it has been reviewed with you by your manager.

***Signed,***

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix F: Workplace Emergency Response Information (WERI) Plan Template

### Workplace Emergency Response Information Plan

Humber is required to provide individual emergency response information to employees with disabilities in order to be in compliance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). The purpose of the workplace emergency response information is to outline how an employee will be provided with assistance in the event of an emergency. An emergency can range from an acute event that requires medical attention to an event such as a fire where special evacuation procedures may be necessary. The workplace emergency response information applies to all employees paid by Humber College including work study students.

In consultation with employees with disabilities, Managers/Supervisors shall use the Plan template to determine what the employee's needs are in the event of an emergency.

If you have any questions or need assistance completing the Plan, please contact the Centre for Human Rights, Equity and Diversity by email at [humanrights@humber.ca](mailto:humanrights@humber.ca).

For Employees with Disabilities Only	
I do not require an individualized emergency response plan.	
Employee's signature	Date

Contact Information			
Employee's Name:			
Email:		Phone:	
Manager/Supervisor's Name:			
Building:		Campus:	
Date:			
Update and Revise your Plan			
<p>The AODA (2005) requires employees to update and revise their workplace emergency response information annually, or based on the following:</p> <ul style="list-style-type: none"> <li>Your emergency evacuation needs change</li> <li>The name(s) of the person(s) who will assist you in the event of an emergency changes</li> <li>When your overall accommodations needs are revised</li> <li>You transfer to a different location at Humber (for example, moving locations from North Campus to Lakeshore Campus)</li> <li>When Humber revises its general emergency response policies</li> </ul>			
Communication			
	Yes	No	N/A
All Humber buildings have an alarm system that warns employees of a fire emergency. Can you hear the fire emergency system?			

**Appendix F: Workplace Emergency Response Information (WERI) Plan Template (cont'd)**

<b>Workplace Emergency Response Information Plan</b>			
<b>Rescue Assistance</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Do you require evacuation assistance to exit the building?			
If yes, identify what assistance will be required:			
<b>Assistant(s) (if required)</b>			
<b>Name</b>	<b>Phone Number</b>	<b>Email</b>	
<b>Lockdown</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Do you require an accommodation(s) during a lockdown?			
If yes, identify what accommodation(s) will be required:			
<b>Service Animal</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Do you use a service animal?			
<b>Other Types of Emergency Requirements</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are there any other measures that could be introduced that would assist you in the event of an emergency?			
If yes, please identify what accommodation will be required.			

I consent to have my individualized emergency workplace response information shared with the person(s) designated to provide me with assistance in the event of an emergency.

Employee Signature

Date

If you have any questions or require assistance completing the Plan template, please contact the AODA Coordinator by email at [humanrights@humber.ca](mailto:humanrights@humber.ca).

Copies to: ✓	Employee <input type="checkbox"/>	Manager <input type="checkbox"/>	HR Services <input type="checkbox"/>
--------------	-----------------------------------	----------------------------------	--------------------------------------

**Appendix G: Return to Work Committee Terms of Reference**

**(to be developed when RTW Committee convenes in January 2020)**