

Township of Prince

Accessibility – Individual Accommodation Plan Policy

Accessibility for Ontarians with Disabilities Act (AODA 2005)

*** Alternative Formats Available upon Request ***

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PURPOSE

The purpose of the policy is to comply with the Employment Standards set out within the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) Ontario Regulation 191/11, section 28 regarding documented individual accommodation plans.

DEFINITIONS

Disability:

As defined by AODA:

- a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness;
- 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.

Individual Accommodation Plan

A document which outlines the details of individual accommodations for an employee with a disability. (Appendix A)

GUIDELINES

Employer

It is the employer's responsibility to make every reasonable effort to accommodate employees on an individual basis due to an employee's disability.

- Develop an individual accommodation plan in accordance with the documented restrictions/limitations of the employee
- May request the employee be evaluated by an outside medical agency or physician or other expert, at the employee's expense, to assist in determining accommodation
- Meet with the employee, the relevant Department Head or other workplace representative, to discuss the plan.
- Provide the accommodation plan in a format that considers the accessibility needs of the employee
- Ensure all employee information collected during the development of the plan will remain confidential unless written consent is obtained from the employee
- Review the plan with the employee and the relevant Department head on an annual basis

Employee

- Notify the Department Head of the request for an individual accommodation plan
- Participate in the development of the accommodation plan with the Department Head
- Provide medical documentation outlining the disability and the need for accommodation
- Request, if desired, the attendance of another workplace representative when developing the accommodation plan
- Participate in an annual meeting with the Department Head to review the plan

Department Head

- Participate in the development of the individual accommodation plan.
- Monitor and evaluate the accommodation plan once implemented
- Participate in the annual review of the plan.

PROCEDURE

1. Recognize the Need for Accommodation
 - Requested by employee through his/her supervisor; or
 - Identified by the employee.
2. Gather Relevant Information and Assess Needs
 - The Township of Prince does not require details on the nature of the employee's disability to prove an accommodation; it need to know only about employee's functional abilities.
 - The supervisor may ask for a functional capacity assessment at the Township's expense. (Appendix B)
 - The Employee and his/her supervisor evaluate potential options to find the most appropriate measure.
 - An external expert may be involved, at the Townships expense.
 - The Employee can request the participation of a representative from his/her bargaining agent, or different representative form the workplace.

3. Write a Formal, Individual Accommodation Plan

- Accessible formats and communication support, if requested.
- Workplace emergency response information, if requested.
- Any other accommodation that is to be provided.
- The employee's personal information is protected at all times.
- If an individual accommodation is denied, the manager provides the employee with the reason for the denial, in an accessible format.

4. Implement, Monitor, and Review the Accommodation Plan

- Formal reviews are conducted on an annual basis.
- The accommodation plan is reviewed if the employee's work location or position changes.
- The accommodation is reviewed If the nature of the employee's disability changes.

If the Accommodation is no longer appropriate, the employee and his/her supervisor work together to gather relevant information and reassess the employee's needs in order for the employer to find the best accommodation measure (2)

Attachment

Appendix A – Individual Accommodation Plan

Appendix B - Function Capacity Assessment Form

Appendix A:

Individual Accommodation Plan

Under section 28(1) of the Employment Standard – Documented Individual Accommodation Plans – employers (other than small organizations – less than 50 employees) are required to develop and have in place a written process for the development of documented individual accommodations plans for employees with disabilities.

Employee’s Name: _____ Date: _____

Employee’s Title/department: _____ Department Head: _____

Limitations	Job-related tasks/activities affected by limitations	Is this an essential job requirement?

Sources of expert input into the individual accommodation plan (e.g. human resources, family doctor, specialists):

Accommodation measures are to be implemented from _____ [start date] to _____ [end date].
 (If no end date is expected, the next review of this accommodation plan will occur on _____ [review date].
(The accommodation measure(s) should be review at least annually.)

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

Roles and Responsibilities

Outstanding actions to implement accommodation	Assigned to	Due Date

Employee's Signature

Department Head's Signature

Appendix B:

Functional Capacity Assessment Form

RELEASE OF INFORMATION

I, _____, authorize _____
(Name of Employee) (Name of Health Care Provider)
to supply written information to my employer, The Town of Bruce Mines, regarding my residual functional capacity; any limitations or restrictions on my ability to perform the functions of my position; and any devices, equipment, or accommodations I require to enable me to perform these functions.

Employee's signature _____ Date: _____

FUNCTIONAL CAPACITY ASSESSMENT

Employee's name: _____

Health care provider: Please answer only the elements that are pertinent to the employee's ability to perform the essential functions of his or her job. Explain any response in more detail in Section C.

Date of assessment: _____

Please check one of the following:

- Employee is capable of returning to work with no restrictions.
- Employee is capable of returning to work with restrictions. Complete sections A, B, and C.
- Employee is physically or mentally unable to return to work at this time. Complete Section C.

Section A. Physical Functional Capacity Assessment

1. Please indicate *abilities* that apply. Include additional details in Section C.

Walking	Standing	Sitting	Lifting—floor to waist
<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities
<input type="checkbox"/> Fewer than 100 metres	<input type="checkbox"/> Fewer than 2 hours	<input type="checkbox"/> Fewer than 30 minutes	<input type="checkbox"/> Fewer than 5 kilograms
<input type="checkbox"/> 100–200 metres	<input type="checkbox"/> At least 2 hours	<input type="checkbox"/> 30 minutes–1 hour	<input type="checkbox"/> 5–10 kilograms
<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> About 6 hours	<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Other (please specify) _____
_____	<input type="checkbox"/> Other (please specify) _____	_____	_____
_____	_____	_____	_____

Lifting—waist to shoulder	Stair climbing	Ladder climbing	Travel to work		
<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	<input type="checkbox"/> Full abilities	Able to use	Able to
<input type="checkbox"/> Fewer than 5 kilograms	<input type="checkbox"/> Fewer than 5 steps	<input type="checkbox"/> 1–3 steps	<input type="checkbox"/> 1–3 steps	public	drive a car:
	<input type="checkbox"/> 5–10 steps	<input type="checkbox"/> 4–6 steps	<input type="checkbox"/> 4–6 steps	transit:	<input type="checkbox"/> Yes

" 5–10 kilograms " Other (please specify)	" Other (please specify) _____ _____	" Other (please specify) _____ _____	" Yes " No	" No
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2. Please indicate *restrictions* that apply. Include additional details in Section C.

" Bending/twisting	" Repetitive movement of (please specify) _____ _____ _____	" Capacity to work at or above shoulder
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" Chemical exposure to _____ _____ _____	" Environmental exposure to (e.g., heat, cold, noise, or scents) _____ _____ _____	" Operating motorized equipment (e.g., forklift)
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" Limited use of hand(s) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Left</td> <td style="width: 50%;">Right</td> </tr> <tr> <td>" Gripping"</td> <td></td> </tr> <tr> <td>" Pinching"</td> <td></td> </tr> <tr> <td>" Other "</td> <td></td> </tr> </table>	Left	Right	" Gripping"		" Pinching"		" Other "		" Limited pushing/pulling with " Left arm " Right arm " Other (please specify) _____ _____	" Potential side effects from medications (please specify). Do not include the names of medications. _____ _____
Left	Right									
" Gripping"										
" Pinching"										
" Other "										

" Exposure to vibration " Whole body " Hand/arm " Other (please specify) _____ _____	" Visual/communicative " Acuity (depth, colour, or field) " Hearing " Speaking " Other (please specify) _____ _____
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Section B. Mental Functional Capacity Assessment

	No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess
1. Understanding and memory					
a. The ability to remember locations and work-like procedures
b. The ability to understand and remember very short and simple instructions
c. The ability to understand and remember detailed instructions
	No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess
2. Sustained concentration and persistence					
a. The ability to carry out very short and simple instructions
b. The ability to carry out detailed instructions
c. The ability to maintain attention and concentration for extended periods
d. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances
e. The ability to sustain an ordinary routine without special supervision
f. The ability to work in coordination with, or proximity to, others without being distracted by them
g. The ability to make simple work-related decisions

h.The ability to complete a normal workday without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods
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3. Social interaction

a.The ability to interact appropriately with the general public
b. The ability to ask simple questions or request assistance	..	..	..	..	..
c.The ability to accept instructions and respond appropriately to criticism from supervisors	..	..	..	..	..
d.The ability to get along with co- workers without exhibiting behavioural extremes	..	..	..	..	..
e.The ability to maintain appropriate behaviour and to adhere to standards of cleanliness	..	..	..	..	..
	No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess

4. Adaptation

a.The ability to respond appropriately to changes at work	..	..	..	..	..
b.The ability to be aware of normal hazards and take appropriate precautions	..	..	..	..	..
c.The ability to travel in unfamiliar places or use public transportation	..	..	..	..	..
d.The ability to set realistic goals or make plans independently	..	..	..	..	..

