

# THE TOWN OF FORT FRANCES

## Section: Health and Safety

### Policy: Individual Accommodation Plan

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**Creation Date:** November 2013

**Revised Date:** no date

**Resolution Number:** 12/13 (consent) 1184

**Supersedes Resolution Number:** no date

**Policy Number:** 5.42

#### 1. POLICY STATEMENT

It is a *requirement* under the Employment Standard of the Accessibility for Ontarians with Disabilities Act (AODA) to have in place a documented Individual Accommodation Plan (IAP) process. All Ontario employers (other than employers that are small organizations) must develop and have in place, a written process for the development of documented individual accommodation plans for employees with disabilities.

#### 2. THE ACCOMMODATION PROCESS

The Town of Fort Frances (The Town) is committed to providing accommodations for people with disabilities. The Human Resources Manager works with the employee and Supervisor through all steps of the process. When an employee with a disability requests an accommodation, the following process will be followed.

**Step 1: Recognize the Need for Accommodation**

- The need for accommodation can be: requested by the employee through their supervisor or through human resources; or
- identified by the employee's manager or the hiring manager.

**Step 2 Gather Relevant Information and Assess Needs**

- The employee is an active participant in this step:
- The Town does not require details on the nature of the employee's disability to provide an accommodation; it needs to know only about the employee's functional abilities.
- The Supervisor may ask for a functional abilities assessment at the Town's expense.
- The employee and supervisor evaluate potential options to find the most appropriate measure.
- An external expert may be involved, at the Town's expense.
- The employee can request the participation of a representative from the bargaining agent or, if there is no bargaining agent, from a different representative from the workplace.

**Step 3 Write a Formal, Individual Accommodation Plan**

- Once the most appropriate accommodation has been identified, the accommodation details are written down in a formal plan, including:
  - accessible formats and communication supports, if requested;
  - workplace emergency response information, if required;
  - any other accommodation that is to be provided.
  - The accommodation plan is provided to the employee in a format that takes into account the accessibility needs due to the disability:
    - The employee's personal information is protected at all times.
- If an individual accommodation is denied, the supervisor provides the employee with the reason for the denial, in an accessible format (if required).

**Step 4                    Implement, Monitor, and Review the Accommodation Plan**

- The employee and supervisor monitor the accommodation to ensure that it has effectively resolved the challenge:
- Formal reviews are conducted at a predetermined frequency.
- 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 the manager work together to gather relevant information and reassess the employee's needs, in order to assist the employer in finding the best accommodation measure (Step 2) up to the point of undue hardship.

## APPENDIX A: Individual Accommodation Plan

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

|                                  |             |
|----------------------------------|-------------|
| Employee's Name:                 | Date:       |
| Employee's Title and department: | Supervisor: |

| 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 manager, family doctor, specialist):

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Accommodation measures are to be implemented from \_\_\_\_\_ to \_\_\_\_\_.

If no end dates is expected, the next review of this accommodation plan will occur on \_\_\_\_\_ and reviewed annually, at minimum).

Description of Accommodation Measure(s)

| 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

Supervisor's / Human Resources Signature



## TOWN OF FORT FRANCES FUNCTIONAL ABILITIES FORM FOR NON WORK RELATED INJURIES

Accident Information (This information should be completed by the employer or the injured worker)

|   |                     |
|---|---------------------|
| Worker's Last Name  | Worker's First Name |
| Position  | Work Location       |
| Type of job at time of injury   | Area of Injury      |
| Signature of Worker (by signing, I am authorizing any health professional who treats me to provide myself and my employer with information about my functional abilities: |                     |

The Health Professional should complete the following information:

|  |  |   |
|--|--|---|
| <b>1</b>   | Date of examination on which the report is based:  | Area of Injury:   |
| <b>2</b>   | Rehabilitation/Treatment Required? Yes No  | Is the worker capable of returning to work immediately without restrictions? Yes No<br>If no, please complete the next section. |
| <b>3</b>   | Please complete where capabilities are known or limitations recommended. Note: 'as tolerated' implies that restrictions are recommended but must be quantified in the workplace. |   |
| <b>CAPABILITIES:</b>   |  |   |
| Walking: Short Distance Only __: As tolerated __: Other _____                                |  | <b>General Comments /<br/>Specific Limitations</b>  |
| Standing: Less than 15 min __: Less than 30 Min. __: As tolerated __: Other _____            |  |   |
| Sitting: Less than 30 Min. __: Less than 1 hour __: as tolerated __: Other _____             |  |   |
| Lifting Floor to Waist: Less than 10 KG __: Less than 25 KG __: As tolerated __: Other _____ |  |   |
| Stair Climbing: None __: 2-3 steps only __: Short flight __: Own pace __: As tolerated __:   |  |   |
| Ladder Climbing None __: 2-3 steps only __: 4-6 steps only __: Own pace __: As tolerated __: |  |   |
| Limited ability to use hand to: Hold object __: Grip __: type __: Write __:                  |  |   |
| <b>LIMITATIONS</b>   |  |   |
| __ Bending or twisting of  | __ Repetitive movement of:   |   |
| __ Chemical exposure to  | __ Environmental exposure to   |   |
| __ Operating motorized equipment   | __ Restrictions related to medications: (specify)  |   |
| __ Above shoulder activity   | __ Below shoulder activity   |   |
| __ Exposure to vibration   | __ Limit physical exertion to __ mild __ moderate __ as tolerated  |   |
| <b>4</b>   | Recommendation for work hours<br>__ Full-time hours __ Modified hours __ Graduated hours   | Complete recovery expected<br>__ Yes __ No  |
| Estimated Duration of Limitations:   |  |   |

|   |   |
|---|---|
| Health professional's name:                 | Date of next appoint. for review of capabilities: |
| Contact Information of Health Professional: |   |

Please return completed form to the worker or mail / fax to: Human Resources Department, Town of Fort Frances, 320 Portage Avenue, Fort Frances, ON P9A 3P9. FAX (807) 274-8479.