

# MEDICAL ACCOMMODATION - ADAPTIVE EQUIPMENT GUIDE FOR SUPERVISORS



An employee may require adaptive equipment as part of a medical accommodation. The equipment is medically required and not a preference or preventive. It is important that the implementation of the equipment is in line with an employee's treating health practitioner's recommendations. The cost of adaptive equipment is the responsibility of the department the employee works in.

Additional information is available in the sit-stand desks medical accommodation guide for supervisors.

## SUPERVISOR RESPONSIBILITY:

You are your employee's primary point of contact if they are ill or injured. It is your responsibility to:

- x Work with your employee to identify supports, including accommodations that can help them remain at work if they are able, or return to work when it is safe to do so;
- x Maintain communication with your employee in a manner that is appropriate to the situation. Keeping connected to work is important for your employee's recovery. The supervisor and colleagues can be an important source of emotional support and encouragement;
- x Verify that your employee's leave is being used appropriately. You may have to ask your employee to provide a medical certificate. Refer to the appropriate collective agreement or terms of reference and internal policies; and
- x Coordinate the accommodation your employee may need to remain at work or return to work.



## ADAPTIVE EQUIPMENT MEDICAL ACCOMMODATION How it works:

1. Employee submits a Request for Accommodation form to supervisor
2. Supervisor reviews current job duties and sets implements workplace modifications (see potential solutions)
3. If modifications do not work and employee requires further accommodation, WLC provides the following:
  4. WLC determines if the equipment will be available through the Central Accommodation Fund
  5. WLC determines if the equipment will be available through the Central Accommodation Fund
  6. Supervisor arranges annual accommodation review follow-up
  7. Supervisor advises WLC if employee leaves department or the university. The equipment will move with the employee if it is still a requirement of the medical accommodation.

x |

If any funding is received through the CAF for equipment, that piece of equipment will be assigned to the employee for as long as they work at the university and will move with the employee if they transfer positions.

- x For equipment that receives 50% or more funding from CAF, the equipment then belongs to the Accommodation Loaner Program and will be repurposed after the employee is no longer in need of it or leaves the university.

## POTENTIAL SOLUTIONS

Employees are encouraged to attend one of HR's ergonomics courses:

<http://www.uvic.ca/hr/services/home/learning/calendar/index.php>

Tips for sitting less:

- x Stand up every 30 minutes – schedule reminders!
- x Conduct standing meetings
- x Suggest Walking Meetings when appropriate

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Please note, the CAF has limited resources and funding may be available as long as the fiscal year's resources have not been depleted.

For more information on the administration of the fund please contact a Work Life Consultant at [worklifeconsulting@uvic.ca](mailto:worklifeconsulting@uvic.ca)

#### FORMS:

Request for Accommodation

Accommodation Plan

Central Accommodation Fund – Request for reimbursement



#### RESOURCES:

Facilities Management Interior modification services:

<http://www.uvic.ca/facilities/service/planning/index.php>

Human Resources Work Life Consultant <http://www.uvic.ca/hr/contact/index.php>

# FORMS

# REQUEST FOR ACCOMMODATION

NAME \_\_\_\_\_ DEPT \_\_\_\_\_

POSITION \_\_\_\_\_

If you would like assistance in filling out the rest of this form, please contact your Union Representative, Supervisor or your assigned Work-Life Consultant in Human Resources. See reverse for contact information.

I am requesting an accommodation in my job due to a disability.

What effect does the disability have on your ability to do your job? What duties are you unable to do?

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What kind of accommodation do you think will be most helpful to you?

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# ACCOMMODATION PLAN

DEPT/WORK UNIT \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE \_\_\_\_\_ POSITION \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

FUNCTIONAL IMPACT

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CURRENT SITUATION

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ACCOMMODATION MEASURES

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REVIEW DATE \_\_\_\_\_

Any of the parties may request a meeting at any time to further discuss the Accommodation Plan.

This agreement is made without prejudice to either party's interpretation of the Collective Agreement and will not form precedent in any other situation.

SIGNATURES:

Employee Name \_\_\_\_\_ Supervisor (name and department/work unit) \_\_\_\_\_

Work Life Consultant \_\_\_\_\_ RTW & Accommodation Officer \_\_\_\_\_

Copy of signed plan circulated to all parties on: \_\_\_\_\_

# CENTRAL ACCOMMODATION FUND

## REQUEST FOR REIMBURSEMENT

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