CORPORATE POLICY

POLICY NO. 01-19-01	**DEPARTMENT** Administration
SUBJECT Integrated Accessibility Standard Regulation Policy	**EFFECTIVE DATE** January 15, 2018
APPROVED BY Resolution No. 11-2018	**PAGES** 1 - 15
REPLACING/AMENDING NEW	**DATE** January 15, 2018

PURPOSE

Under the Accessibility for Ontarians with Disabilities Act, 2005, all public and private sector organizations must meet the requirements of accessibility standards established by regulation. This policy establishes the Integrated Accessibility Standards Regulation in the areas of Employment, Information and Communication and Transportation for the Municipality of Oliver Paipoonge in accordance with Ontario Regulation 191/11. This regulation came into force July 1, 2011.

The Municipality of Oliver Paipoonge is committed to meeting the accessibility needs of persons with disabilities in an effective and timely manner by preventing and removing barriers for persons with disabilities in accordance with the *IASR*. The Municipalities goal is to foster an inclusive organizational culture that is guided by the principles and requirements of the *AODA*, the *IASR* and the *Code*.

POLICY

This policy has been drafted in accordance with the Regulation and addresses how the Municipality achieves accessibility through meeting the Regulation's requirements. It provides the overall strategic direction that we will follow to provide accessibility supports for Ontarians with disabilities.

1. Multi Year Accessibility Plan
   The Municipality of Oliver Paipoonge has developed and will maintain a Multi-Year Accessibility Plan (the "MYAP") that sets out the Municipalities strategy for preventing and removing accessibility barriers from our workplaces and meet its requirements of the IASR. The MYAP will be reviewed and updated at least once every five years.

2. Self Service Kiosks
   If the Municipality of Oliver Paipoonge procures or acquires self-service kiosks in the future, we will have regard to the accessibility for persons with disabilities and ensure that the kiosks incorporated appropriate accessibility features.

3. Training
   Training has been provided to all Municipal employees and volunteers who deal with members of the public or other third (3rd) parties on behalf of the Municipality, and those involved in the developing Integrated Accessibility Standards policies, practices and

procedures received training on Integrated Accessibility Standards and Human Rights Code as it pertains to persons with disabilities.

Training has been provided as soon as practicable upon an individual being assigned the applicable duties, through online resources;

- AccessForward – Training for an Accessible Ontario, www.accessforward.ca
- Ontario Human Rights Commission http://www.ohrc.on.ca/
- Serve-Ability http://curriculum.org/

Keeping an updated record of the training, including the date to which training is provided and the number or individuals to whom it is provided. The names of individuals trained will be recorded for training administration purposes, subject to the *Municipal Freedom of Information and Privacy Act* (MFIPPA).

4. Procuring and Acquiring of Goods, Services or Facilities
The Municipality shall incorporate accessibility criteria and features into procuring or acquiring goods, services or facilities.

5. Information and Communications
Upon request, The Municipality of Oliver Paipoonge will provide or arrange for the provision of accessible formats and communication supports for persons with disabilities in a timely manner that takes into account each person's accessibility needs due to disability and (if applicable) at a cost that is no more than the regular cost charged to other persons.

The Municipality will consult with the person making the request for an accessible format or communication supports when determining the suitability of an accessible format or communication supports.

The Municipality will continue to advise the public about the availability of accessible formats and communication supports with respect to its feedback processes on the Municipalities website.

The Municipality will ensure that its website(s), including web content on such site, conforms to the World Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 at Level AA, except where meeting the requirement(s) is not practicable.

6. Employment
Recruitment, Assessment and Selection: In our recruitment processes, the Municipality will advise employees and public about the availability of accommodation for applicants with disabilities.

The Municipality will notify job applicants, when they are individually selected to participate further in an assessment or selection process that accommodations are available upon request in relation to the materials or processes to be used.

If a selected job applicant requests accommodation relating to their participation in the hiring process, the Municipality will consult with the individual and provide or arrange for the provision of suitable accommodation that takes into account the applicant's disability-related needs.

When making offers of employment, the Municipality will notify successful applicants of;

a) our policies for accommodating employees with disabilities
b) the availability of information in an accessible format and/or communication supports in consultation with the employee with a disability

Individualized Emergency Response Information and Plan (Appendix A): The Municipality will provide individualized workplace emergency response information to employees with disabilities where the disability is such that individualized information is necessary and as soon as practicable after learning of the need for accommodation due to an employee's disability.

Where an employee who receives individualized workplace emergency response information requires assistance, a designated personal assistant will be provided and, with the employee's consent the Municipality will review individualized workplace emergency response information, at minimum, whenever:

- the employee moves to a different location within the corporation;
- the employee's overall accommodation needs or plans are reviewed; or
- the Municipality reviews its general emergency response policies.

Individualized Accommodation Plan (Appendix B): The Municipality will develop and maintain a written process for the development of documented individual accommodation plans for employees with disabilities.

Return to Work Plan (Appendix C): The return to work process will outline the steps that the Municipality will take to facilitate a return to work and will include documented individual accommodation plans. An independent Medical Assessment may be requested to assist and determine a suitable accommodation plan at no cost to the employee. Policy No. 02-04-01 Return to Work Policy was approved by Council on March 27, 2017.

The Municipality will develop and maintain a documented return to work process for its employees who have been absent from work due to a disability and who require disability-related accommodations in order to return to work.

Functional Abilities Assessment Form (Appendix D): To be completed by the physician.

Performance Management, Career Development and Advancement: The Municipality will take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when conducting performance management, or providing career development and advancement to employees.

THE CORPORATION OF THE MUNICIPALITY OF OLIVER PAIPOONGE

Individual Emergency Response Work Sheet-Appendix A

***Available in alternate format upon request**

Section 1: Employee Emergency Information Worksheet

Please complete this worksheet to help us identify the barriers that could arise in an emergency situation and provide suggestions on how to overcome them. Your input will help us provide you with individualized emergency information.

The information collected is confidential and will only be shared with your consent. You **do not** have to provide details of your medical condition or disability, only the type of help you may need in an emergency situation.

Date: _____

Employee Information

Name:

Extension:

Email:

Manager:

Emergency Contact Information

Name:

Telephone:

Mobile Phone:

Email:

Relationship:

Work Location

Do you work in different locations on a regular basis? (Please circle) Yes No

If yes, list locations

Potential Emergency Response Barriers

1. Can you see or hear the fire/security alarm signal from your work station?

   (Please circle) Yes No Don't Know

   If no, what would help you know that the alarm was flashing/ringing?

2. Can you activate the fire/security alarm system?

   (Please circle) Yes No Don't Know

3. Can you talk to emergency staff?

   (Please circle) Yes No Don't Know

   If no, what help would you need to exit the building?

4. Can you use the emergency exits?

   (Please circle) Yes No Don't Know

   If no, what help would you need to exit the building?

5. Could you find the exit if it was smoky or dark?

   (Please circle) Yes No Don't Know

   If no, what would help you find the exit?

6. Can you exit the building by yourself?

   (Please circle) Yes No Don't Know

   If no, what would help you get out?

7. Would you be able to evacuate the building during a stressful and/or crowded situation?

   (Please circle) Yes No Don't Know

   If no, what would help you evacuate?

8. Can you read/access our emergency information?

   (Please circle) Yes No Don't Know

   If no, what would make this information available to you?

9. If you need help to evacuate, what instructions do people need to help you?

   Instructions: (Use additional sheets as necessary)

10. If you need other accommodations in an emergency situation please list them here.

    Accommodations: (Use additional sheets as necessary)

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Individual Accommodation Plan – Appendix B

***Available in alternate format upon request**

Confidential when completed				
Employee Information				
Last Name		First Name		
Title/Department				
Manager Information				
Last Name		First Name		
Accommodations Start Date	End Date	**Next Plan Review** Enter Date	or	Frequency
Limitations				
List any functional limitations that the employee experiences, how it affects different aspects of his/her job and if each tasks is an essential part of the role				
Limitation(s)				
Task/activities affected				
Essential job requirements? Yes ☐ No ☐				
Accommodations				
Using a list of tasks from the limitations section above, identify what types of accommodation or support would help the employee accomplish the task. List a strategy or tool that will provide the accommodation.				
Task(s)				

What must the accommodation achieve?
Accommodation strategy
Implementation
List the actions required to achieve the accommodation(s) identified in the prior section
Action
Assigned to
Due Date
Information sources
Identify and include the contact information for any experts consulted when building the plan (e.g., human resources, family doctors, specialists)

Last Name	First Name
Title/Role	
Email Address	Telephone Number

Related Documents
☐ Employee emergency plan (if applicable)
☐ Accessible format of the individual accommodation plan
☐ Type(s) of accessible formats and/or communication support the employee needs (if applicable)
☐ Return to Work Plan (if applicable)
☐ Other (specify)
Comments/Notes
Use this section for any additional comments
Signatures

Employee's Signature	Date

Manager's Signature	Date

THE CORPORATION OF THE MUNICIPALITY OF OLIVER PAIPOONGE

Return to Work Plan – Appendix C

***Available in alternate format upon request**

Confidential when completed	
Employee Information	
Last Name:	First Name:
Manager Information	
Last Name:	First Name:
Pre-injury Job Information	
Pre-injury Job Title:	
• Job description attached ☐ Yes ☐ No • Job tasks and demands attached ☐ Yes ☐ No	
Return to Work Goal	
Plan Start Date:	Plan End Date:
Return to Work Plan Goal (select one): ☐ Pre-injury job ☐ Pre-injury job, with accommodations, in accordance to FAF – Appendix A. ☐ Alternate work. If alternate work, provide job title or description or work.	
Health Recovery	
Accepted area(s) of injury:	
Is there an active treatment plan that impacts return to work? ☐ No ☐ Yes, provide details	
Treating Health Professional(s):	Phone No.:
Functional Abilities	
• Has functional abilities information been received? ☐ Yes ☐ No • Attached to Return to Work Plan? ☐ Yes ☐ No If no, when will functional abilities information be received? Date: _____	

Pre-injury Job Duties		
	Yes	No
Are the physical demands of the job within the worker's functional abilities?		
Are the essential duties of the job within the worker's functional abilities?		

List job duties the worker can perform;

Accommodations and transitional measures		
	Yes	No
Are accommodations/reasonable adjustments to the job duties required?		
Are accommodations/reasonable adjustments to the workplace/workstation required?		
Is training required?		

If the measures will be phased in or out, include and start/end date. Attach additional pages, if needed.

☐ Adjusted work hours/days	Start Date	End Date
☐ Adjusted work location	Start Date	End Date
☐ Adjusted job requirements	Start Date	End Date
☐ Assistive device(s)	Start Date	End Date
☐ Additional support	Start Date	End Date
☐ Other	Start Date	End Date

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 new position	
List any training requirement and safety precautions	

Work Schedule

Work Period (from/to)	Days schedule each week and number of hours per day							Additional Comments on Work Schedule
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	

How will the worker be paid for the duration of the Return to Work Plan?

Rate of pay (e.g., hourly):

Worker will be paid for hours worked only, Or, ☐ Employer will pay full regular wages ☐
Comments/Notes
Use this section for any additional comments
If there are any concerns during the course of the Return to Work Plan, please discuss immediately and contact WSIB Case Manager (if applicable) if you are unable to resolve. Consider providing a copy of the approved Return to Work Plan to the WSIB Case Manager (if applicable) if this is a work-related injury/illness.

Signatures	
Employee Name:	
Employee's Signature	Date
Supervisor Name:	
Supervisor's Signature	Date

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Functional Abilities Assessment Form – Appendix D

***Available in alternate format upon request**

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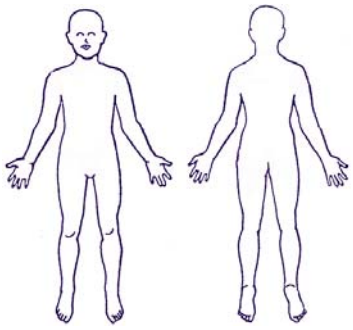
Functional Abilities Form

A Employee Information *(To be completed by the employee's supervisor)*				
Employee's Surname	First Name	Injury/illness is: ☐ Work-Related ☐ Non-Work Related	Date of Injury/Illness	Today's Date
Employee's Job Title	Employee's regular work hours:	Supervisor's Name: Tel No. ( ) -		
B Assessment *(Part B, C and D to be completed by attending physician)*				
Due to injury or illness this employee has:	☐ Normal functional Abilities (fit for Regular Duties) (No additional needed. Please sign section E)	☐ Reduced Functional Abilities (Please complete Section C, D & sign section E)		

C Functional Abilities: *(if unable to test, please estimate)*

Step 1 Please circle the appropriate letter(s) & Body area(s) to indicate the affected area(s)	**Step 2 Please indicate Reduced abilities**	**Step 3 Please indicate extent of abilities**			**Comments**
 A Systemic or Non-Physical B Head (incl. Vision, hearing, speech) C Neck D Upper back, chest, upper abdomen E tower abdomen F Lower abdomen G Shoulder or upper arm I Wrist or hand J Hip or upper leg K Knee or lower leg L Ankle or foot M Respiratory/Aerobic	Walk	Maximum Duration *(hours):* 1 2 4 5+ Other ☐ Short distance only ☐ No walking			
	Stand	Maximum Duration *(hours)*: 1 2 4 5+ Other			
	Sit	Maximum Duration *(hours):* 1 2 4 5+ Other			
	Lift/Carry Floor – waist Waist – shoulder Above shoulder	Occasionally	Weight (kg) 21 16 9 21 16 9 21 16 9	<9kg – Specify	
	Bend/Twist Neck Back	Occasionally	Not at all	Specify	
	Push/pull Moderate load Light load	Occasionally	Not at all	Specify	
	Climb Flight of stairs Few steps	Occasionally	Not at all	Specify	
	Reach Above shoulder Below shoulder	Occasionally	Not at all	Specify	
	Use Hands for: Writing	Occasionally L R	Not at all L R	Specify	

	Typing Fine manipulation Grasping	L R L R L R	L R L R L R		

	Sensory Specify:	To See	To Hear	To Speak	To Maintain Balance		
	Concentration	☐ Good ☐ Adequate ☐ Poor					
	Judgement	☐ Good ☐ Adequate ☐ Poor					
	Operate Equipment	Specify:					
	Hours of work	Specify: Normal hours or graduated RTW?					
	Prescription medication	Will it affect ability to work/drive:					
	Can this person work independently?		With Supervision?		With Assistance?		

Other Comments/Instructions (NO DIAGNOSIS OR TREATMENT):

D Normal functional abilities may resume in: 1-3 days 4-7 days 8-14 days Specify:

*Other: Employee is not medically fit for regular duties, will require periodic reassessments for effective rehabilitation.	Scheduled reassessment date for:	
This authorizes my attending physician to provide the information requested above to The Corporation of the Municipality of Oliver Paipoonge.	Employee's Signature:	Date:

E Physician's name & Address:	Physician's Signature:
	Physician's Telephone No:
	Date: