

	<p style="text-align: center;">CORPORATE SERVICES</p> <p style="text-align: center;">Policy &amp; Procedures</p>	<p style="text-align: center;">Section 7</p>
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## Employment Accommodation Policy

<p>Date Endorsed by Council: September 27, 2021</p>	<p>Revision Date:</p>	<p>Next Review Date:</p>
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### 1. Policy Statement of Organizational Commitment

The Township of Scugog (the “Township”) is an equal opportunity employer committed to diversity and inclusion of all individuals, including persons with disabilities, within the workplace.

It is the policy of the Township of Scugog to provide fair and equal treatment to all individuals; to be respectful of their needs and differences; and, to support accessibility and diversity.

### 2. Purpose

This policy documents how the Township will provide equal treatment and integrate accessibility into the employment process to ensure equity and accessibility is incorporated across all stages of the employment life cycle. The purpose of the policy is:

- To provide equal treatment with respect to employment that is inclusive, free of barriers based on race, ancestry, place of origin, citizenship, creed, sex, sexual orientation, age, record of offence, marital status, family status, disability, colour or ethnic origin as required by the *Ontario Human Rights Code*.
- To ensure both internal and external applicants are treated equitably and with respect and dignity.
- To ensure all accommodation seekers feel comfortable raising their accommodation needs and to make sure that the accommodation requests are effectively and respectfully dealt with, up to the point where it causes undue hardship for the Township.

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- To ensure that every attempt possible is made to accommodate both permanent medical restrictions and/or temporary or short-term based medical restrictions.
- To maintain a Return-to-Work Program that reintegrates employees with permanent, long-term, short-term or temporary disabilities back into the work environment in a safe and timely manner through accommodation on a modified work plan.
- To clearly define the roles and responsibilities of both the provider, the person seeking accommodation benefit and the Union.

### **3. Scope and Responsibility**

- 3.1 The Township of Scugog recognizes and will comply with all legislative requirements with regards to Accessibility and Accommodation. This policy is also supported by the Township's Multi-Year Accessibility Plan, the Workplace Discrimination and Harassment Policy with respect to the Ontario Human Rights Code and the Workplace Violence and Conflict Resolution Policy. The requirements set out in this policy do not replace or substitute the requirements established under the Ontario Human Rights Code and the Workplace Safety and Insurance Act
- 3.2 This policy shall apply to the following:
- All employees of the Township of Scugog
  - All Elected Officials
  - Temporary/Seasonal Employees, Students and paid Volunteers
  - All Employment Applicants responding to or participating in the Township's recruitment process.

Note: This policy does not include unpaid employment or unpaid volunteer placements, co-op placements, high school work placements etc.

- 3.3 The Human Resources Manager is responsible for the overall implementation and enforcement of this policy. However, it is important to note, that accommodation within the workplace is a multi-party process whereby the municipality, the employee, and where applicable, the respective bargaining unit, are responsible for actively contributing to the process in compliance with the relevant legislation.

#### 4. Definitions

- 4.1 **“Accommodation”** means services, adaptations or adjustments which enables a person who requires accommodation to compete for job vacancies and perform employment activities. Accommodation is ongoing and identifies, removes and/or minimizes the adverse effects of barriers in the work environment or in the method in which the work is performed that would prevent otherwise qualified individual(s) covered by the Human Rights Code from achieving expected outcomes of a job placement.
- 4.2 **“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, and degree of paralysis, amputation, lack of physical co-ordination, 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 (handicap).
- 4.3 **“Employee”** means any paid employee, including, but not limited to, full-time, part-time, paid apprenticeships, and seasonal employees.
- 4.4 **“Individual Accommodation Plan”** means a document which outlines the details of individual accommodation for an employee with a disability.
- 4.5 **“Individualized Workplace Emergency Response Information”** means the information prepared by employers, in consultation with employees with disabilities, that help document and prepare the employee for workplace emergencies such as fire, severe weather, and power outages.
- 4.6 **“Township”** means the Corporation of the Township of Scugog.

## 5. General Policy

- 5.1 The Township will make a reasonable effort to create an overall accessible work environment and create a suitable accessible work environment for employees with disabilities as soon as practicable after the municipality becomes aware of the disability.
- 5.2 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 Director/Manager may consult with the Human Resource Manager to obtain advice.
- 5.3 All Township documents pertaining to employment activities, including but not limited to, recruitment and selection, orientation, working conditions, promotion, training, performance management, career development and workforce transition shall feature the "Employment Activities Accommodation" clause:
  - "The Township of Scugog is an equal opportunity employer committed to diversity and inclusion within the workplace. Accommodation will be provided in accordance with the *Accessibility for Ontarians with Disabilities Act (AODA)*. Please contact Human Resources if you require accommodation at anytime."

## 6. Recruitment, Assessment, Selection and Notification

- 6.1 The Township will notify job applicants that accommodations for persons with disabilities will be provided, upon request, on the "Employment Opportunities" page on the Township's website and in the job posting, which will include the "Employment Activities Accommodation" clause.
- 6.2 The Township will notify job applicants by telephone or email who have been individually selected to participate in an assessment or job selection process that accommodations for persons with disabilities are available, upon request, while the applicant is being invited to participate in an assessment or selection process.
- 6.3 The Township will advise all new employees of the Township's policies and procedures in place for accommodating employees with disabilities and employees will be required to review them upon commencing their employment.
- 6.4 If a job applicant at anytime during the recruitment, assessment, selection and notification process requests accommodation, the Human Resources Manager will consult with the job applicant and provide or arrange for the provision of a suitable accommodation in a manner that

considers the applicant's accessibility needs. The Human Resources Manager shall document the accommodations provided in writing and retain a copy in the employment file.

## **7. Informing Employees of Supports**

- 7.1 The Township informs employees of its policies used to accommodate its employees with disabilities during its Accessibility Training.
- 7.2 The Township will advise employees of any updated accessibility employment accommodation policies and procedures through a staff memorandum or annual staff training, if applicable.

## **8. Accessible Formats and Communication Supports for Employees**

- 8.1 Upon request, employees will be provided with information in an accessible format that considers their disability. The information will be provided in a timely manner
- 8.2 The Township will work with the person with disabilities to determine what method of communication works for them. Where an accessible format or communication support cannot be provided, a mutual agreement will be made with the person making the request to provide accommodation in another manner.
- 8.3 The Township of Scugog's Alternate Formats Policy outlines the Township's process for responding and providing information in an accessible format.

## **9. Personal Workplace Emergency Response Information**

- 9.1 The Township shall provide individualized workplace emergency response information plans to employees who have a disability if it is that individualized information is necessary, and the municipality is aware of the need for accommodation.
- 9.2 If the Township is aware of an employee's disability and it is such that individualized information is necessary, the Human Resource Manager, the employee's Director/Manager, and the employee requiring assistance in the event of a workplace emergency shall meet to complete the "Personal Workplace Emergency Response Plan (PWERP)" attached hereto as Appendix A.
- 9.3 The employee's original PWERP shall be held in the employee's personnel file and the Director/Manager shall retain a copy.
- 9.4 If the employee requires and consents to assistance from co-worker(s), a

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copy of the employee's PWERP will be provided to the co-worker(s) who are a part of the employee's Emergency Assistance Network.

- 9.5 The employee's Director/Manager, Human Resources Manager, and the employee shall review the PWERP when:
- a) The employee moves to a different location in the Township;
  - b) The employee's Individualized Accommodation Plan (see Section 10), should one exist, is reviewed;
  - c) The co-worker(s) identified in the PWERP move to a different location and a new co-worker(s) is assigned;
  - d) The municipality reviews its general emergency response policies.

### **10. Individualized Accommodation Plans**

- 10.1 The Township shall provide individualized accommodation plans to employees who have a disability if it is such that the need for accommodation is necessary and the municipality is aware of the employee's disability.
- 10.2 An employee shall make a request for an individualized accommodation plan through the "Request for an Individualized Accommodation Plan" attached hereto as Appendix B and provide medical documentation outlining the disability and need for accommodation to the Human Resources Manager.
- 10.3 Upon receipt of a request for an Individual Accommodation Plan (IAP), the Human Resources Manager shall review the request on an individual basis, and if appropriate, request an evaluation of the employee by an outside medical physician or medical specialist at the Township's expense. The evaluation report must clearly state the recommended temporary and/or permanent restrictions, duration of the restrictions where applicable, and if there is a respective recovery date, along with any recommendations as to what accommodation is required and how it can be achieved.
- 10.4 All medical documentation received that outlines the individual's treatment requirements and reflects their specific needs or necessary restrictions is the fundamental consideration of the duty to accommodate and will be carefully reviewed when preparing the individual's Accommodation Plan.
- 10.5 Using the medical information provided, the Human Resources Manager and the Director/Supervisor will develop and document a safe, modified work/accommodation plan that takes into account the employee's disability requirements, limitations and capabilities.

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- 10.6 In the case where an applicant or a regular employee requires a permanent accommodation with regards to, but is not limited to recruitment, selection, training, promotion, performance appraisal, and any other condition of employment, an Accommodation Committee will be set up to develop an appropriate Individual Accommodation Plan work-plan based on the required limitations.

The committee will consist of:

- the employee's Director/Manager;
  - the Human Resources Manager;
  - the individual requesting the accommodation; and
  - where applicable, and at the employee's request, a member of the applicable bargaining unit.
- 10.7 To assist employees in performing job tasks or parts of tasks that meet his/her restrictions, consideration shall be given to the purchase and/or utilization of special devices or equipment.
- 10.8 Consideration shall be given to bundling of tasks. This is the process of reviewing tasks or parts of tasks performed by other employees in the same job classification to determine if tasks could be assigned in a different manner.
- 10.9 Where accommodation may be best achieved within another department, the Human Resources Manager will consult with the respective department management and Union regarding the appropriate arrangements.
- 10.10 Waiving a job posting, re-training or upgrading of skills may be necessary to achieve a required accommodation within the employee's limitations. The Township will absorb such costs provided the costs do not result in undue hardship and the training must be reflective of the operational requirements of the municipality.
- 10.11 Applicants and/or employees requiring accommodation may be required to provide an updated resume and participate in a skills assessment process to determine their current skill levels.
- 10.12 Where a new job classification is created from bundling job tasks together, a review of the salary will be completed to reflect the new job classification.

**NOTE:** The duty to accommodate does not require the displacement of other employees, nor does it require measures to be taken that would substantially interfere with the seniority rights of other employees. The

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obligation of the employer is to provide reasonable accommodation and the Township must be able to demonstrate that it has followed the appropriate process for exploring all possible accommodations.

- 10.13 The Township will provide the accommodation plan in a format that considers the accessibility needs of the employee and ensure that all information collected during the development of the plan remains confidential unless written consent from the employee is obtained.
- 10.14 The Township will ensure that the IAP includes, if requested, any information regarding accessible formats and communication supports provided, and if required, the individuals Personal Workplan Emergency Response Plan. In addition, the IAP will identify any other accommodation that is to be provided.
- 10.15 The original IAP shall be held in the employee's personnel file and the employee, Director/Manager and any other parties deemed appropriate shall retain a copy.
- 10.16 The employee's Director/Manager will monitor and evaluate the IAP once implemented.
- 10.17 The IAP will be reviewed on an annual basis by the Accommodation Committee.
- 10.18 If an individual accommodation plan request is denied, the employee will be notified in writing the reasons for the denial.
- 10.19 Guidelines for Individuals Involved in IAP:

### Applicant and/or Employee

- a. Make accommodation requirements known to the employer.
- b. Provide medical information/assessments about temporary and/or permanent restrictions that are timely, accurate and objective.
- c. Be an active participant in discussions about your accommodation solutions and accept reasonable offers of accommodation.
- d. Follow the terms and conditions of the accommodation.
- e. Any changes regarding restrictions and/or difficulties experienced in performing tasks should be reported immediately to your supervisor.

### Director/Manager

- a. Develop a temporary or permanent modified work accommodation plan in collaboration with the Human

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Resources Advisor, the requisite Union and the individual requesting the accommodation.

- b. Ensure alternative approaches and solutions are given consideration and be responsive to different ways of bundling tasks together.
- c. Maintain confidential, detailed documentation.
- d. Advise employee of the availability of the Employee Assistance Program.
- e. When appropriate, bear the cost of any required medical information updates.

### Human Resources Manager

- a. Receive and maintain confidential medical information according to legislated requirements.
- b. When necessary, request update of medical information and coordinate third-party Functional Abilities Evaluations or other medical assessments.
- c. Liaise with Management & Union representatives.
- d. When required, coordinate referrals to specialist and/or treatment provider to facilitate accommodation.
- e. Assist the Director/Manager with the development of an accommodation work plan.
- f. Advise the employee of the availability of the Employee Assistance Program.
- g. Provide advice or guidance on retraining or disability income benefits.

### Union

- a. Participate in a cooperative manner on the Accommodation Committee.
- b. Be reasonable and receptive to various methods of bundling tasks together to provide a workable accommodation.
- c. Ensure the Collective Agreement is followed in setting up the accommodation.
- d. Make reasonable effort to place the accommodated worker.

## **11. Return to Work Process**

- 11.1 The Township is committed to the successful recovery of workers who may be off work due to a disability or illness and are committed to a safe return to work
- 11.2 If an employee is absent from work due to a disability or illness, the employee must have "The Township of Scugog's Sick Leave – Medical Report to Facilitate Rehabilitation" form completed by their physician.

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- 11.3 It is the policy of the Township of Scugog to take all reasonable steps to return injured or ill workers to their pre-injury job as quickly as possible. Where the worker is unable to return to their pre-injury job, the goal will be to return them to alternative work, which is consistent with their abilities. An IAP may be deemed to be necessary as per Section 10 of this policy. In this case, the employee would not be required to submit a request for an IAP form.

### **12. Performance Management**

- 12.1 The Township of Scugog's "Professional Development and Performance Evaluation Policy" considers the accessibility needs to employees with disability when using its performance management process in respect of employees with disabilities.

## Appendix A - Personal Workplace Emergency Response Plan (PWERP)

**This form is to be completed by the Human Resources Manager, the Director/Manager and the Employee requiring assistance in the event of a workplace emergency.**

Name of Supervisor/Manager Conducting Review with Employee: \_\_\_\_\_

Date of Review: \_\_\_\_\_

### Section 1 – Employee Information

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Workplace Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

### Section 2 – Emergency Evacuation Assessment

Indicate if the employee experiences any of the following that could impede their ability to quickly evacuate the work place:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Mobility Limitations<br>(interference with walking, using stairs, joint pain, use of mobility device) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Reduced Energy/fatigue  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Respiratory Impairment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Emotional, cognitive, or concentration difficulties   | <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 |

### Section 3 – Communication Needs & Accommodations

Indicate the employee's preferred method of communication in an emergency situation.

\_\_\_\_\_

List any assistive communication devices or accommodations required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Example:** A person with a hearing impairment may require a blackberry or pager to receive emergency information via text message.

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### Section 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 an emergency response.

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Does the employee require emergency assistance?       Yes       No

If yes, describe the assistance required. \_\_\_\_\_

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### Section 5 – Employee Personal Emergency Preparedness Kit

Does the employee require a personal emergency preparedness kit?       Yes       No

If yes, at the employee's discretion, please list contents to be included (i.e. emergency supply of medicine, food for specific dietary needs, etc.): \_\_\_\_\_

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Location of Employee's Personal Emergency Preparedness Kit: \_\_\_\_\_

### Section 6 – Emergency Evacuation Routes

Indicate the **primary** accessible evacuation route from the workplace, noting any accessibility accommodations required. \_\_\_\_\_

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Indicate the **alternative** accessible evacuation route from the workplace, noting any accessibility accommodations required. \_\_\_\_\_

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**Where applicable, attach site map and/or fire safety plan, as well as identify a meeting location.**

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## Section 7 – Emergency Assistance Network (EAN)

Does the employee request & consent to assistance from co-workers (EAN)?  Yes  No

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

**A minimum of two people is recommended for the EAN. The employee requesting an EAN should be involved in selecting those who will be notified to assist during an emergency.**

Name: _____ Department: _____ Phone Number: _____ Email Address: _____	Name: _____ Department: _____ Phone Number: _____ Email Address: _____
Name: _____ Department: _____ Phone Number: _____ Email Address: _____	Name: _____ Department: _____ Phone Number: _____ Email Address: _____

## Section 8 – Acknowledgement and Release

Please select the reason for the review of the PWERP: <input type="checkbox"/> new hire <input type="checkbox"/> change in workplace location <input type="checkbox"/> change in employee's condition <input type="checkbox"/> other (please specify): _____	
_____ Signature of Supervisor/Manager	_____ Date
_____ Signature of Human Resources Manager	_____ Date
I acknowledge that the information contained on this form is accurate and hereby authorize the Township of Brock 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

**The original completed Employee Workplace Emergency Response form (with all attachments) is to be sent to the Human Resources Manager, to be held in the employee's personnel file. The employee and director/manger retain a copy.**

**Note:** 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 the Municipal Freedom of Information and Protection to Privacy Act, R.S.O. c. F.31, s. 39 (2), unless written consent is obtained from the employee (completion of section 8).

## Appendix B – Request for an Individual Accommodation Plan

### Section 1 – Employee Information

Employee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_ Workplace Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

### Section 2 – Accommodation Information

Type of Disability:  Permanent  Temporary

If temporary, please indicate the duration of the accommodation required: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions about what reasonable options we can explore?  Yes  No

Please Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you require accommodation at your workstation (if applicable)?  Yes  No  Unsure

If you answered yes, what changes do you require? \_\_\_\_\_

\_\_\_\_\_

### Section 3 – Sign Off

By submitting this form to my supervisor/manager, I am formally requesting an Individual Accommodation Plan.

\_\_\_\_\_

Employee's Signature

\_\_\_\_\_

Date

Supporting Medical Documentation Attached:  Yes  No

If no, when will the supporting medical documentation be submitted: \_\_\_\_\_

**\*Employee's may use the Township of Scugog Sick Leave – Medical Report to Facilitate Rehabilitation Form\***

**Note:** All personal information collected on this form will be used for the development of an employee's individual accommodation plan only and will remain confidential as per the Municipal Freedom of Information and Protection to Privacy Act, R.S.O. c. F.31, s. 39 (2).

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**For Office Use Only:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Reviewed by the Human Resources Manager: \_\_\_\_\_

Supporting Medical Documentation Attached:  Yes  No

Evaluation of the employee by an outside medical practitioner required:  Yes  No

If yes, provide details on the evaluation required (i.e. Township of Scugog Sick Leave – Medical Report to Facilitate Rehabilitation): \_\_\_\_\_

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Provide details of alternative/solution explored and associated costs: \_\_\_\_\_

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Accommodation to be:  Granted  Denied

If the accommodation is denied, document in detail why. Inform the employee in writing.

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If the accommodation is granted, date for meeting to be arranged to develop the Individual Accommodation Plan with the employee: \_\_\_\_\_

Signature of Human Resources Manager: \_\_\_\_\_

Date: \_\_\_\_\_



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Are accessible formats or communication supports required by the employee?  Yes  No

If yes, document the accessible formats/communication supports that will be provided:

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Is a Personal Workplace Emergency Response Plan (PWERP) required?  Yes  No

\*If yes, please attach the completed PWERP to this document.

Intended date of IAP Implementation: \_\_\_\_\_

Date IAP is to be reviewed: \_\_\_\_\_

### Section 3 – Sign Off

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Union Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Human Resources Manager

\_\_\_\_\_  
Date

**The original Individual Accommodation Plan is to be held in the employee's personnel file. The employee, Director/manger, and if applicable, the union, shall retain a copy.**

**Note:** All personal information collected on this form will be used for the development of an employee's individual accommodation plan only and will remain confidential as per the Municipal Freedom of Information and Protection to Privacy Act, R.S.O. c. F.31, s. 39 (2).