

THE CORPORATION OF THE TOWNSHIP OF O'CONNOR
ACCESSIBLE EMPLOYMENT POLICY

POLICY STATEMENT:

It is the policy of the Township of O'Connor to provide equal employment opportunities for persons with disabilities and to meet the accessibility and accommodation needs of employees with a disability in a timely manner, consistent with the principles of independence, dignity, integration and equality of opportunity.

PURPOSE:

The purpose of this policy is to outline the requirements established under the Integrated Accessibility Standards, Ontario Regulation 191/11 of the Accessibility for Ontarians with Disabilities Act, 2005, as they relate to Employment Standards and to demonstrate how the Township will undertake to comply with these requirements.

ACCESSIBLE FORMATS AND COMMUNICATION SUPPORTS FOR JOB APPLICANTS AND EMPLOYEES WITH DISABILITIES:

When an employee or a job applicant with a disability makes a request for information to be provided in an accessible format or with communication supports, such as information that is needed in order to perform the employee's job or information that is generally available to employees in the workplace, the Township will consult with the person making the request to determine a suitable format that takes the employee's or job applicant's accessibility needs into account. The Township will make the final decision about the accessible format or communication support to be provided or arranged for. Once the decision is made, the information will be provided or arranged for in a timely manner.

ACCESSIBLE WORKPLACE EMERGENCY RESPONSE INFORMATION:

The Township will provide individualized emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the Township is aware of the need for accommodation, due to the employee's disability.

If an employee who receives individualized workplace emergency response information requires assistance, and if the employee grants permission, the Township will provide the workplace emergency response information to the person that the employer designates to provide assistance to the employee.

The Township will review individualized workplace emergency response information where and when it is deemed necessary.

INDIVIDUAL ACCOMMODATION PLANS:

The Township has put in place a process for developing and documenting individual accommodation plans for employees with disabilities which is set out as follows:

1. **Recognize the need for accommodation:** A request for an Individual Accommodation Plan can be made by any employee of the Township. Upon receipt of a request, the Clerk-Treasurer will schedule a meeting with the employee making the request. The employee is welcome to have a representative, either from the employee's union or

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from the workplace in general, participate in the development of the Individualized Accommodation Plan

2. **Gather relevant information and assess individual needs:** Information will be collected on the employee's functional abilities, not the nature of the employee's disability, to determine an optimal method of individualized assessment. If required, the Township will arrange and pay for an expert evaluation, such as a functional abilities evaluation, to determine if and how accommodation can be achieved. The employee will be consulted throughout the process. The employee's personal information, including medical information, will be kept secure and dealt with in a confidential manner. It will only be disclosed to individuals who need it to perform the accommodation process or in an emergency. The Clerk-Treasurer and/or the employee's supervisor will work together with the employee to find the most appropriate accommodation.

3. **Write an Individual Accommodation Plan:** After identifying the most appropriate accommodations(s), the details will be documented in a written Individual Accommodation Plan. The Plan will include:
 - What accommodation(s) will be provided.
 - How to make information accessible to the employee, including accessible formats and communication supports.
 - Employee emergency information and/or emergency response plan if applicable.
 - When the plan will be reviewed and updated.The Clerk-Treasurer will provide the employee with a copy of the Individual Accommodation Plan, in an accessible format or with communication supports that take into account the employee's particular accessibility needs, due to his/her disability, upon request.

4. **Implement, monitor and update the plan:** After implementing the Individual Accommodation Plan, the Clerk-Treasurer and/or the employee's supervisor and the employee will review and update the Individual Accommodation Plan annually or if or when there is an improvement or regression with respect to the employee's functional status. If the accommodation is no longer appropriate, the employee and the manager will reassess the situation and information gathered in Step 2 and update the plan. The employee will be encouraged to provide regular feedback about the efficacy of the employee's plan.

Schedule "A" of this policy is to be used to create an Individual Accommodation Plan.

RETURN TO WORK PROCESS AND PLAN:

The Township has put in place a process for developing and documenting a Return to Work Plan for an employee with a disability who has been away from work because of a disability and requires disability-related accommodations in order to return to work. The return to work process outlines the steps that the Township will take to facilitate the employee's return to work. The Return to Work Process reviews the following in order to create a Return to Work Plan:

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- 1. Initiate the leave and stay in contact with the employee:** If an employee needs to take a disability leave, he/she will inform the Clerk-Treasurer. The Clerk-Treasurer and/or the employee's supervisor and the employee will maintain regular contact, with the employee's consent, to address any problems that may arise and facilitate the return to work process.
- 2. Gather relevant information and assess individual needs:** The Clerk-Treasurer and/or employee's supervisor and the employee will work together to share information and find the most appropriate accommodation, for example:

Clerk-Treasurer and/or supervisor;

- Provides the employee with return to work information.
- Helps resolve any problems with treatment if requested to do so by the employee.
- Maintains regular contact with the employee.
- Assists with identifying accommodations.
- Assists with analyzing the demands of each job task.

Employee

- Gets and follows the appropriate medical treatment.
- Provides updates about their progress, including information about his/her functional ability to perform the job.
- Provides his/her health care provider with the return to work information.

Healthcare provider(s), union/workplace representative(s) and health and safety professional(s) may also participate in the process, if needed.

- 3. Develop a return to work plan:** After identifying the most appropriate accommodation, safety considerations and any transitional measures, the details will be captured in a written plan. Depending on the circumstances, the employee may:
 - Return to the original position.
 - Return to the original position with accommodation(s) on a temporary or permanent basis
 - Return to an alternate position on a temporary or permanent basis.The Return to Work Plan will be attached to the employee's Individual Accommodation Plan.
- 4. Implement, monitor and update the plan:** After implementing the return to work plan, the Clerk-Treasurer and/or the employee's supervisor and the employee will monitor and review the plan regularly to ensure that it remains effective. If the accommodation is no longer appropriate, they will reassess the situation and update the plan.

Schedule "B" of this policy is to be used to create a Return to Work Process.

EFFECTIVE DATE:

June 27, 2016

Reference: Council Resolution # _____ - June 27, 2016

THE CORPORATION OF THE TOWNSHIP OF O'CONNOR ACCESSIBLE
EMPLOYMENT POLICY SCHEDULE "A"



INDIVIDUAL ACCOMMODATION PLAN

Employee Name: _____ Position: _____

Supervisor Name: _____ Position: _____

Limitations	Job Related Tasks/Activities affected by Limitations	Is this an essential job requirement? (yes/no)

Description of Accommodations Measure(s)

Which job requirements and related tasks require accommodation or support?	What must the accommodation achieve (i.e. what must the accommodation do to be successful)?	What accommodation strategies/tools have been selected to facilitate this task/activity?

Accommodation(s)

Next Plan Review

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	Date (yyyy/mm/dd)	Or Frequency

Implementation

Actions to implement accommodations	Assigned to	Due Date

Information sources (Identify and include the contact information for any experts consulted when building the plan (i.e. union representative, family doctor, specialist))

**THE CORPORATION OF THE TOWNSHIP OF O'CONNOR ACCESSIBLE
EMPLOYMENT POLICY SCHEDULE "B"**



RETURN TO WORK PLAN

Employee Name: _____ Position: _____

Supervisor Name: _____ Position: _____

Goal

At the end of the return to work process, the employee will return to his/her

- Original job
- Original job with modifications
- Alternate job (include job description)

Accommodations and transitional measures

List any limitations the employee experiences as a result of his/her disability, how it affects different aspects of his/her job and any accommodations or safety measures required to help the employee return to work.

Accommodations may include, but are not limited to:

- Modified work hours/days
- Modified work location
- Modified job requirements
- Assistive device(s)
- Additional support (e.g. colleagues helping with specific tasks)
- If the measures will be phased in or out, include a start/end date.

Limitation:	
Tasks/activities affected:	
Accommodation:	
Safety considerations:	
Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)

Assignment to alternate position

Complete this section if the employee will not be returning to his/her original job. The assignment to an alternate position may be temporary or permanent.

Job title: _____ Length of Assignment: _____

Description of new position, training requirements and safety precautions:

Comments/Notes

Signatures

(Employee Signature)

(Date)

(Supervisor Signature)

(Date)