



**MOOSONEE DISTRICT  
SCHOOL AREA BOARD**

**ADMINISTRATIVE PROCEDURE  
HUMAN RESOURCES: NO. 417**

Adopted	May 3, 2016
Last Revised	October 25, 2022
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## WORKPLACE ACCOMMODATION

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### PURPOSE

The Moosonee District School Area Board complies with human rights legislation that guards applicants for employment and Board employees from discrimination on the basis of any of the protected grounds in the *Ontario Human Rights Code*.

The Board supports disabled employees in attending work because of its commitment to retaining staff and because of the benefits to students. This administrative procedure fosters a widespread understanding that the way to reduce the incidence and duration of staff absences is through early intervention and support.

Interventions, accommodations and return to/remain at work plans are designed to preserve the employee's dignity, meet individual needs, and consider health and safety requirements. All information will be kept confidential and limited to those parties necessary to facilitate the process.

### PROCEDURES

#### 1. General Expectations

- 1.1. The employee's disability must be substantiated by medical documentation as set out in collective agreements and in Administrative Procedure 420 Leaves of Absence.
- 1.2. Assistance will begin with, but not be limited to, creative and innovative solutions to make the employee's current job suitable and to provide continuing employment.
- 1.3. Assistance may be requested independently by the employee or through a joint request.
- 1.4. Employees seeking assistance will be offered reasonable accommodation. **Reasonable accommodation** is any change to a job, the work environment, or the way things are usually done that allows an individual with a disability to apply for a job, perform job functions, or enjoy equal access to benefits available to other individuals in the workplace.
- 1.5. The Board is not required to make an accommodation if it would impose an **"undue hardship"** on the operation of the district. **"Undue hardship"** is defined as an "action requiring significant difficulty or expense" when considered in light of a number of factors.
- 1.6. All affected parties will make a reasonable attempt to implement this administrative procedure without unduly affecting the effective and efficient operation of the Board.

## 2. The Individual Accommodation Plan

- 2.1. The Board will develop, in consultation, an individual employee accommodation plan for existing employees, and for employees who have been absent from work due to a disability that would require a disability-related accommodations in order to return to work.
- 2.2. The Board will use a documented individual accommodation plan, as part of this process which will outline the steps the Board will take to facilitate the return to work of employees who were absent because their disability required them to be away from work.
- 2.3. An accommodation plan may include, but is not limited to, some or all of the following accommodations:
  - a) reduced or modified work hours;
  - b) modification of duties;
  - c) workplace modification;
  - d) removal of identified barriers; or
  - e) reassignment to another available position if the staff member has the necessary skills and abilities to perform the essential duties of the new position.
- 2.4. The appropriate supervisors will develop, implement, and monitor the accommodation plan, and liaise as appropriate with union representatives, the Workplace Safety and Insurance Board, the long-term disability provider, and any other applicable stakeholder.
- 2.5. Medical information will be updated periodically as required, the appropriate supervisors will be informed of any change in medical status or condition that may impact attendance at work or the implementation of the accommodation plan.
- 2.6. The Board in consultation with the employee can request an evaluation by an outside medical or other expert, at the employer's expense, to assist the employer in determining if accommodation can be achieved (*refer to Individual Accommodation Plan Template*)
- 2.7. If an individual accommodation plan is denied, the employer will provide a written rationale to the employee containing reasons for the denial.
- 2.8. The Board will consult with the employee to seek input on format to be used when developing the individual accommodation plan, which will take into account the employee's accessibility needs due to disability.

## 3. Return to Work Process

- 3.1. The Board is committed to supporting employees who have been absent from work due to a disability. We will use the following process to help employees who require accommodation to return to work
- 3.2. Step 1. Initiate the leave and stay in contact with the employee. If an employee needs to take a disability leave, s/he will inform his/her manager and human resources. The employee and manager will maintain regular contact, with the employee's consent, to address any problems that may arise and facilitate the return-to-work process.

3.3. Step 2. Gather relevant information and assess individual needs. The employee and manager will work together to share information and find the most appropriate accommodation, for example:

*Manager*

- Provides the employee with return-to-work information
- Helps resolve any problems with treatment if requested to do so by the employee
- Maintains regular contact with the employee
- Ensures work practices are safe for returning employee
- Assists with identifying accommodations
- Assists with analyzing the demands of each job task

*Employee*

- Gets and follows the appropriate medical treatment
- Provides updates about their progress, including information about his/her functional ability to perform the job
- Provides his/her health care provider with the return-to-work information

Health care provider(s), union/workplace representative(s) and health and safety professional(s) may also participate in the process, if needed.

3.4. Step 3. Develop a return-to-work plan. After identifying the most appropriate accommodation, safety considerations and any transitional measures, capture the details in a written plan.

Depending on circumstances, the employee may:

- return to the original position
- return to the original position with accommodation(s) on a temporary or permanent basis
- return to an alternate position on a temporary or permanent basis

The return-to-work plan should be attached to the employee's individual accommodation plan.

3.5. Step 4. Implement, monitor and update the plan. After implementing the return-to-work plan, the employee and manager will monitor and review the plan regularly to ensure that it remains effective.

If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.

#### **4. Emergency Response Plan for Employees with Disabilities**

4.1 The Board will develop an individual employee emergency response plan for existing employees, as required and as soon as practicable.

4.2 The Board is committed to employee safety during emergencies.

4.3 If an employee has a disability, whether permanent or temporary, that needs help during an emergency situation, a self-assessment will be completed to develop an individualized emergency response. Details of the employee's medical condition or disability are not needed to be shared, only the kind of help that may be needed. The information provided will be kept confidential and only shared with the employee's consent.

4.4 Individual workplace emergency response information for employees is reviewed at the following times:

- when the employee moves to a different location in organization creates individualized workplace emergency response information;
- when the employee's overall accommodations needs or plans are reviewed and;
- when the employer reviews its emergency response policies

#### 5. Sample Templates

- a) Employee Individual Accommodation Plan Template
- b) Employee Return to Work Plan
- c) Employee Emergency Self-Assessment Template
- d) Employee Emergency Response Information Template

### REFERENCE DOCUMENTS

#### **Legal:**

*Education Act: Section 169.1 Duties and Powers of Boards: Deliver Effective Programs*

*Education Act: Subsection 283 (2) Chief Executive Officer: Maintain an effective organization*

*Ontario Human Rights Code*

*Occupational Health and Safety Act*

*Accessibilities for Ontarians with Disabilities Act*

*Workplace Safety and Insurance Board Act*

*Worker's Compensation Act*

*Health Information Privacy Act*

*Personal Information Protection and Electronic Documents Act*

#### **Board:**

Board Policy GOV-01 Philosophy, Goals, and Values

Board Policy GOV-03 Role of the Corporate Board

Board Policy GOV-04 Role of the Supervisory Officer

Board Policy GOV-07-0 Equity and Inclusive Education

Board Policy GOV-07-1 Accessibility Standards

Board Policy GOV-26 Emergency Response Plans

Administrative Procedure 332 Service Animals in the School

Collective Agreements

**Employee Individual Accommodation Plan**

**\*\*Confidential when completed\*\***

**Employee Information:**

Name:

Title / Department:

**Manager Information:**

Name:

Title / Department:

**Accommodations:**

**Next Plan Review:**

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	Date (yyyy/mm/dd)	Frequency
		Or	

**Limitations:**

List and functional limitations that the employee experiences, how it affects different aspects of their job and if each task is an essential part of the role.

Limitation	Task / Activities Affected	Essential Job Requirement
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Accommodations:**

Using the 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 that accommodation.

Task	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 (yyyy/mm/dd)	Date Completed (yyyy/mm/dd)

**Information Sources:**

Identify and include the contact information for any experts consulted when building the plan (e.g., human resources manager, family doctor, specialists)

Name:

Title / Role:

Email Address:

Telephone #:

**Related Documents:**

Attach any additional documents required to support employee

- Employee Emergency Plan (if applicable)
- Accessible format of the individual accommodation plan (if needed)
- What type(s) of accessible formats and/or communications support the employee needs (if requested)
- Return to work plan (if applicable)
- Other (specify)

**Comments / Notes:**

Use this section for any additional information (e.g., details of alternative work arrangements, budget code for accommodation costs, etc.).

**Signatures:**

Employee's Signature	Date (yyyy/mm/dd)
Manager's Signature	Date (yyyy/mm/dd)

**Employee Return to Work Plan**

**\*\*Confidential when completed\*\***

**Employee Information:**

Name:

Title / Department:

**Manager Information:**

Name:

Title / Department:

Return to Work Plan Start Date: (yyyy/mm/dd)	Return to Work Plan End Date: (yyyy/mm/dd)
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**Goal:**

At the end of the return-to-work process, the employee will return to their

- Original Job
- Original Job with Modifications
- Alternate Job (include job description)

**Accommodations and Transitional Measures:**

List any limitations the employee experiences as a result of their disability, how it affects different aspects of their job and any accommodations or safety measures required to help the employee return to work. Accommodations may include, but are not limited to:

- Modified work hours/days
- Modified work location
- Modified job requirements
- Assistive device(s)
- Additional support (e.g. colleagues helping with specific tasks)

If the measures will be phased in or out, include a start/end date.

Limitation	
Task / Activities Affected	
Accommodation	
Safety Considerations	
Start Date (yyyy/mm/dd)	
End Date (yyyy/mm/dd)	

**Assignment to Alternate Position:**

Complete this section if the employee will not be returning to their original job. The assignment to an alternate position may be temporary or permanent.

Job Title:

Length of Assignment:

Describe the new position:

List any training requirements and safety precautions:

Comments / Notes:

Use this section for any additional information (e.g. details of alternative work arrangements, budget code for accommodation costs, etc.)

**Signatures:**

Employee's Signature	Date (yyyy/mm/dd)
Manager's Signature	Date (yyyy/mm/dd)



Please complete this template to help us identify 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.

**Date:**

### **Employee Information**

Name:

Department:

Telephone:

Email:

Mobile Phone:

### **Emergency Contact Information**

Name:

Telephone:

Email:

Mobile Phone:

Relationship:

### **Work Location**

Where do you work?

Address:

Floor:

Room Name/Number:

1. Do you work in different places on a regular basis?  
Yes / No  
List the addresses, floors and room locations.

### **Potential Emergency Response Barriers**

3. Can you see or hear the fire/security alarm signal?  
Yes / No / Don't Know    If no, what would help you know the alarm was flashing /ringing?
4. Can you activate the fire/security alarm system?  
Yes / No / Don't Know    If no, what would help you sound the alarm?

5. Can you talk to emergency staff?  
Yes / No If no, what would help you to communicate with them?
  
6. Can you use the emergency exits?  
Yes / No / Don't Know If no, what would help you to exit the building?
  
7. Does your mobility device fit in the emergency waiting area?  
Yes / No / Don't Know If no, what would help it fit, or is there a better location?
  
8. Could you find the exit if it was smoky or dark?  
Yes / No If no, what would help you find the exit?
  
9. Can you exit the building by yourself?  
Yes / No If no, what would help you to get out?
  
10. Can you get into an emergency evacuation chair by yourself?  
Yes / No / Don't Know N/A If no, what help do you need?
  
11. Would you be able to evacuate during a stressful and crowded situation?  
Yes / No If no, what would help you evacuate?  
Instructions:
  
12. Can you read/access our emergency information?  
Yes / No If no, what would make this information available to you?
  
13. If you need help to evacuate, what instructions do people need to help you?  
Instructions:
  
14. If you need other accommodations in an emergency, please list them here.  
Accommodations:

**Employee Emergency Response Information Template**

*\*\*All information in this document is confidential and will only be shared with the employee’s consent.*

**Individualized Workplace Emergency Response Information for:**

Name:

Department:

**Emergency Contact Information**

Name:

Telephone:

Email:

Mobile Phone:

Relationship:

**Work Location** (Repeat for other work locations)

Address:

Floor:

Room Name/Number:

**Emergency Alerts**

[Name of employee] will be informed of an emergency situation by [check all that apply]:

- Existing alarm system
- Pager device
- Visual alarm system
- Co-worker
- Other (Specify):

**Assistance Methods**

List types of assistance (e.g., staff assistance, transfer instructions, etc.)

**Equipment Provided**

List any devices, where they are stored, and how to use them

**Evacuation Route and/or Procedure**

Provide a step-by-step description, beginning from the first sign of an emergency

**Alternate Evacuation Route**

[Describe]

**Emergency Support Staff**

The following people have been designated to help [Name of employee] in an emergency:

**Consent to share individualized emergency response information**

I [Name of employee] consent to [Name of organization] sharing this individualized emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Signature: [Sign here]

Date:

Form completed by: [Manager’s signature here]

Date:

For reviewed by: [Employee’s signature here]

Date:

Next review date: