

SIT-STAND DESKS MEDICAL ACCOMMODATION GUIDE FOR SUPERVISORS



A sit-stand desk is just one way to avoid sitting for long periods at a time and counter the negative impact it has on our bodies. It shouldn't be considered a 'fix all' for obtaining adequate physical movement over the course of the day and should be supplemented with a healthy lifestyle and other strategies for sitting less.

The cost of a sit-stand workstation and additional adaptive equipment is the responsibility of the department the employee works in.

Sit-stand workstations can in some instances aggravate existing injuries/medical conditions or present a risk for new injury. For example lower back, knee and ankle injuries as well as conditions such as arthritis can be aggravated by increased standing. It is important that the implementation of a sit-stand desk is in line with an employee's treating health practitioner's recommendations.

SUPERVISOR'S RESPONSIBILITY:

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

- 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;
- 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;
- 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
- Coordinate the accommodation your employee may need to remain at work or return to work.



SIT-STAND DESKS MEDICAL ACCOMMODATION – How it works:

1. Employee submits a Request for Accommodation form to supervisor
2. Supervisor reviews current job duties and set-up – implements workplace modifications (see potential solutions)
3. If modifications do not work and employee requires further accommodation, WLC provides letter for employee to take to Physician – returned medical reviewed by WLC, advise supervisor
4. Supervisor drafts simple accommodation – reviewed by WLC
5. If equipment is required and approved for purchase as a result of a medical accommodation, supervisor arranges next steps (i.e. desk order, request of loaner desk (4-6 weeks), FMGT follow-

ups). Employee's department is responsible for all costs. For extraordinary expenses, funding may 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 desk will move with the employee if it is still a requirement of the medical accommodation.
 - 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.
 - For equipment that receives 50% or more funding from CAF, the equipment will then belong 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 office ergonomics courses:

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

Tips for sitting less:

- Stand up every 30 minutes – schedule reminders!
- Conduct standing meetings
- Suggest Walking Meetings when appropriate
- Stand up to answer the phone
- Use the printer that is further away
- Walk to a colleague's desk instead of phoning or emailing
- Stretch at your desk
- Eat healthy and stay active
- Drink more water

What you can do to help:

If you have an employee who has a limitation on the number of hours they are able to sit at one time – have them switch tasks more frequently that involve posture change.

i.e.: have them leave their desk to do another task (filing, have standing meetings, stand up to answer the phone)

Ensure your employee takes their breaks and leaves their desk for lunch.



Encourage a healthy workplace: <https://onlineacademiccommunity.uvic.ca/wellness/>

Work Stations:

- Have a shared sit-stand work station employees can rotate through
- Set up a computer on a filing cabinet

We understand it will not be possible to accommodate all employees through posture or work task changes and that some employees may require other resources for their accommodation. If you have worked through your employee's job duties and the solutions you have implemented are not sufficient please contact your Work Life Consultant to request medical documentation for your employee to take to their physician.

CENTRAL ACCOMMODATION FUND

Departments are required to contribute towards items or services purchased for a medical accommodation. Funding is available through the Central Accommodation Fund (CAF) to support the accommodation of employees for extraordinary expenses and when other sources of funding have been exhausted. Please review the [terms of reference](#) for more details.

If you require financial support through the CAF you will have to complete the request for reimbursement form and confirm that you have already reviewed other sources of funding (carry forward funds, equipment reserves, faculty/dept. reserve).

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.

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 helpful for you?

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Are there some duties (or different duties) you think you can do? Please list:

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Is the disability due to a work-related illness/injury? Yes No

Or a motor vehicle accident? Yes No

SIGNATURE _____ DATE _____

Please give this form to your Supervisor who will send a copy to the assigned Work-Life Consultant, who will forward a copy to the Union RTW/Accommodation Officer.

Supervisor Copy sent to Work-Life Consultant

Work-Life Consultant Copy sent to Union Representative



University of Victoria

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



University
of Victoria

REQUEST FOR REIMBURSEMENT

Departments are required to contribute towards items or services purchased for a medical accommodation. Funding is available through the Central Accommodation Fund to support the accommodation of employees for extraordinary expenses and when other sources of funding have been exhausted. Please review the [terms of reference](#) for more details.

Department _____

Employee Name _____

Supervisor _____

Item(s) _____

Total cost _____

Amount requested for reimbursement _____

Have other sources of funding been reviewed? Yes No
(carry forward funds, equipment reserves, faculty/dept reserve)

Signatures:

Name – Supervisor: Date

Name - Director/Dean: Date

Submit completed request forms and supporting documentation to:
Rebecca Lumley, Director – Total Compensation and Recruitment
Human Resources
lumleyr@uvic.ca