

When Accommodation Becomes a Safety Risk and How Canadian Employers Can Balance Mental Health Duties with OHS Obligations



A worker returns after a stress-related leave. HR has medical restrictions confirming that the employee should return gradually, avoid excessive overtime, and limit exposure to high-conflict interactions for the first several weeks. The manager wants to be supportive, so the employee is placed in a modified role with fewer customer-facing tasks. On paper, the plan looks reasonable. In practice, the employee is now working alone for longer stretches, handling unfamiliar administrative work, and receiving less informal support from the team. Within a month, errors increase, the employee becomes more isolated, and a near miss occurs because a key safety step was missed during a rushed handoff.

The employer accommodated the worker, but it didn't assess the safety implications of the accommodation.

That's the gap many Canadian workplaces are now facing. Mental health accommodation is still often treated as an HR, benefits, or disability management process. OHS may only be brought in if there's a physical restriction, a workers' compensation claim, or an obvious hazard. But mental health

accommodation can affect concentration, fatigue, communication, judgment, work pace, supervision, scheduling, conflict exposure, isolation, medication side effects, and the worker's ability to perform safety-sensitive tasks. Those are not just HR considerations. They're OHS considerations.

Canadian employers don't get to choose between accommodation and safety. They have to manage both. Human rights law requires accommodation to the point of undue hardship, while OHS law requires employers to take reasonable steps to protect workers. The Canadian Human Rights Commission states that employers and service providers have a duty to accommodate, and that undue hardship may be raised where accommodation would create excessive cost or health and safety concerns. ([Canadian Human Rights Commission](#)) CCOHS similarly explains that employers must make every reasonable effort, short of undue hardship, to accommodate a worker, and that a health and safety risk can be relevant to undue hardship if supported by sufficient evidence. ([CCOHS](#))

The practical message for employers is clear: accommodation doesn't mean ignoring safety, and safety doesn't justify reflexively denying accommodation. The employer has to do the work of assessing the individual circumstances, exploring reasonable options, documenting the risk, and designing controls that allow the worker to participate safely wherever possible.

The mistake is treating mental health accommodation as a paperwork exercise

Many accommodation files begin with a medical note and quickly become a schedule discussion. Can the worker return four hours a day? Can they avoid overtime? Can they work from home? Can certain duties be removed? Can performance expectations be adjusted temporarily? Those are important questions, but they don't go far enough.

A safety-integrated accommodation process asks a different set of questions. What are the essential duties of the role? Which duties are safety-sensitive? Which hazards could affect the worker's recovery or functional capacity? Could the proposed accommodation introduce risk to the worker, co-workers, clients, patients, the public, or contractors? Does the worker need closer supervision, different communication methods, clearer task sequencing, or reduced exposure to triggering conditions? Is the supervisor trained to support the plan without prying into diagnosis or violating confidentiality?

CCOHS notes that return-to-work programs are about finding meaningful and suitable work for workers coming back from injury or illness, and that the process is not about diagnosis because medical confidentiality must be respected. ([CCOHS](#)) That distinction matters. Employers are entitled to functional information required to manage work safely. They generally don't need the diagnosis. The supervisor doesn't need to know the worker has anxiety, PTSD, depression, substance use disorder, or another condition unless the worker chooses to disclose it and the information is necessary. The supervisor does need to know what limitations affect the work, what supports are required, what warning signs should trigger escalation, and what tasks are restricted.

When accommodation is managed only as paperwork, the plan may look compliant but fail operationally. A reduced-hours schedule may increase handoff errors. Remote work may reduce conflict exposure but increase isolation. Removing one duty may place the worker into another task for which they aren't competent. A modified role may reduce psychological strain but expose the worker to physical hazards they haven't been trained to manage. A well-intentioned plan can become unsafe if nobody maps how the change affects the real work.

Health and safety risk must be assessed, not assumed

Employers sometimes make one of two opposite mistakes. Some assume that any mental health limitation creates unacceptable safety risk, especially in safety-sensitive roles. Others assume that raising safety concerns about an accommodation will appear discriminatory, so they avoid the discussion entirely. Both approaches are flawed.

Health and safety risk must be specific, evidence-based, and connected to the actual job. It's not enough to say, "This condition could be risky," or "We're not comfortable." The employer should identify the task, the hazard, the functional limitation, the potential consequence, the likelihood of harm, and the controls that were considered. CCOHS is clear that if accommodation isn't possible because of a health and safety risk, the employer must provide sufficient evidence and undue hardship is evaluated case by case. ([CCOHS](#))

That evidence requirement protects both sides. It prevents employers from using vague safety concerns as a shortcut around accommodation, while also allowing legitimate safety risks to be addressed seriously. A worker returning to an office role with concentration limits may be accommodated through reduced workload, written instructions, flexible scheduling, and check-ins. A worker in a safety-sensitive role involving driving, heavy equipment, confined spaces, energized systems, patient care, emergency response, or hazardous substances may require a more detailed functional assessment before returning to full duties.

The issue is not whether the disability is mental or physical. The issue is whether the worker can perform the essential duties safely, with accommodation short of undue hardship. Ontario Human Rights Commission guidance explains that the right to return to work for a person with a disability exists

where the worker can fulfill the essential job duties after accommodation short of undue hardship. ([Ontario Human Rights Commission](#)) That principle is highly relevant to OHS leaders because essential duties often include safety-critical functions that can't simply be ignored.

Accommodation should redesign work, not lower the safety standard

A safe accommodation does not mean relaxing lockout rules, ignoring fit-for-duty concerns, reducing required supervision below a safe level, allowing untrained work, or accepting unsafe shortcuts because the worker is returning from leave. That approach helps no one. It exposes the worker, co-workers, and the employer to greater risk.

The better approach is work redesign. If a worker can't safely perform a task temporarily, the employer should ask whether the task can be modified, reassigned, supported, scheduled differently, supervised differently, or replaced with meaningful alternative work. If the worker can perform the task with controls, the employer should define those controls clearly. If the worker can't perform an essential safety-sensitive duty even with reasonable accommodation, the employer may need to explore other roles or determine whether accommodation has reached undue hardship.

This is where OHS and HR need to work together. HR understands the duty to accommodate, confidentiality, medical documentation, and the interactive process. OHS understands hazard assessment, risk control, supervision, safe work procedures, incident trends, and due diligence. Disability management understands functional recovery and graduated return-to-work planning. Supervisors understand how the job actually gets done. None of those functions has the full picture alone.

A strong accommodation process brings them together without

over-sharing medical information. The employer can protect confidentiality while still asking safety-relevant questions. What tasks are restricted? What conditions should be avoided? What symptoms or functional issues could affect safe work? What should the supervisor do if concerns arise? What check-in rhythm is appropriate? What temporary controls are needed? What date will the plan be reviewed?

Supervisors need enough information to manage safety

One of the hardest practical issues is supervisor involvement. Employers often tell supervisors too much or too little. Too much creates privacy risk and stigma. Too little leaves supervisors unable to support the worker or manage hazards.

The supervisor does not need a diagnosis. They do need clear direction. For example, the supervisor may need to know that the worker is returning on a graduated schedule, shouldn't work alone for the first two weeks, should receive written instructions for priority tasks, should avoid high-conflict customer escalations temporarily, should not operate certain equipment until cleared, or should have a mid-shift check-in to confirm workload and fatigue level.

This must be framed carefully. The supervisor's role is not to monitor the worker's mental health as a clinician. It's to manage the work safely, respond to functional concerns, document objective observations, and escalate issues through the proper process. If performance or safety concerns arise, the supervisor should avoid speculation about diagnosis and focus on observable facts: missed steps, fatigue indicators, conflict escalation, errors, unsafe behaviours, difficulty following procedures, or concerns raised by the worker.

Supervisors also need training on stigma. A worker returning after a mental health leave may already feel exposed. If the supervisor treats the accommodation as a burden, shares

information inappropriately, isolates the worker, or assumes the worker is fragile or unreliable, the return-to-work process can fail quickly. Psychological safety in this context means the worker can ask for support, report concerns, and participate in the work without being punished or labelled.

The JHSC role must be handled carefully

Joint health and safety committees and health and safety representatives have an important role in identifying workplace hazards and reviewing safety trends, but they don't need access to an individual worker's confidential medical accommodation details. This is another area where employers need balance.

The JHSC may need to know that certain types of return-to-work plans are raising broader safety issues. For example, the committee might review trends involving workload, violence, harassment, fatigue, staffing, isolation, or recurring incidents during modified work. It may also review whether the workplace has a process for assessing safety risks during accommodation and return-to-work planning. But it generally shouldn't be told that a named worker has a mental health disability or that a specific diagnosis is involved.

The committee's role is systemic. Are modified duties being assessed for hazards? Are supervisors trained? Are workers returning into the same conditions that contributed to the original injury or illness? Are near misses occurring during reintegration? Are psychosocial hazards being captured in inspections, incident reviews, and prevention planning? Those are legitimate OHS questions that don't require a breach of privacy.

Prevention matters because accommodation

often reveals system failures

Mental health accommodation should not be viewed only as an individual file. Sometimes it reveals that the workplace itself is producing harm. Excessive workload, harassment, bullying, violence exposure, poor role clarity, chronic understaffing, traumatic events, unreasonable scheduling, weak supervision, and unresolved conflict can all contribute to mental health injury or disability-related absence.

If several workers in one department require stress-related leave or accommodations, the employer should be asking whether there's a psychosocial hazard problem, not just whether each worker has the right medical note. Treating each case as isolated may miss the prevention issue. The accommodation process should feed back into the OHS program, at least at a trend level.

This is especially important in health care, social services, education, corrections, transit, retail, emergency response, municipal services, and other sectors where violence, harassment, workload pressure, trauma exposure, and public-facing conflict are common. But the same principle applies in any workplace. Accommodation is not a substitute for prevention. If the same work conditions are repeatedly driving disability claims, absenteeism, turnover, or return-to-work failures, the employer has a system problem.

What a defensible process looks like

A defensible process begins with functional information, not assumptions. The employer asks for medical information that's necessary to understand restrictions, limitations, expected duration, and accommodation needs. It doesn't demand diagnosis unless there's a specific legal or functional reason to do so, and it protects confidentiality throughout the process.

The employer then compares the worker's functional abilities

with the actual job demands, including safety-sensitive duties, cognitive demands, communication requirements, environmental triggers, pace of work, public interaction, working-alone exposure, physical hazards, and emergency duties. This should be a practical review, not a generic job description exercise, because the written job description often misses how the work is actually performed.

Next, HR, OHS, disability management, and the supervisor identify accommodation options and assess whether each option controls or creates risk. If a proposed accommodation introduces risk, the employer should look for additional controls before concluding that the accommodation can't work. That might include closer supervision, adjusted scheduling, task sequencing, buddy systems, temporary reassignment, modified productivity expectations, environmental changes, communication supports, refresher training, or phased exposure to higher-stress duties.

The plan should be documented, time-limited where appropriate, and reviewed at set intervals. It should state the worker's restrictions, the modified duties, the safety controls, the supervisor's role, the worker's reporting obligations, the check-in schedule, and the process for changing the plan. It should also identify what will happen if safety concerns arise. That doesn't mean discipline. It means reassessment.

The real standard is safe participation

The goal of accommodation is not to keep a worker away from risk at all costs, nor is it to return the worker to full duties before they're ready. The goal is safe participation in meaningful work, consistent with the worker's functional abilities and the employer's legal duties.

For Canadian employers, that means mental health accommodation must be integrated into the OHS management system. It must connect to hazard assessment, supervision, incident reporting,

return-to-work planning, psychological health and safety, training, and due diligence. The employer should be able to show not only that it considered accommodation, but that it considered whether the accommodation itself was safe.

That's the higher standard OHS leaders need to bring to this issue. Accommodation is not a favour, and safety is not an excuse. Both are legal duties. The strongest employers don't put them in conflict unless the evidence requires it. They design work so people can return, recover, contribute, and remain safe.



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