



Integrated Accessibility Standards Employment Procedure

Department: Clerk's Department

Section / Function: Accessibility Procedure No.: A-003

Approval Level: Senior Management

Effective Date: January 1, 2014

Revision: N/A

1.0 Purpose

- 1.1 This Procedure implements, in part, the Township of Essa's Integrated Accessibility Standards Policy (HR13-01).
- 1.2 This Procedure provides a framework for integrating Accessibility into the Township's employment processes and establishes guidelines to ensure accessibility for people with disabilities across all stages of the employment life cycle. The intent is to allow all employees to reach their full potential by ensuring that the Township provides an accessible workplace.
- 1.3 This Procedure assists in the requirement to comply with Sections 22 to 32 (inclusive) of the Integrated Accessibility Standard, Ontario Regulation 191/11, made under the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*.

2.0 Application

- 2.1 This Procedure applies to all employees of the Township of Essa and all applicants responding to, or participating in the Township's recruitment processes.
- 2.2 This procedure does not apply to volunteers and other non-paid individuals.
- 2.3 This Procedure does not replace or affect legal rights or obligations that arise under Ontario's *Human Rights Code*, the *Workplace Safety and Insurance Act, 1997*, and other laws relating to the accommodation of people with disabilities.

3.0 Definitions / Acronyms (as required)

Accessibility – Equal access to goods, services and/or facilities for all people.

Accessible Formats – Formats that are an alternative to standard print and are accessible to persons with disabilities. Accessible formats may include, but are not limited to: large print,

recorded audio, electronic formats such as DVD's and CD's, Braille and other formats usable by people with disabilities. This term is also known as "alternative formats".

Career Development and Advancement – Includes providing additional responsibilities for an employee's current position and the movement of an employee from one position to another.

Communication Supports – Methods of accessing information that people with disabilities may need. Some examples include plain language, sign language, reading the information to the individual making the request, adding captioning to videos or using written notes to communicate.

Disability – as defined by the Ontario *Human Rights Code* means:

- (a) Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
- (b) A condition of mental impairment or a developmental disability;
- (c) A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- (d) A mental disorder; or
- (e) An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Employment Life Cycle – describes key stages of engagement between an employee (or prospective employee) and the Township, including the process involved in recruitment, assessment, selection, hiring, retention (orientation, training, return to work, performance management, career development and advancement, redeployment) and the end of employment.

Goods, Services and/or Facilities – means any one or more of supplies, personal property, construction materials, construction services, insurance, employee benefits, construction of assets and maintenance and service contracts. "Facilities" means a building or place that provides a particular good and/or service.

Individual Accommodation Plan (IAP) – The formal document and/or process that records, and provides for the review of the workplace-related arrangements that the Township will provide to allow an employee with a disability to equally benefit and participate.

Individualized Workplace Emergency Response Information – Information prepared by employers in consultation with employees who have disabilities, to help them prepare for emergencies such as fire, severe weather and power outages.

Performance Management – Activities related to assessing and improving employee performance, productivity and effectiveness, with the goal of facilitating employee success.

Redeployment – The reassignment of an employee to another work unit or job within the Township of Essa as an alternative to layoff, when a particular job or work unit has been eliminated.

Township – The Corporation of the Township of Essa, its agencies, boards, commissions and advisory committees.

4.0 Procedure

4.1 Accessible Work Environment - General

The Township shall:

- Make reasonable effort to create an overall accessible work environment.
- Create a suitable accessible work environment for employees with disabilities as soon as practicable after the Township becomes aware of the disability.
- Consult with the employee to take into account their accessibility needs.

Employees are responsible to make the Township aware of their disability. However, if an employee appears to be struggling in the workplace or is clearly unwell, the employee's Supervisor/Manager can consult with the Chief Administrative Officer to obtain advice.

4.2 Recruitment

Throughout each phase of the Township's recruitment, assessment, and selection processes (see Policy A04-04 – Township of Essa's Hiring Policy), the Township shall:

- Notify job applicants that accommodations for people with disabilities will be provided, upon request. Notification will be provided on the Township's "Employment Opportunities" webpage and on the job posting, as specified in the Township's Hiring Policy.
- Notify job applicants who have been selected to participate in an assessment or selection process, that accommodations for people with disabilities are available to support their participation in the process, upon request. Notification should occur at the time that the applicant is being invited to participate in a particular assessment or selection process.
- Consult with job applicants who request accommodations and provide or arrange for suitable accommodation in a manner that takes into account the person's accessibility needs.
- Notify the successful applicant that the Township has policies and procedures in place for accommodating employees with disabilities. This notification will be included in the letter of offer to the successful candidate.

4.3 Informing Employees of Supports

The Township of Essa shall provide policies and procedures for accommodating employees with disabilities to:

- All existing employees.
- New Township employees as soon as practicable after they begin their employment, as part of the employment orientation.
- Whenever there is a change to existing policies and procedures for accommodating employees with disabilities.

4.4 Accessible Formats and Communication Supports for Employees

To ensure that information and communications are accessible for employees with disabilities, the Township shall:

- Provide accessible formats and communication supports to employees, upon request, for general information available to all employees and information required to perform the job effectively.
- Consult with the employee making the request to determine which accessible format or communication support is required.
- Include the employee's appropriate accessible format and communication support in their Individual Accommodation Plan (see Section 4.6), should one exist.
- Ensure that accessible formats and communication supports are carried out in accordance with the Township's "Integrated Accessibility Standards-Information and Communications" Procedure.

4.5 Personal Workplace Emergency Response Information (Form included as Appendix 1)

In order to prepare for the specific needs of employees with disabilities in emergency situations such as fire, power outages, severe weather, natural disasters and security incidents, the Township shall:

- Develop Individualized Workplace Emergency Response Information (see *Appendix 1*) for employees who have a disability, if individualized information is necessary and the Township has been made aware of the employee's need for accommodations due to their disability. (*Individualized Workplace Emergency Response Information is not required for employees if the Township is not aware of their disability).
- Develop the Individualized Workplace Emergency Response Information as soon as practicable after the Township becomes aware of the need for accommodation.
- Provide the Individualized Workplace Emergency Response Information, with the employee's consent, to a designated person that will assist the employee in the event of an emergency.
- Ensure that the employee's privacy is respected by not disclosing the details of the employee's disability.
- Review the Individualized Emergency Response Information when the employee: moves to a different location in the organization; the overall accommodation needs or plans are reviewed; and, when the Township reviews its general emergency response policies. This will ensure that the information is effective and up to date.

4.6 Individualized Accommodation Plans (Forms included as Appendix 2)

The Township will develop written Individual Accommodation Plans for employees with disabilities that will consider at a minimum:

- The manner in which the employee can participate in the development of the plan.
- The manner in which the Township can request an evaluation by an outside medical or other expert, at the employer's expense, to determine if and how the accommodation can be achieved.
- The manner in which the employee can request the participation of a representative from the workplace, in the development of the plan.
- The steps that will be undertaken to protect the privacy of the employee's personal information.
- The frequency with which the Individual Accommodation Plan will be reviewed and updated, and the manner in which it will be done.
- If an individual Accommodation Plan is denied, the manner in which the reasons for the denial will be provided to the employee.
- The means of providing the Individual Accommodation Plan in a format that takes into account the employee's accessibility needs due to their disability.
- Individual Accommodation Plans will include any information regarding accessible formats and communication supports that are to be provided, the Individualized Workplace Emergency Response Information, and any other accommodation that is to be provided, upon request.

*Individualized Accommodation Plans are not required for employees of which the Township has not been made aware of their disability.

4.7 Return to Work Process

The Township shall ensure that the written Return to Work Process (see Policy EHS-6-Early and Safe Return to Work) adequately supports employees who have been absent from work due to a disability and who require accommodations to return to work. The process will address the following, at a minimum:

- Outline the steps that the Township will take to facilitate the return to work, including the development of an Individual Accommodation Plan.
- Provide return to work processes for employees who have permanent, recurring or temporary disabilities. For example, return to work accommodations may be appropriate when an employee has a broken leg, radiation therapy treatment, episodes of mental illness, etc.

4.8 Performance Management, Career Development and Advancement, and Redeployment

The Township shall take into account the accessibility needs of employees with disabilities and Individual Accommodation Plans in the Performance Management process, when providing career development and advancement opportunities, and when considering redeployment for an employee with a disability.



**Appendix 1
TOWNSHIP OF ESSA
PERSONAL WORKPLACE EMERGENCY RESPONSE PLAN (PWERP)**

To be completed by Supervisor/Manager and/or Chief Administrative Officer and Employee requiring assistance in the event of a workplace emergency.

1. Employee Information	
Name of Employee:	Position of Employee:
Department:	Location of Workstation:
Name of Department Head / Supervisor conducting Review with Employee:	
2. Emergency Evacuation Assessment	
Does the employee experience any of the following that could impede the ability to quickly evacuate the work place?	
a. Mobility limitations; interference with walking, using stairs, joint pain, use of mobility device (i.e. wheelchair, scooter, cane, crutches, walker, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no
b. Reduced energy, fatigue; tires easily	<input type="checkbox"/> yes <input type="checkbox"/> no
c. Respiratory impairment (due to temporary/permanent conditions or brought on by stress, exertion, exposure to dust, smoke, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no
d. Emotional, cognitive, or concentration difficulties; confusion or disorientation	<input type="checkbox"/> yes <input type="checkbox"/> no
e. Vision impairment/loss	<input type="checkbox"/> yes <input type="checkbox"/> no
f. Hearing impairment/loss	<input type="checkbox"/> yes <input type="checkbox"/> no
g. Require assistive technology or medication	<input type="checkbox"/> yes <input type="checkbox"/> no
h. Other (please specify):	<input type="checkbox"/> yes <input type="checkbox"/> no
3. Communication Needs & Accommodations	
<p>Indicate the employee's preferred method of communication in an emergency situation. List any assistive communication devices and/or accommodations required.</p> <p>Example: person with hearing impairment may require Blackberry or pager to receive emergency evacuation information via text message.</p>	



**Appendix 1 Continued
TOWNSHIP OF ESSA
PERSONAL WORKPLACE EMERGENCY RESPONSE PLAN (PWERP) - Continued**

4. Conditions, Sensitivities, Disabilities and Accommodation Summary

Indicate any temporary or long term conditions, sensitivities and/or disabilities that may affect the well-being and safety of the employee during emergency response.

Emergency Assistance Required:

5. Employee Personal Emergency Preparedness Kit

Employee Personal Emergency Preparedness Kit required? yes no

If yes, at the employee's discretion, list contents (i.e. emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health & contact information, etc.):

Location of Employee's Personal Emergency Preparedness Kit:

6. Emergency Evacuation Routes

Indicate **primary** accessible evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

Indicate **alternative** evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.



**Appendix 1 Continued
TOWNSHIP OF ESSA
PERSONAL WORKPLACE EMERGENCY RESPONSE PLAN (PWERP) - Continued**

7. Emergency Assistance Network (EAN) or Buddy System

Does the employee request and consent to assistance from co-workers (EAN)? yes no

If yes, establish a network of co-workers who can assist the person with a disability during emergencies.

Members of the EAN should:

- be physically and mentally capable of performing the task and not require assistance themselves
- work close to the same hours in the same area as the person they will be assisting

****The employee requiring a PWERP should be involved in selecting those who will be notified to assist during an emergency. A minimum of 2 people is recommended for the Emergency Assistance Network.**

Name:	Name:
Department:	Department:
Contact Info:	Contact Info:
Name:	Name:
Department:	Department:
Contact Info:	Contact Info:

8. Acknowledgement and Release

Reason for review:

- new hire
- change in workplace location
- change in employee's condition
- other (ie: implementation of Employment Standard through Ont. Regulation 191/11)

Signature of Department Head/Supervisor

Date

I acknowledge that the information contained on this form is accurate and hereby authorize the Township of Essa to release applicable personal information contained within my Employee Workplace Emergency Response Plan to designated individuals within my Emergency Assistance Network and emergency/first responders, in the event of a workplace emergency situation.

Employee's Signature

Date

Please ensure that the original completed Employee Workplace Emergency Response form (with attachments) is sent to the Chief Administrative Officer, to be held in the employee's personnel file, and that the employee and Supervisor/Manager retain a copy.

All personal information collected on this form and any attachments herein will be used for Employee Workplace Emergency Response purposes only and will remain confidential as per MFIPPA, unless written consent is obtained from employee (completion of Section 8).



Appendix 2
Individual Accommodation Request Form
 To be completed by the Employee making the Request

SECTION 1 – Required Information

Employee Name:	Department:
Position:	Workplace Location:

SECTION 2 – Accommodation Information

Type of Disability: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	If the disability is temporary, please indicate duration of accommodation required:
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SECTION 3 – Details of the Individual Accommodation

Please provide the details of the individual accommodation required or requested:

Will you require accommodation to your workstation (if applicable): Yes No Unsure

If you answered yes, what changes do you recommend/require?

SECTION 4 – Sign Off

By submitting this form to my Supervisor/Manager, I am formally requesting an individual workplace accommodation:

Employee Signature:	Date:	Supporting Medical Documentation Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when will it be submitted?
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Once complete, submit this form to you Supervisor/Manager.



**Appendix 2 - Continued
Individual Accommodation Request Form**

To be completed by the Supervisor/Manager and the Employee

SECTION 1 – Required Information

Employee Name:	Department:
Position:	Workplace Location:

SECTION 2 – Accommodation Information

Type of Disability: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	If the disability is temporary, please indicate duration of accommodation required:
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SECTION 3 – Details of the Individual Accommodation

Please provide the details of the individual accommodation:

Is a Personal Workplace Emergency Response Plan (PWERP) Required? Yes No
 If yes, attach the completed PWERP to this document.

Will the accommodatin require changes to the employee’s workstation (if applicable)?
Yes No Unsure

If yes, what changes will be provided?

List the date that the review will be conducted on this Individualized Accommodation Plan:

SECTION 4 – Sign Off

This accommodation has been developed in consultation with all stakeholders to ensure that business needs are met, while addressing the functional abilities and limitations of the employee.

Employee Signature:		Date:
Supervisor/Manager Signature:		Date:
Chief Administrative Officer’s Signature:		Date: