

WORK RE-INTEGRATION AND ACCOMMODATION PROGRAM (WRAP)

An Integrated, Collaborative Approach to Illness, Injury and Reduced Work Capacity



Developed by Human Resources, UBC Okanagan campus:

George Athans
Nicole Udzenija
Jeff Zeitz

Tena McKenzie
Shelley Kayfish
Pauline Brandes

Sept 1/10

Proposal for An Integrated, Collaborative Approach to illness, Injury and Reduced Work Capacity

EXECUTIVE SUMMARY

Overview

UBC is committed to building a healthy and respectful workplace and to providing accommodation opportunities that maximize the ability of all individuals to remain at work and to reintegrate in a safe and timely manner following illness or injury. UBC has over a decade of history of providing return-to-work programs with ongoing evolution in approaches to meet the needs of the university environment.

Building upon this history, HR UBC Okanagan is proposing a best practice program for addressing illness, injury and reduced working capacity within an approach that is designed for the Okanagan campus environment. The approach directs resources towards the key players in the work relationship – the individual and their head/supervisor. The “Work Reintegration and Accommodation Program”, or WRAP, uses an integrated process managed by a Coordinator and takes into account the needs of the individual, the work environment, the operational needs of the unit, and legislated requirements. Through meetings facilitated by the program coordinator, the individual, their head/supervisor and all relevant resources work collaboratively to arrive at a balanced plan that supports early intervention and safe reintegration to the workplace.

Under this model, the head/supervisor reports absences electronically and if their unit member is absent from work for 5 days, consults with the WRAP Coordinator to determine the need for early intervention and further follow up. The information requested of physicians is focused on functional abilities as they relate to the demands of the position and on encouraging wellness through early reintegration and maintenance of connection to the workplace.

Rationale for New Approach

Organizational Impact: Surveys by Watson Wyatt indicate that the direct costs of disability average close to 6% of payroll costs. In addition to direct sick benefit costs, the indirect costs to the organization include the cost of reduced productivity, temporary workers, overtime pay as well costs in morale as colleagues struggle to absorb the work of absent workers, training costs, service disruption, and client satisfaction.

Sick leave costs at UBC in 2009 totalled \$25.28 million across the staff groups, excluding faculty absences (Annual Report Managing Health Promotion and Absenteeism at UBC, 2009).

Best Practice: Best practice in sick and disability management has been evolving from a strictly medical model where there is little communication between the affected individual and the organization to integrated approaches that involve the individual and their supervisor in identifying ways to accommodate functional limitations and facilitate early and safe return to work. While the doctor’s documentation is part of the process, the individual’s medical problem remains a private issue with the focus being on collaborative planning around identifying what job tasks the individual can and cannot do at various stages in their recovery. The focus is on abilities rather than on disabilities.

Impact to Individuals: Early intervention is key to successful recovery. Returning as rapidly as possible to a normal routine, including work, is viewed as integral to healing and overall well-being. “ The CMA recognizes the importance of a patient returning to all possible functional activities relevant to his or her life as soon as possible after an illness or injury” (CMA Policy Summary, March, 1997). Studies show that the longer workers view themselves as having reduced capabilities, the less likely it is they will ever resume their full activities. Research indicates that the potential for return to work is only 50% after a 6 month absence (National Leadership Roundtable on Employee Health, 1998).

Integrated processes use coordinators in facilitator roles to bring individuals together with their supervisors and other relevant parties as soon as feasible to map out a reintegration /accommodation plan. This creates a common understanding of the needs and possibilities from the perspective of both the individual and the work unit’s operations and fosters commitment in formulating actions that will assist the individual in returning to maximum functional levels.

Key WINS of the Proposed Approach

- Individuals are protected from premature return to work and risk of recurrence. At the same time, they are enabled to participate fully in their re-integration/accommodation plan and to focus on work readiness and abilities rather than illness and disability. They get the support they need to recover faster, remain connected and maintain self esteem and confidence as contributing members of their workplace.
- Heads and supervisors receive the information and support they need in assisting their team members to remain at work or to reintegrate safely while maintaining their relationship.
- The University demonstrates its commitment to a healthy and respectful workplace and reduces the effects of absence due to illness or injury.

Example of a Successful Program Shift

CIBC launched an integrated model of illness/injury management in 1995 with a reported reduction in costs by almost 30% in 1999. Most savings were due to a decline in the average number of days employees were absent. The average employee now returns to work after 23 days whereas previously, the bank would just have started investigating the situation on day 23 (Benefits Canada, April 1999).

Peer Group Practices

Our research of practices in 7 major Canadian Universities indicates that similar early intervention programs are being utilized with both faculty and staff groups with involvement by a Coordinator beginning as early as 3 days of absence and an upper end of 10 days. We have chosen 5 days with provision for earlier if there are concerns and we have ensured that the process is congruent with Policy 62 for faculty.

Please See Full Proposal for Process Flowsheet and Appendix C for Quick Program Graphic.

An Integrated, Collaborative Approach to Illness, Injury and Reduced Work Capacity

The University of British Columbia is committed to building a healthy and respectful workplace and to providing its members with accommodation opportunities to maximize the ability of all individuals to remain at work and to re-integrate in a safe and timely manner following illness or injury.

The University seeks to provide best practice programs for addressing illness, injury and reduced working capacity within an approach that supports, and directs resources towards, the key players in the work relationship – the individual and their head/supervisor. The HR Team, UBC Okanagan campus is proposing a program that builds upon the UBC experience of over a decade and is tailored to the needs of the Okanagan campus. Naming it the Work Re-integration and Accommodation Program (WRAP), symbolizes communication, collaboration, support and integration as keystones of our approach.

The WRAP Program uses an integrated process designed to address issues in order to keep individuals at work and to re-integrate individuals following absence from work due to illness, injury or reduced work capacity. The process takes into account the needs of the individual, the work environment, the operational needs of the unit, and legislated requirements. It is built upon direct communication between the individual and their head/supervisor as the ones who best understand the requirements of the job as well as the needs and constraints of unit operations. Through meetings facilitated by the program coordinator, the individual, their head/supervisor and other relevant resources work together in partnership to develop a plan that provides the supports and conditions needed for the individual to remain at work or to optimize recovery and successful re-integration into the workplace. Relevant resources are dependent upon the situation and may include but are not limited to, union/association representatives, Employee Relations and Risk Management Services (RMS), which includes ergonomics and other health related programs.

The WRAP Program will be evaluated on a regular basis. An Advisory Committee made up of representatives of relevant administrative and constituent group partners will monitor program statistics and make recommendations regarding the program and campus trends in illness, injury and reduced work capacity.

Guiding Principles for the WRAP Program

1. The process will reflect best practice.
2. The process will empower the individual to actively engage in their own recovery.
3. The process will focus around the functional abilities and needs of the individual while also respecting the needs of the work unit and others in the workplace.
4. The process will be collaborative, transparent and inclusive of all key stakeholders.
5. The process will ensure confidentiality of personal medical information in alignment with applicable privacy legislation.

6. The process will be in accord with all applicable human rights principles including the duties to make reasonable and individualized enquiries and to provide reasonable accommodations where required and feasible.
7. The process will be solution-based with shared development of action plans.
8. The process will be respectful, compassionate and reflective of the value of each individual as a member of the UBC learning community.
9. The process will be integrated, coordinated, user friendly and seamless.
10. The process will foster positive working relationships between the individual, their head/supervisor and their colleagues.
11. The process will support physical and psychosocial health.
12. The process will be in alignment with relevant UBC policies, collective agreements and the AAPS agreement.

Rationale

Surveys by Watson Wyatt in 2000 indicated that the direct costs of disability averaged close to 7.1% of payroll costs up from 5.6% in 1997 (Staying @Work, 2000). In addition to direct sick benefit costs, the indirect costs to the organization are substantial and according to Mercer/Marsh can exceed direct costs by 150 to 300 percent (Health Productivity and Absence Management Survey 2007). These include the cost of reduced productivity, temporary replacement workers, overtime pay training costs, service disruption, disrupted client satisfaction and costs in terms of morale as colleagues struggle to absorb the work of absent workers. Watson Wyatt reported that direct and indirect costs combined accounted for a staggering 17% of payroll (Staying @Work, 2000). The total sick leave cost at UBC in 2009 totalled \$25.28 million across the staff groups, excluding faculty absences (Annual Report Managing Health Promotion and Absenteeism at UBC, 2009). In the face of escalating costs and challenges further impacted by the aging population and greater focus on work/life balance, it is imperative for employers to develop effective programs to manage absence due to illness and injury.

Moreover, as an employer committed to a healthy and respectful workplace, we are most committed to opportunities to maximize employee wellness. Illness and injury can have a far reaching impact on individuals not only in terms of physical health, but also on psychosocial health parameters such as self-esteem, self image, confidence, motivation and social connectivity, particularly in instances of long term absence from the workplace.

Over the past ten years, practices in sick and disability management have been evolving from a strictly medical model where there is little communication between the affected individual and the organization to integrated approaches that involve the individual and their supervisor in identifying ways to accommodate functional limitations and facilitate an early and safe return to work. While clear, current and relevant medical documentation is part of the process, the individual's medical status remains a private issue with the focus being on collaborative planning around identifying what job tasks the

individual can and cannot do at various stages in their recovery. The focus is on abilities rather than on disabilities. Current best practice encompasses a hybrid of medical and workplace intervention to create plans for individuals that address the issues from a holistic perspective, including medical, psychosocial and job environment factors. A broken leg is a broken leg but it will affect a faculty member differently than a maintenance staff. This holistic approach is supported by CMA Policy (March 1, 1997) "The CMA supports a shift away from complete reliance on physician certification for work absences to cooperation between the individual and his or her employer with the use of medical input, advice and support from the individual's attending physician and other involved health care professionals."

Early intervention is key to successful recovery. Returning as rapidly as possible to a normal routine, including work, is viewed as integral to healing and overall well-being. "The CMA recognizes the importance of a patient returning to all possible functional activities relevant to his or her life as soon as possible after an illness or injury" (CMA Policy Summary, March, 1997). Studies show that the longer workers view themselves as having reduced capabilities, the less likely it is they will ever resume their full activities. Research indicates that the potential for return to work is only 50% after a 6 month absence (National Leadership Roundtable on Employee Health, 1998).

Individuals who are away from their workplace for extended periods can feel cut-off from the organization and from important social and identity connections. Current approaches, therefore, emphasize maintaining connection and fostering positive relationships between individuals and their heads/supervisors and work units. Integrated processes use coordinators in facilitator roles to bring individuals together with their heads/supervisors and other relevant parties as soon as feasible to map out an Individual Re-integration and Accommodation Plan. This creates a common understanding of the needs and possibilities from the perspective of both the individual and the work unit's operations. This joint involvement in facilitated planning discussions fosters cooperation and commitment in formulating actions that will assist the individual in returning to maximum functional levels.

A review of return-to work practices conducted by the Institute for Work and Health in 2007 identified key factors predicting successful return to work including:

- Early contact with ill/injured workers.
- Work accommodation offers.
- Strong workplace commitment to health and safety.
- Contact between healthcare providers and the workplace with worker consent.
- A role responsible for program coordination.
- Education and inclusion of supervisors.
- Plans for individuals to support their return without disadvantaging co-workers or supervisors.

Examples of Integrated Approaches to Managing Workplace Illness and Injury

As one of the early adopters, CIBC launched an integrated model of illness/injury management in 1995 with a reported reduction in costs by almost 30% in 1999. Most savings were due to a decline in the average number of days employees were absent. The average employee now returns to work after 23 days whereas previously, the bank would just have started investigating the situation on day 23 (Benefits Canada, April 1999). A local organization developed an integrated approach in 2001 resulting in a decrease of stress related absence hours from 16,677 to 755 (95% decrease) by 2007. Over the past 15 years, many organizations have evolved their sick management programs to embrace an integrated approach grounded in the key factors identified in studies by the Institute for Work and Health as noted above. As outlined in Appendix E, Universities across Canada have also developed processes that incorporate these key factors for successful return to work.

Principles of Modified Work and Accommodation

1. Modified work shall be within the individual's functional abilities and shall not aggravate their medical condition.
2. Modified work shall be meaningful, productive and of value to the university.
3. Modified work shall not create undue hardship or hazard for other individuals.
4. In some cases, modified work shall be temporary to allow for continued recovery. The duration shall be specified in the Individual Re-integration and Accommodation Plan and subject to change in accordance with progress in recovery.
5. Subject to agreement by the relevant parties, modified work may be assigned in an area outside of the individual's normal work unit as a transitional measure.
6. The University recognizes the employer's duty to accommodate when there is a diagnosed disability and will work with the relevant parties to develop an appropriate accommodation plan. In some cases, modified work or modified work schedules may be an element of an ongoing accommodation.
7. Provision of specialized equipment will be considered within the context of a transitional measure or a duty to accommodate situation.

Positive Outcomes of the Proposed Approach

- Individuals are protected from premature return to work and risk of recurrence. At the same time, they are enabled to participate fully in their Individual Re-integration and Accommodation Plan and to focus on work readiness and abilities rather than illness and disability. They get the support they need to recover faster, remain connected, and maintain self esteem and confidence as contributing members of their workplace.

- Early intervention reduces the likelihood that an individual will require long term disability benefits thereby positively impacting IRP costs.
- Heads and supervisors receive the information and support they need in assisting their team members to remain at work or to re-integrate safely.
- Co-workers are protected from exposure to communicable illnesses.
- Individuals and heads/supervisors work within a process facilitated by the WRAP Coordinator. This supports the maintaining of positive relationships as they collaborate to resolve differences and to cooperate on creative solutions.
- Unions and associations partner in building and supporting positive processes that support the health and well-being of their members.
- The university reduces the effects of reduced work capacity or absence due to illness or injury and demonstrates its commitment to a healthy and respectful workplace.
- The process results in clear and explicit plans, goals and commitments for all parties.
- The process is suitable for all types of reduced work capacity, regardless of the causes.

Key Steps for Successful Program Implementation

- Senior leaders and management staff champion the new approach and process.
- Consultation and collaboration with key constituent groups to engage them in shaping the program.
- Ongoing monitoring of the process following implementation with evaluation on a regular basis.
- Effective communication strategies to explain the program to all faculty and staff.
- Establishment of a strong role for the WRAP Coordinator.

Roles

The Individual

- Be familiar with the process for the Work Re-integration and Accommodation Program (WRAP).
- Follow safe work practices.
- **Inform your head/supervisor as soon as possible if you will be absent from work and provide a reason and expected return date.**
- Talk with your head/supervisor if there are issues or conditions affecting your ability to fully perform your job duties and contact the WRAP Coordinator for assistance.

- If you are absent for five working days or more, or anticipate that you will be, please note that your head/supervisor will be consulting with the WRAP Program Coordinator regarding your circumstance. In most situations, you will then receive a call from the WRAP Coordinator to discuss your absence and determine the need for documentation from your physician in support of your absence from work. Prior to 5 days of absence, if the head/supervisor has a concern (for example, question re safe return, pattern of recurring absences), s/he will contact the WRAP Coordinator who will contact you to determine the need for medical documentation or he/she may consult with Employee Relations regarding the concern
- If documentation is required, take the Functional Accommodation Form and letter from the WRAP Coordinator to your physician. Return the completed form to the WRAP Coordinator to provide the necessary medical documentation.
- Maintain regular contact with your head/supervisor throughout your recovery period.
- Provide progress updates to the WRAP Coordinator when contacted.
- Once cleared for a full, gradual or accommodated work schedule, participate actively in re-entry and accommodation planning sessions as coordinated by the WRAP Coordinator. Collaborate with your head/supervisor and the WRAP Coordinator to identify resources to be involved in your planning meetings and ensure that you understand and agree to follow your Individual Re-integration and Accommodation Plan.
- Participate fully in your own recovery (medical treatment plans as well as the Individual Re-Integration and Accommodation Plan).
- Communicate any difficulties with your Individual Re-integration and Accommodation Plan to your head/supervisor and the WRAP Coordinator so that adjustments can be made.

The Head/Supervisor

- Be familiar with the process for the Work Re-integration and Accommodation Program (WRAP) and facilitate awareness of the program within your unit.
- Complete entries into the on-line sick leave reporting system in order to ensure accurate sick leave recording for your unit.
- Consult with the WRAP Coordinator regarding the individual's absence if they are absent or will be absent for greater than 5 working days to determine the need for further follow-up.
- Make collegial contact with individuals on a regular basis while they are off work in order to offer support and keep the individual updated and connected to their work unit.
- If you have concerns regarding an absence of less than 5 days or concerns regarding altered work capacity or recurrent patterned illness, contact the WRAP Coordinator to arrange a discussion with Employee Relations regarding the concern.

- Participate actively in re-integration and accommodation planning sessions as coordinated by the WRAP Coordinator, having regard for the individual's functional abilities and being familiar with the relevant job duties for your team member and feasible accommodation options within the needs of your unit operations.
- Encourage positive support of work accommodations within the work unit.
- Monitor success of the Individual Re-integration and Accommodation Plan and contact the WRAP Coordinator if adjustments are required.

The WRAP Coordinator

- Act as the central point of contact for individuals, heads/supervisors and other resource individuals involved in re-integration and accommodation planning at UBC Okanagan campus.
- Consult with the head/supervisor of individuals who are off work or will be off work for more than 5 days to determine the need for further follow-up.
- Contact individuals as indicated by individual circumstances following consultation with the head/supervisor. Provide individuals with the Functional Accommodation Form as needed, receive and track their return.
- Communicate with medical personnel as required and with the individual's consent to ensure accurate, timely and relevant medical information.
- Communicate with the individual and arrange an independent medical evaluation when required.
- Coordinate team planning meetings where indicated, to develop Individualized Re-Integration /Accommodation Plans as indicated for those absent longer than 5 days and other cases requiring medical documentation or measures to keep the individual at work. Timing of the meetings and the resources and experts invited will be subject to individual circumstances.
- Establish a team meeting environment that is safe, friendly, supportive, and that enables the individual as the centre of planning.
- Maintain confidentiality of medical information in accordance with applicable privacy legislation while focusing planning around the impact of the condition on functional abilities, possible accommodations and other appropriate and relevant interventions to assist recovery and re-integration.
- Maintain case file information separate from general Human Resource files, record meeting outcomes and provide copies of the Individual Re-Integration and Accommodation Plan to planning participants, ensuring that all parties understand and agree on the plan of action.

- Maintain contact with the individual and with their head/supervisor on a regular basis (at least monthly), monitor the Individual Re-Integration and Accommodation Plan and coordinate adjustments as required.
- Provide education regarding the Work Re-integration and Accommodation Program (WRAP) and factors that support successful re-integration and adaptation in the workplace.
- Ensure that practices are compliant with legal requirements, applicable collective agreements, the AAPS agreement and university policy.
- Maintain ongoing collaboration with colleagues on the Vancouver campus in order to share expertise and to coordinate efforts in best practice.
- Coordinate regular program evaluation.
- Consult with heads/supervisors to ensure entry of absences into the on-line sick leave reporting system and collaborate with the HR Budget and Reporting Administrator on program analytics.
- Collect statistical program information and analyze trends.
- Make recommendations regarding systemic trends and issues.

Risk Management Services, HR, UBC Okanagan Campus

- Maintain a solid understanding of the WRAP process and contribute to its continual review to ensure ongoing effectiveness.
- Promote good health through the delivery of programs targeted at prevention, early intervention, and treatment when necessary. These programs include but are not limited to accident/incident investigation, occupational hygiene (i.e. indoor air quality and ergonomics), medical surveillance (immunization, hearing conservation, respiratory protection, and post exposure monitoring), first aid, and the WCB Claims process.
- Engage the WRAP Coordinator in a timely manner if investigative or assessment processes indicate that an individual requires:
 - Significant change in work tasks.
 - Specialized equipment through central funding due to predisposed condition.
 - Further assessment due to possible secondary injury/illness¹ requiring treatment which is outside of the scope of RMS prevention model.
 - Medical attention due to deterioration of individual health identified by ongoing first aid treatments (injury reassessment).
- Alert the WRAP Coordinator to cases that include:
 - Hygiene investigations that may result in individual or widespread illness or injury.
 - Occupational exposure cases where the individual has returned to work.

¹ For the purpose of this article, secondary injury/illness is defined as; an injury/illness which can result from the primary injury/illness or be independent of it.

- An individual is receiving ongoing treatment by first aid attendant but does not require medical aid at this time.
- Act as an expert resource as needed.

Employee Relations, HR, UBC Okanagan Campus

- Understand and promote the process for the Work Re-integration and Accommodation Program (WRAP).
- Participate in planning meetings in appropriate situations and liaise with union and association representatives as required to clarify any contractual issues. Collaborate to develop creative re-integration or accommodation plans for individuals.
- Provide support and advice to heads/supervisors, and the WRAP Coordinator on issues regarding conditions of employment or interpretation of employment agreements as they relate to the re-integration or accommodation planning for individuals.
- Determine the circumstances under which a Duty to Accommodate exists and the point at which the University has reached undue hardship in its accommodation efforts.

Unions and Associations

- Be familiar with the process for the Work Re-integration and Accommodation Program (WRAP).
- Actively support the Work Re-integration and Accommodation Program (WRAP), educate members and encourage participation.
- Participate as support and resources in appropriate situations at the invitation of the individual.
- In appropriate situations, collaborate in planning meetings to develop creative re-integration or accommodation plans for members.
- Respect confidentiality of the process.
- Designate a representative to the WRAP Advisory Committee.

Health Care Providers

- Provide up-to-date information as it impacts functional abilities of the individual.
- Complete forms as required by the individual, the employer, and the insurance provider for long term disability.
- Act as resource to the WRAP Coordinator to facilitate safe and timely work re-integration.

- If required, provide appropriate documentation to support a patient's workplace accommodation.

WRAP Advisory Committee²

- Support and champion the Work Re-integration and Accommodation Program (WRAP).
- Actively participate in committee meetings to review program effectiveness, identify campus trends and provide advice and recommendations to the Director of Human Resources, Okanagan campus.
- Liaise with constituency group to provide feedback and input to support program success.

Director of Human Resources, UBC Okanagan Campus

- Support development and resource allocation to the Work Re-integration and Accommodation Program (WRAP).
- Receive advice and recommendations from the WRAP Advisory Committee.
- Ensure evaluation of effectiveness of the Work Re-integration and Accommodation Program (WRAP) on a regular basis.
- Provide evaluation, trending and Committee recommendations to the Senior Executive Team for the UBC Okanagan campus (DVC-SE).
- Liaise with the AVP, Human Resources and colleagues on the Vancouver campus to share expertise and to provide program updates on a regular basis.

Other Resources involved in Individual Re-Integration and Accommodation Planning

- Be familiar with the process for the Work Re-integration and Accommodation Program (WRAP).
- Participate actively in re-integration and accommodation planning sessions as requested by the WRAP Coordinator, providing expert advice and follow up as required.
- Maintain confidentiality in accordance with applicable privacy legislation.

² Membership includes a representative from ER, RMS, Managers' Forum, Faculty Heads, AAPS, BCGEU, Faculty Association and Equity Services. The WRAP Coordinator chairs the committee.

Work Re-integration and Accommodation Program (WRAP) Process Description

A. Absence from Work

The following process applies to instances of illness, injury or reduced work capacity resulting in absence from work. This excludes workplace incidents of accident/injury which must be reported and managed through Risk Management Services (RMS).

1. The individual notifies their head/supervisor of their absence from work due to illness or injury, the reason (general information: not diagnosis) and their projected return date. The head/supervisor ensures that the absence is recorded into the on-line system.
2. As soon as the individual or their head/supervisor becomes aware that the absence may extend beyond 5 days, the head/supervisor consults with the WRAP Coordinator to determine the need for further follow-up..

Prior to 5 days of absence, if the head/supervisor has a concern (for example, question re safe return, pattern of recurring absences), s/he contacts the WRAP Coordinator who will contact the individual to determine the need for medical documentation or he/she may arrange a discussion with Employee Relations regarding the concern.

3. The Wrap Coordinator contacts the individual to discuss the absence and if indicated, advises them to take the Functional Accommodation Form and letter to their physician, and return the completed form to the WRAP Coordinator as soon a possible.

If a surgery is booked, the individual notifies their head/supervisor as early as possible so that suitable unit level arrangements can be made. The head/supervisor notifies the WRAP Coordinator to consult regarding the upcoming absence. The WRAP Coordinator offers support to the individual and notes the estimated recovery period if known. The WRAP Coordinator directs the individual to have their physician complete the Functional Accommodation Form once a safe return date is determined.

4. While the individual is recovering and under treatment, the head/supervisor maintains contact through occasional phone calls of a supportive nature.
5. Where applicable, the Wrap Coordinator receives the Functional Accommodation Form. In order to facilitate the earliest safe re-integration to the work setting, the WRAP Coordinator maintains regular contact with the individual and their physician (as required and with consent), tracks progress towards recovery and determines possible accommodation needs to address any functional limitations. The WRAP Coordinator also keeps the head/supervisor informed regarding progress towards recovery and re-integration. In collaborating with Faculty Heads, the WRAP Coordinator also ensures that proper consultations and approvals are conducted in accordance with Policy 62.
6. *In some cases, the University through the WRAP Coordinator may request an independent medical examination (IME) in addition to the report from the primary physician.*
7. Once a safe return date is determined, the Wrap Coordinator arranges a team meeting including the individual, the head/supervisor and other relevant supports and resources. The outcome of

the meeting is an Individualized Re-integration and Accommodation Plan that takes into account the job requirements, the functional abilities of the individual, and the operational needs of the work unit. Accommodations may include gradual return schedules, modified work, transitional work assignments, adapted equipment or other measures specific to the circumstances.

In cases where the individual has been away from work for 4 months, the process for application for Long Term Disability coverage (IRP - Income Replacement Plan) is initiated in case it is needed. When an individual is accepted by the provider for long term disability, the WRAP Coordinator maintains efforts to assist the individual to re-integrate into the workplace if/when feasible.

8. Once all parties are in agreement, the Individual Re-integration and Accommodation Plan is implemented, including any referrals or follow-up as required.
9. The individual and their head/supervisor monitor progress and effectiveness of the plan and report any difficulties to the WRAP Coordinator who will ensure that any required modifications are made with the agreement of the relevant parties.
10. The WRAP Coordinator maintains contact and monitors progress until the individual and their head/supervisor indicate that continued support is no longer required unless requested.
11. In the case of an individual who requires an accommodation because of a disability, this process may be modified to align with all applicable human rights principles including the duties to make reasonable and individualized enquiries and to provide accommodations where required and feasible.

B. At Work with Reduced Work Capacity or Concerns

In instances where individuals are at work but are exhibiting reduced work capacity or where there is concern on the part of the individual or their head/supervisor (e.g. changes in behaviour or other issues affecting work performance within the unit), the individual may self-refer by contacting the WRAP Coordinator, or the head/supervisor may make a supported referral with the knowledge of the individual.

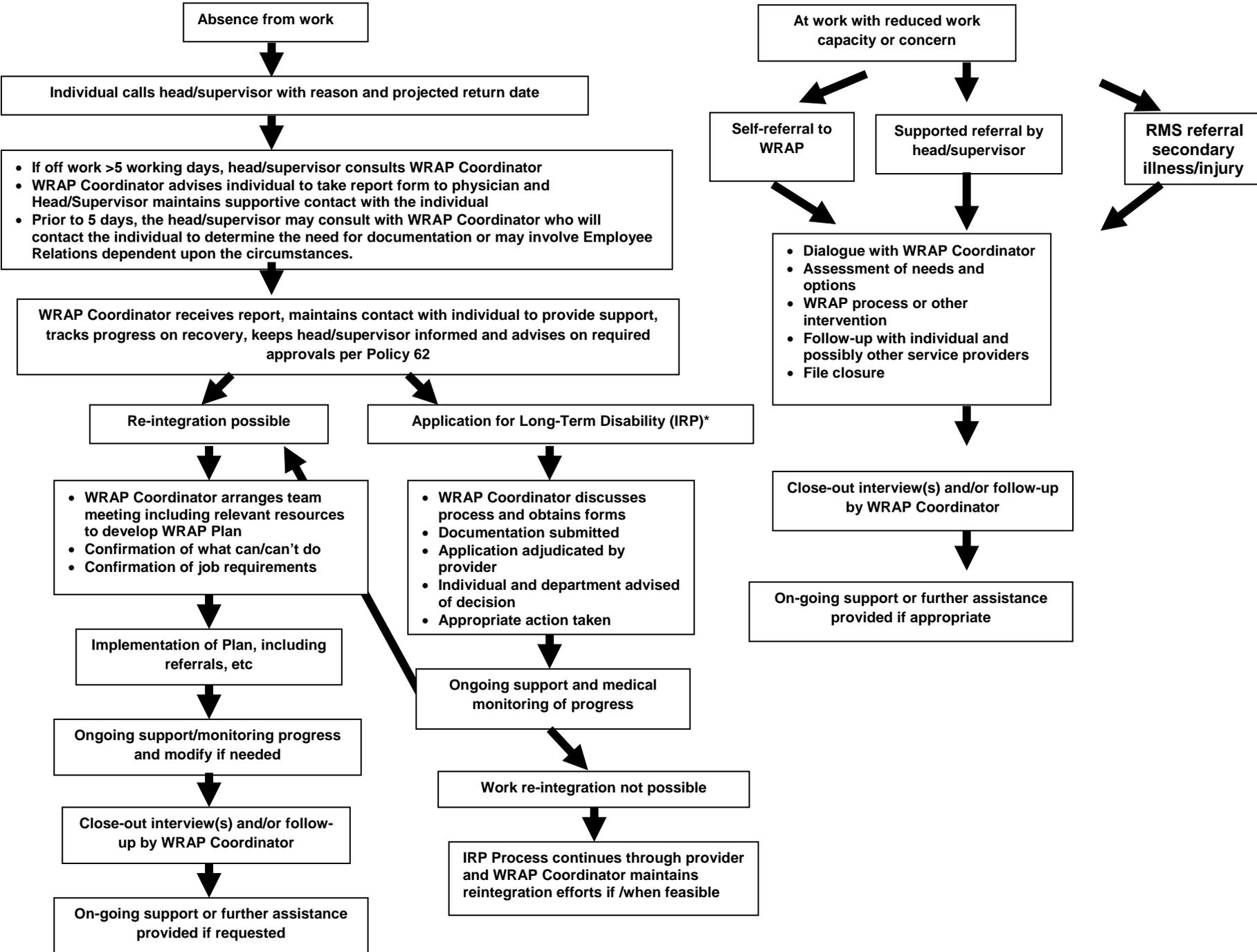
Risk Management Services (RMS) staff may make referrals to the WRAP Coordinator in consultation with the head/supervisor if there is a need for attention to secondary illness or injury for individuals with whom they have been primary responders as a result of a workplace accident, injury or environmental concern.

The Wrap Coordinator meets with the individual and if suitable, with their head/supervisor to determine the needs of the individual and to explore options. This may involve the WRAP process or referral to other services.

C. WCB CLAIMS

In cases of workplace injury or occupational illness, RMS staff ensure that immediate medical attention is provided and that appropriate follow up and incident reporting are completed. If secondary illness or injury issues are evident after the acute phase of the incident, HSE staff may refer the individual to the Work Re-integration and Accommodation Program (WRAP) in consultation with the head/supervisor.

WRAP Process Flowsheet

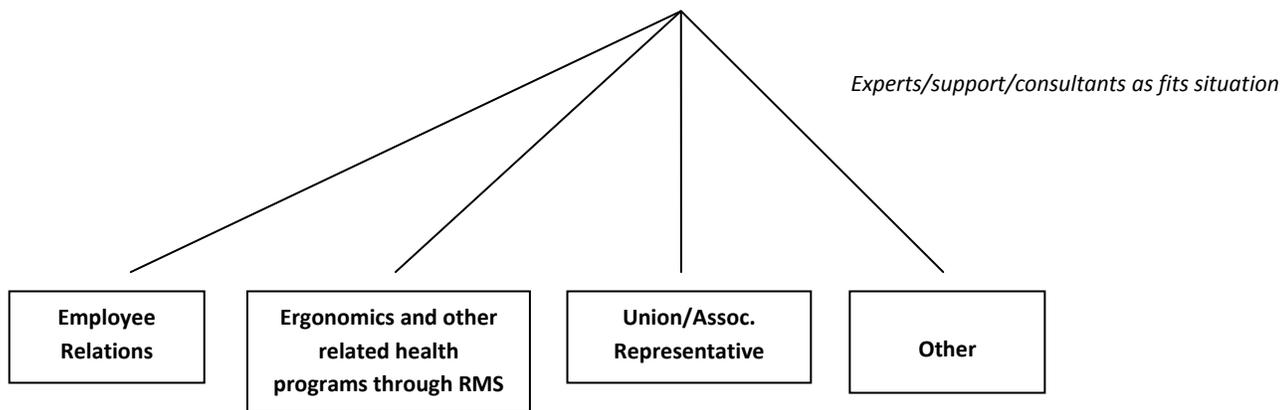


Work Re-integration and Accommodation Program (WRAP)

Individual absence reported to head/supervisor & recorded



If > 5 days or concerns prior to 5 days, head/supervisor contacts



Sample: Letter to Physician



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Dear Dr. :

The University of British Columbia is committed to building a healthy and respectful workplace and to providing its members with accommodation opportunities to maximize the ability of individuals to remain at work or to reintegrate in a safe and timely manner following illness or injury.

Our Work Re-integration and Accommodation Program (WRAP) is a collaborative, proactive approach working with the individual, their supervisor and their treating physician to plan work re-entry and accommodations as required. As you know, research identifies early intervention as a key in supporting a successful recovery and return to work. In addition, maintaining connectivity to the workplace and productive activity are valuable components in maintaining a sense of social identity and well being.

In order to plan for a safe return to work as soon as medically feasible, your evaluation of your patient's capabilities will allow for planning of any accommodations required including gradual return schedules, modified work assignments or other adaptations. When appropriate, we are able to arrange ergonomic assessments and all employees have access to our Employee and Family Assistance Program (EFAP) provider for evaluation and counselling by professionals such as nutritionists, dieticians, addiction counsellors or psychologists.

Please complete the enclosed **Functional Accommodation Form** and return it to me as soon as possible. By providing you with this letter, _____ has authorized you to provide us with the answers to the following questions in respect of his medical condition.

Thank you for your assistance. Please contact me should you have any questions regarding our Work Re-integration and Accommodation Program (WRAP).

Sincerely,

Work Re-integration and Accommodation Program Coordinator

SAMPLE: FUNCTIONAL ACCOMMODATION FORM



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

FUNCTIONAL ACCOMMODATION FORM

PART 1 – Information to be completed by individual

Name (please print) _____ Department _____
 First Day Absent from Work _____ Date of Medical Appointment _____

Reason for Absence/Accommodation

I hereby authorize my physician to release the following information: _____

Part 2 – Completed by Attending Physician or Specialist

Estimated Return to Work Date _____

Modified duties required? Yes or No

Estimated Duration of Limitations? _____

Current Limitations	Limitation		Comment (ex. frequency, duration, stamina etc.)
	Yes	No	
Walking	Yes	No	
Standing	Yes	No	
Sitting	Yes	No	
Bend/Twist	Yes	No	
Lifting	Yes	No	
Memory	Yes	No	
Concentration	Yes	No	
Stamina/Energy	Yes	No	

Other (please specify)

Is your patient following a treatment plan Yes or No

Date of next office visit _____, Physician Signature _____

Please Stamp with name, address and phone number.

Sick Leave Provisions, Agreements and Obligations

Sick benefits provide insurance for faculty and staff against loss of income due to illness or injury and will be approved by the University for such purposes. As an employer, the University has the right to request medical documentation in support of illness-related absences and requests for sick benefits. Individual circumstances will dictate the necessity and degree of supporting documentation required. While the University does not require disclosure of medical diagnosis, except with the individual's consent in specific cases where necessary to properly plan for an accommodation, individuals are typically required to provide the following information through her/his physician:

Prognosis: informs when the individual is expected to recover from illness – this is not to be confused with a diagnosis. Only under rare circumstances is an employee required to disclose the diagnosis of her/his illness.

Functional Limitations: identifies the individual's functional limitations related to her/his job description (what duties can he/she safely perform).

Accommodations: identifies accommodations that may assist the safe return to work or that will assist in keeping the individual in the workplace during recovery, or where an ongoing reduced work capacity is identified.

Treatment: confirms that a treatment plan is in place, is being followed, and whether the treatment plan will have an impact on the individual's ability to perform the functions of their job.

Policy 62: Leave Due to Illness of Members of Faculty

Policy 62 sets decision-making authority and approvals required for absences of increasing lengths of time for faculty members. Once an absence may extend beyond 5 days and the WRAP Coordinator begins involvement, the WRAP coordinator will collaborate with the **Head** to ensure that the additional consultations and approvals are obtained per Policy.

1. *Immediately:* A member of faculty who is unable to perform his/her duties because of illness or injury must inform his/her administrative **Head** as soon as possible.
2. *One month or less absence:* The **Head**, in consultation with the Dean, may grant the leave of absence.
3. *Beyond one month:* The **Dean** in consultation with the President's office (Provost for UBC Okanagan campus) may extend the leave for an additional period up to three months. The Policy also states the following: "*The Dean shall continue to assess the situation, request appropriate medical reports as required, and keep the President's Office informed.*"
4. *After four months absence:* If because of illness, the faculty member's physician considers recovery from illness is not likely within a further two months, the **Head** should advise the faculty member to apply for Income Replacement Benefits that may commence after six months sick leave. Concurrently, the **Dean** must request approval from the Provost's Office for an additional two months sick leave. This action will ensure that faculty facing illness will seamlessly bridge into the Income Replacement Program once the paid sick leave allotment expires.
5. *After six months:* If disability benefits have been approved, the Provost's Office should be informed that the faculty member is on leave of absence without salary due to disability and

that he/she will receive benefits under the disability program. If the disability is not approved, then the **Dean** shall review the circumstances of the case with the Provost's Office.

6. *At any stage:* Dependent upon circumstances, in considering an application for sick benefits, the University may request examination by a physician nominated by the University (independent medical examination –IME).

Collective Agreements, AAPS Agreement and Handbooks Covering Staff Members

Each bargaining group has sick leave provisions embedded within their respective agreements.

BCGEU (Article 50)

Regular full-time employees accrue 1 ¼ days for every month of service. Regular part-time employees' accrual is pro-rated. Auxiliary employees may accrue sick leave, please contact HR Associate at 79819.

50.4 a) Employees may be required to produce a certificate from a duly qualified practitioner for any illness certifying that they are unable to carry out their duties due to illness.

50.4b) The University may require employees to have their physician complete the University's Illness and Injury Report, and to forward the completed report to the University.

50.9 a) Where the University requires an employee to undergo a medical examination, it shall be at the University's expense and on University time, other than a medical examination required under Article 50.4.

Executive Administrative Staff - Full-time employees accrue 1 ¼ days for every month during which they work at least eleven days. Part-time employees' accrual is pro-rated.

AAPS (Clause 12.3) – Full-time employees in their probationary period accrue 1 ¼ days for each month worked. A new part-time employee in their probationary period accumulate sick leave as above, pro-rated based on percentage of appointment. After probation, M & P employees are eligible for a maximum of (6) months for each illness or injury.

12.3.1 The University may require medical documentation on the health of an employee if the employee is or will be absent for more than five (5) days. If an employee has recurring absences, or is unable to do his/her job, the University may request a medical examination and report, or an independent medical examination or medical file review and report.

Processes in a Sampling of Canadian Universities

University	Day's until involvement	Process
University of Toronto	7-10 Days	<ol style="list-style-type: none"> 1. The employee notifies the supervisor/dean as early as possible of illness/injury. 2. The Health and Wellbeing Office will send a medical report to the employee who has been absent for more than 7 to 10 working days. <ol style="list-style-type: none"> a. Report will request likely duration of absence, likely return to work dates, and accommodation needs. 3. When the employee is able to return to work, and the Health and Wellbeing Office has enough medical documentation regarding limitations, a meeting is arranged to discuss accommodation. The attendees include the employee, supervisor, union representative, a HR generalist, and a Health and Wellbeing representative. 4. Once the accommodation has been identified, the plan will be signed by the supervisor and employee. 5. Follow up and monitoring.
University of Calgary	5 days	<ol style="list-style-type: none"> 1. The employee notifies the supervisor/dean as early as possible of illness/injury. 2. The Occupational Health Consultants (OHC) is notified by the employee, the employee's department or Human Resources that the employee has been off work longer than five consecutive work days due to injury or illness. 3. The OHC contacts the employee to discuss the reasons for illness or injury and provides the appropriate forms to the employee to be completed by the employee's physician. 4. Ongoing medical information to the OHC is required every 2 weeks. 5. Once a modified return to work is a possibility, the OHC will notify the department manager, supervisor, and Human Resources of the limitations and restrictions. 6. Return to work plan implemented. 7. Follow up and monitoring.
University of Alberta	3-10 days	<ol style="list-style-type: none"> 1. The employee notifies the supervisor/dean as early as possible of illness/injury. 2. If an employee is absent due to illness/injury for more than 3, or less than 10 days, the employee will provide a medical certificate to the trust holder. 3. The trust holder will then send the medical certificate to the rehabilitation consultant. 4. The rehabilitation consultant contacts employee to set-up initial meeting and discuss assistance and supports, confirmation of Return to Work (RTW) barriers, process and responsibilities, next steps, and further action follow up. 5. When the employee is able to return to work, and has medical clearance, a team meeting is called to develop the RTW Plan. 6. The return to work plan is implemented. 7. Follow up and monitoring.

University of Victoria	>10 days	<ol style="list-style-type: none"> 1. The employee notifies the supervisor/dean as early as possible of illness/injury. 2. If the employee is likely to be off work for more than 10 days the supervisor or the employee will contact the Work/Life Consultant. 3. The Work-Life Consultant proceeds with collecting medical documentation for the purpose of RTW. 4. Once the physician has cleared the employee for RTW, a collaborative meeting is held to discuss the options for accommodation. 5. RTW plan approved and implemented. 6. Follow up and monitoring.
University of Western Ontario	5 or more days	<ol style="list-style-type: none"> 1. The employee notifies the supervisor/dean as early as possible of illness/injury. 2. If absent for more than 1 week, the employee provides a consent to rehabilitation services to communicate with treating practitioners. 3. Rehabilitation services obtain medical documentation for the purposes of RTW. 4. Once the physician has cleared the employee to RTW, a collaborative meeting is held to discuss the options for accommodation. 5. RTW plan approved and implemented. 6. Follow up and monitoring.
Mount Royal University	After 6 consecutive days	<ol style="list-style-type: none"> 1. After an employee is absent for 6 consecutive days the department request general medical documentation. 2. Information is then forwarded to the RTW Coordinator in complex situations. 3. RTW Coordinator gathers information for the purposes of RTW. 4. RTW meeting on a case-by-case basis. In some situations a meeting is not required, due to the nature of the duties prescribed and the complexity of the case. 5. RTW plan implemented. 6. Ongoing follow up.
Simon Fraser University	After 3 consecutive day's	<ol style="list-style-type: none"> 1. After 3 consecutive days of medical leave, medical documentation is requested. 2. The medical documentation is sent either to the supervisor or the Disability Management professional. 3. The document is shared with an HR advisor, however still abiding by the FOIPPA guidelines. 4. The manager is requested to provide modified work duties. 5. The Disability Management professional presents the physician with the modified duties available. 6. Once cleared for RTW, a collaborative meeting is held with appropriate stakeholders. 7. Physician signs off on RTW plan. 8. RTW plan implemented. 9. Follow up and monitoring

*** Note: All of the above Universities use one case manager from point of injury/illness and follow through to RTW***