

***TOWNSHIP OF TARBUTT***

***ACCESSIBILITY – AND INDIVIDAUL ACCOMODATION PLAN***

Accessibility for Ontarians with Disabilities Act (AODA 2005)

\*\*\* Alternative Formats Available upon Request \*\*\*

Revision Date: 2015

Prepared By: Glenn Martin

Title: Clerk Treasurer

Township of Tarbutt

# 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:

1. any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness;
2. a condition of mental impairment or a developmental disability;
3. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
4. 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. The worker shall report any disability to the Department Head.
2. An individual accommodation plan will be developed in accordance with the documented restrictions/limitations of the employee.
3. All documentation will be kept confidential unless consent has been received by the employee to release such information to the appropriate parties involved.
4. A copy of the plan will be provided to each of the parties involved.
5. The plan will be reviewed on an annual basis.

**Attachment**

Appendix A – Individual Accommodation Plan

# 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