

The CSA Z1011:20, *Work disability management system* Standard

Webinar 12: Continued Conversations on the Role of Healthcare and Disability Management Services

Monday April 26, 2021 12:00 noon to 1 p.m. EST



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Agenda for the Session

- 1. High-level summary of the Standard (CSA Z1011:20, *Work disability management system*) with a focus on the role of healthcare and disability management services
- 2. Fireside chat with panelists including questions and comments from attendees



Moderators and Panelists



Emile Tompa Director, CRWDP



Alec Farquhar Coordinator, Asbestos Free Canada Chair of Engagement, CRWDP





Drew Sousa Executive Director, Health Nurses

Association



CSA Z1011 Technical Committee Overview

- Technical Committee Members
 - •Chair: **Emile Tompa** Amin Yazdani
 - •Vice Chairs:
 - David Brown
 - •CSA Project Managers: Lina Lopez and Dave Shanahan
 - •26 voting members and several non-voting members
- •Extensive efforts to ensure balanced representation from broad variety of stakeholder groups and substantive expertise amongst members
 - Employer representatives
 - •Labour/unions and injured/disabled worker representatives
 - •Health and safety professionals
 - •Return-to-work specialists
 - •Experts in work disability prevention
 - •Work disability insurance/program providers
 - •Academics/researchers





List of Technical Committee Members (by last name)

- T. Amell: CoreHealth Technologies, Calgary, Alberta, Canada
- J. Baiardo: Canadian Vehicle Manufacturing Association (CVMA) Ford of Canada, Oakville, Ontario, Canada
- D. Bain: Donna Bain & Associates Inc., Toronto, Ontario, Canada
- D. Barrett: Government of Newfoundland and Labrador, St. John's, Newfoundland and Labrador, Canada
- A. Bieksa: United Steelworkers (USW) Local 2009, Langley, British Columbia, Canada
- M. F. Coutu: Université de Sherbrooke, Longueuil, Québec, Canada
- J. Dowdall: International Union of Operating Engineers (IUOE), Local 793, Oakville, Ontario, Canada
- A. Farquhar: Lawyer, Toronto, Ontario, Canada
- J. Geary: National Institute for Disability Management (NIDMAR), Toronto, Ontario
- J. Giulione: L'Arrimage, Montréal, Québec, Canada
- M. Haan: Canadian Council on Rehabilitation & Work (CCRW), Toronto, Ontario, Canada
- P. Lahey: Employment and Social Development Canada (ESDC), Gatineau, Québec, Canada
- M. Lallouz: Ometz, Montréal, Québec, Canada
- G. LeBlanc: United Steelworkers (USW) Canadian National Office, Toronto, Ontario, Canada
- M. MacDonald: Jazz Aviation LP, Dartmouth, Nova Scotia, Canada
- C. Makar: Deloitte, Toronto, Ontario, Canada
- C. J. McInnis: International Brotherhood of Boilermakers (IBB), Edmonton, Alberta, Canada
- T. McKenna: Canadian Union of Public Employees (CUPE), Burnaby, British Columbia, Canada
- B. Nowrouzi-Kia: University of Toronto, Toronto, Ontario, Canada
- G. Pomaki: Manulife, Vancouver, British Columbia, Canada
- L. Porplycia: School Boards' Co-operative Inc., Markham, Ontario, Canada
- J. G. Rabideau: Workplace Safety & Insurance Board of Ontario (WSIB), Toronto, Ontario, Canada
- V. Russell: WorkSafeBC, Vancouver, British Columbia, Canada
- S. Sairanen: UNIFOR, Toronto, Ontario, Canada
- D. Sousa: Ontario Occupational Health Nurses Association (OOHNA), Toronto, Ontario, Canada
- K. Stathakos: ArcelorMittal Dofasco, Hamilton, Ontario, Canada



Purpose of the Standard

- •Provide a consensus-based framework for the management of work disability at the organizational level to address both physical and mental health needs of workers
- •Relevant for the management of both work-related and non-work-related health needs
- Include consensus-based guidance for recruitment, hiring and onboarding of workers with disabilities
- •Supporting materials are provided in Annexes to the standard, including implementation tips





Systems Approach

- •Traditional approach used to address work disability issues within organizations
 - •Assign role of work disability manager to a particular person
 - Within human resources department or within OHS department
 - •Handle workers' compensation claims separately and differently than non-work-related injuries and illnesses
 - •Some organizations may farm out disability management function
 - •Take a reactive role to performance measurement using indicators such as absence days

•Systems approach is proactive and considers roles and responsibilities across the organizations

- Considers inputs, process, outputs and feedback
- Evaluation and improvement on a continual basis





What is a Management System?

- •Preferably, an organization has a formalized framework of policies, processes and procedures to meet its objectives
- •Documented and tested step-by-step method aimed at smooth functioning through standard practices
- •Audits are a vital part of the management system approach (what gets measured gets done)
- •Ideally, an organization has frameworks in place to address all core aspects of organizational activities including **work disability management (WDM)**
- •The systems approach to work disability management ensures clarity, consistency and integration with other organizational activities
- •The Standard promotes a proactive approach addresses health needs of workers before they become disabling **work disability prevention –** whether health need arises from exposure at work or elsewhere



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Management System Model*



*Health and Safety Executive Model (HSG65)

Six Guiding Principles at the Foundation of the CSA Z1011:20

The Standard promotes:

- 1. An evidence-informed, data-driven approach that is strategic in nature
- 2. A focus on inclusion and accessibility to ensure worker engagement and belonging
- 3. A worker-centred, supportive approach that is contextualized and case-by-case
- 4. Accommodation and early return-to-work that considers the essential duties of the worker's role within the organization
- 5. Joint responsibility between the organizational management, worker/workforce, and worker representatives, where applicable
- 6. Legal compliance, as applicable in the jurisdiction where the organization is situated



Contents and Annexes

Contents

0 Introduction

1 Scope

2 Referenced publications

3 Definitions and abbreviations

4 Work disability management system

5 Planning

Sections

Core

- 6 Implementation
- 7 Performance Monitoring, Evaluation,
- and Continual Improvement

Informative Annexes

Annex A: Developing a Business Case for WDM System Annex B: Role of Experts

Annex C: Management of Confidential Information Annex D: Implementation Tips

Annex E: Systemic Barriers and Unconscious Bias

Annex F: Using Evidence-informed Methods, Technologies, Resources and procedures

Annex G: Benchmarking and Monitoring Progress Using Quantitative and Qualitative Data

Annex H: Case Studies on Reasonable Work Accommodation

Annex I: Relevant Legislation



4 Work Disability Management System

- Management commitment and leadership
- •Responsibilities, accountability, and authority
- Organization's responsibility to an inclusive and accessible workplace
- Work disability management policies
- Work disability management procedures

5 Planning

- Review internal policies, processes, programs, procedures, practices, and resources
- Identify gaps, barriers and opportunities in internal policies, procedures, practices, programs, and resources
- •Set objectives, targets, and establish an action plan

6 Implementation

- Implementing the plan with resources available
- •Work disability preventative and protective measures
- Accommodation
- Improving organizational culture related to disability
- Training, awareness, and competence
- Managing change

7 Performance monitoring, evaluation, and continual improvement

- Monitor and evaluate the performance of the management system
- Internal audit
- Identifying new and unresolved issues
- Management review
- Continual improvement



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Chapter 5 emphasizes the need for the organization to understand its strengths and identify areas for improvement, to identify appropriate targets.

•Continual improvement

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Core Sections of the Standard

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Annex B: The role of experts ... (1)

General background

- •Health care professionals and other experts will often be involved at various points in the case management process
- •Expert can be retained by the person with a disability, the organization, insurer, workers' compensation board, or some other participant in the work disability management process
- •Professionals may be consulted about crucial issue of disability accommodation



Annex B: The role of experts ... (2)

Key Principles

- •Ultimate responsibility for work disability management rests with the organization, according to human rights legislation
- •Unless otherwise mandated, the organization's responsibility is to reasonably accommodate the person with a disability, using the findings of experts as input
- •Accepted human rights principle is that the approach to accommodation should be the same regardless of the program context (e.g., occupational versus nonoccupation injury/illness/disability)
- •A qualified case manager might be required to assist all parties



Annex B: The role of experts ... (3)

Guidance to Workplace Parties

- •The organization's system should include a standardized process for dealing with health care professionals and other experts
- •Scope of information requested from experts should be based on specifics of the organization's program
- •Requests should include consent forms and clear communication to the worker about the use of information
- •Ideally the organization develops physical/psychological demands analysis for each positions in the workplace
- •This can serve as a basis for evaluating information on a worker's limitations against job requirements and possible options for accommodation

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Panelist Bios



Alec Farquhar Coordinator, Asbestos Free Canada Chair of Engagement, CRWDP



Behdin Nowrouzi-Kia Assistant Professor, Occupational Science and Occupational Therapy, University of Toronto



Drew Sousa Executive Director, Ontario Occupational Health Nurses Association



Fireside Chat with Panel Members

Questions for Consideration

- 1. What is the role of experts in a work disability management system?
 - i. Is the role of internal experts different from external experts?
 - ii. For external experts, does the role vary depending on program (e.g., workers' compensation versus private disability insurance)?
 - iii. Do you have suggestion on the various ways an organization might best manage external expert roles?

2. What is case management?

- i. Is case management required for all cases?
- ii. Does case management vary for work-related compared to non-work-related injuries and illnesses?
- iii. Is case management different for mental health illness compared to physical health issues?

We will also take questions from attendees on a continual basis through the chat box

www.crwdp.ca



Fireside Chat with Panel Members

Questions for Consideration

- 3. What is the purpose of physical and psychological demands analysis?
 - i. Is such an analysis required for all roles within an organization?
 - ii. Do you have any suggestions where to start with completing such analyses?
- 4. What is the distinction between functional limitations versus diagnosis for the purpose of accommodation?
 - i. What is staged return-to-work and when should an organization consider using it?
 - ii. What is the role of the worker, supervisor and expert in the process?

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Future Webinars

May 10, 2021 (CRWDP): Continued Conversations on the Labour Perspective

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Thank You!

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