

# Return-to-Work Is a Safety Process and Why Most Programs Miss the Hazard Assessment Step



A worker returns after several months away from work following a psychological injury. The medical note recommends reduced hours, gradual exposure to regular duties, and avoidance of high-conflict interactions during the first phase of the return. HR builds a plan. The supervisor adjusts the schedule. Payroll is notified. The claim manager receives the paperwork. Everyone believes the return-to-work process is under control.

But nobody asks whether the modified work exposes the worker to the same stressors that contributed to the original absence. Nobody reviews whether staffing levels, conflict, workload, violence risk, supervisor behaviour, client pressure, isolation, or fatigue could undermine the return. Nobody checks whether the worker is being placed into a role with new hazards simply because it's administratively convenient. Within weeks, the worker is struggling again, co-workers are unsure what support is appropriate, the supervisor feels caught between productivity and accommodation, and the employer is back in crisis mode.

That's not just a disability management failure. It's a safety failure.

Return-to-work is often treated as a process for getting an employee back on the schedule. In a stronger OHS system, it's treated as a controlled re-entry into work. The employer isn't simply asking what the worker can do. It's asking what hazards the worker will face while doing it, what controls are needed, and whether the work environment supports safe recovery.

## **The missing question is hazard exposure**

Many return-to-work plans are built around restrictions and limitations. The worker can work four hours per day. The worker should avoid overtime. The worker should not perform certain tasks. The worker should have modified duties for a set period. Those details matter, but they don't answer the full safety question.

The missing question is usually this: what is the worker being returned into?

If a worker leaves because of burnout and returns to the same workload with fewer hours but no workload redesign, the plan may simply compress pressure into a shorter day. If a worker leaves after workplace harassment and returns to the same reporting relationship without safeguards, the plan may reintroduce the hazard. If a worker leaves after a violent incident and returns to the same public-facing role without reviewing security procedures, staffing, panic response, or de-escalation supports, the employer may be repeating the conditions that created harm. If a worker recovering from addiction is returned to an isolated, high-stress, overtime-heavy role without structure and support, the plan may be technically compliant but practically fragile.

A return-to-work plan must therefore look at both capacity and exposure. Capacity asks what the worker can safely do. Exposure asks what the work will demand from the worker and what hazards the worker will encounter. Both are needed.

## **Canadian employers need to connect RTW with OHS due diligence**

Canadian employers have overlapping duties in this area. Human rights law requires accommodation to the point of undue hardship. Workers' compensation systems often support early and safe return to work. OHS legislation requires employers to protect workers from hazards and take reasonable precautions. These duties don't operate in separate worlds. They converge when a worker returns after a mental health-related absence.

A defensible return-to-work process should show that the employer considered the worker's functional limitations, the essential duties of the job, the hazards of the proposed work, the controls required, and the supervisor's role in monitoring the plan. It should also show that the employer didn't simply return the worker to a harmful environment without examining whether the original risk had been controlled.

This is especially important where the absence is connected to work-related psychological harm. If the workplace contributed to the injury or illness, return-to-work planning must include prevention. Otherwise, the employer is effectively sending the worker back into an unchanged hazard.

That doesn't mean every stress-related leave proves the workplace caused the condition. It means the employer should be alert to work-related factors and investigate them where appropriate. A return-to-work file can't become a substitute for a harassment investigation, violence risk assessment, workload review, or supervisor performance issue that should have been addressed separately.

## **Modified duties can create new risks**

Modified work is often presented as the safe option, but it can create new hazards if selected poorly. Employers sometimes move workers into tasks that seem lighter, quieter, or less

stressful without assessing whether the worker is trained, supervised, supported, or suited to those tasks.

For example, a worker who normally performs hands-on production work may be moved into administrative duties during recovery. That may reduce physical or public-facing demands, but it can increase cognitive load, screen time, social isolation, and frustration if the worker has limited experience with the systems. A field worker may be assigned shop-based work that appears safer but involves unfamiliar equipment or poor ergonomic conditions. A worker returning after anxiety-related leave may be moved away from team duties to reduce pressure, but the isolation may worsen the worker's condition and reduce informal support.

Modified work should be meaningful, medically appropriate, and safe. It should not be make-work, punishment, or an improvised placement. The employer should assess the modified duties just as it would assess regular duties, asking what hazards exist, what training is needed, what supervision is required, and how the arrangement will be reviewed.

## **Psychosocial hazards belong in the RTW assessment**

A return-to-work hazard assessment for mental health-related absences must include psychosocial hazards. That means looking beyond obvious physical risks and asking how the organization of work affects health and safety.

Relevant factors may include workload, pace, shift schedules, overtime, role clarity, conflict, harassment, violence exposure, traumatic events, isolation, job control, communication, performance pressure, public interaction, change fatigue, and the quality of supervision. These are not soft issues. They affect whether the worker can return safely and whether the employer is controlling foreseeable risks.

This analysis should be practical, not abstract. The employer doesn't need to turn every RTW plan into a psychological audit. But it should identify the specific work conditions that may affect the worker's restrictions or recovery. If the worker must avoid high-conflict interactions temporarily, the plan should define what that means operationally. If the worker needs predictable scheduling, the supervisor should know how much notice is required for shift changes. If the worker needs reduced cognitive load, the plan should address task complexity, interruptions, and deadlines.

The clearer the translation from medical restriction to work control, the stronger the plan.

## **Supervisors need instructions, not diagnosis**

Supervisors often struggle during mental health return-to-work because they're asked to implement a plan without enough usable information. At the same time, employers must protect confidentiality and avoid unnecessary disclosure of medical details.

The answer is functional communication. The supervisor should receive information about the work restrictions, modified duties, schedule, check-in process, safety controls, escalation triggers, and review dates. The supervisor does not need the diagnosis unless there's a rare and specific reason it's required.

For example, the supervisor may be told that the worker is returning on a gradual schedule, should not work alone during the first phase, should receive written task priorities at the start of each shift, should avoid customer escalations temporarily, and should have a brief weekly check-in focused on workload and barriers. That gives the supervisor enough information to support the plan without turning them into a medical manager.

The supervisor should also be trained on what to document. Objective observations matter: missed safety steps, fatigue concerns, difficulty following procedures, conflict incidents, workload barriers, or worker-raised concerns. Speculation does not: “seems unstable,” “probably anxious,” or “not ready” are not useful and may create legal risk. Good documentation keeps the focus on work, safety, and function.

## **The original hazard can't be ignored**

One of the most serious return-to-work mistakes is failing to address the condition that contributed to the absence in the first place. If a worker was exposed to harassment, violence, bullying, traumatic incidents, extreme workload, or repeated conflict, the employer needs to know whether those hazards have been controlled before the worker returns.

This doesn't mean the worker can dictate every workplace condition or that every allegation will be substantiated. It means the employer must take the underlying hazard seriously and respond through the proper process. A worker returning after harassment-related leave may need separation from the alleged harasser while an investigation or remedial process is underway. A worker returning after a violent incident may need updated violence prevention controls. A worker returning after burnout may need workload planning, prioritization support, staffing review, or clearer job boundaries.

If the employer only adjusts the worker and ignores the work, the plan may fail. Worse, the employer may appear to have treated the worker as the problem rather than addressing the hazard.

## **Build review points into the plan**

Return-to-work plans should be monitored. This is especially important for mental health-related accommodations because functional capacity may change as the worker rebuilds stamina,

confidence, routine, and tolerance for work demands.

The plan should include review points at defined intervals. Early check-ins may be weekly or even more frequent depending on the risk and the worker's role. Later check-ins can be spaced out as the worker stabilizes. Each review should ask whether the duties remain suitable, whether restrictions have changed, whether hazards are controlled, whether the worker has concerns, whether the supervisor has observed safety issues, and whether the next phase of the plan is appropriate.

These reviews should not be treated as surveillance. They're part of safe reintegration. They give the employer a chance to adjust before a setback becomes another absence or incident.

## **JHSC involvement should be systemic, not personal**

The JHSC or health and safety representative may have a role in reviewing hazards connected to return-to-work, but individual medical details must remain confidential. The committee doesn't need to know the worker's diagnosis, treatment, or private circumstances. It may, however, need to understand recurring hazards that are affecting return-to-work success.

For example, if multiple RTW plans in one department are failing because workload remains excessive, the JHSC may need to examine workload, staffing, overtime, and supervision as psychosocial hazard issues. If violence-related leaves are increasing in a public-facing unit, the committee may need to review violence prevention controls. If modified work routinely places employees into unfamiliar tasks without proper training, that's a safety-system issue.

Handled properly, JHSC involvement can strengthen prevention without breaching privacy.

## **A stronger RTW safety checklist**

A good mental health return-to-work process should ask whether the worker's functional abilities are understood, whether the essential duties have been identified, whether safety-sensitive duties require special review, whether psychosocial hazards have been assessed, whether the original hazard has been addressed, whether modified duties are suitable and safe, whether supervisors have functional instructions, whether check-ins are scheduled, whether emergency or escalation steps are clear, and whether the plan will be reviewed and documented.

The point is not to slow return-to-work down with bureaucracy. The point is to avoid sending workers back into poorly assessed conditions and calling that support.

## **The real goal is sustainable return**

The success of a return-to-work plan should not be measured only by whether the worker came back. It should be measured by whether the worker stayed safely at work, performed meaningful duties, avoided preventable setbacks, and returned through a process that respected both accommodation and prevention.

For Canadian employers, that requires a shift in thinking. RTW is not just a claims process. It is not just an HR process. It is not just a scheduling exercise.

It is a safety process.

When employers miss the hazard assessment step, they risk failed accommodations, repeat absences, workplace conflict, safety incidents, and weak due diligence. When they integrate OHS into return-to-work, they build a process that's more humane, more practical, and more defensible.