1. POLICY STATEMENT:

The Carleton Place & District Memorial Hospital is committed to fair and accessible employment practices including the timely accommodation of employees with disabilities as defined in the Accessibility for Ontarians with Disabilities Act, 2005 and associated Regulations.

2. SCOPE:

This policy applies to the provision of goods, services or facilities to employees by the Organization.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

Duty to Accommodate: The employer has a legal obligation to accommodate individual(s) to the point of undue hardship based on any of the protected grounds identified within the Human Rights Act.

Undue Hardship: The Code prescribes only three considerations when assessing whether an accommodation would cause undue hardship: cost, outside sources of funding and health and safety requirements, if any that would make it impossible or very difficult for an employer or service provider to meet the duty to accommodate. Accommodation need not be provided if it causes undue or excessive hardship. However, some degree of hardship is acceptable.

Disability:

(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

(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, or

(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.
Career Development and advancement includes providing additional responsibilities within an employee's current position and the movement of an employee from one job to another in the Hospital that may be higher in pay, provided greater responsibility or be at a higher level in the Hospital or any combination of them and for both additional responsibilities and employee movement, is usually based on merit or seniority or a combination of both.

Performance management means activities related to assessing and improving employee performance, productivity and effectiveness with the goal of facilitating employee success.

Recruitment is the process of finding and hiring the best-qualified candidate. The recruitment process includes analyzing the requirements of a job, attracting employees to that job, screening and selecting applicants, hiring, and integrating the new employee to the organization.

Redeployment means the reassignment of employees to other departments or jobs within the Hospital as an alternative to layoff, when a particular job or department has been eliminated by the Organization.

5. PROCEDURE:

5.1 Recruitment Process

During the process of recruitment CPDMH shall do the following:

- Notify its employees and the public about the availability of accommodations for applicants with disabilities in recruitment processes;
- Notify job applicants when they are selected to participate in an assessment or selection process that accommodations are available in relation to the materials or processes to be used;
- Consult with the applicant to provide or arrange for the provision of suitable accommodations that take into account the applicant’s accessibility needs;
- When making offers of employment, CPDMH will notify the successful applicant of the Hospital’s policies for accommodating employees with disabilities.

5.2 Responsibility

It is the responsibility of the President & CEO, human resources, occupational health, department managers, and supervisors to ensure that all employees follow the guidelines set out in this policy. Any revisions to this policy will be communicated, in a timely manner, through established department communication processes and during annual education sessions.

The President & CEO, department managers and supervisors are responsible to insure that all employees are trained under the Integrated Accessibility Standards for Employment, practices and procedure.

5.3 Communication

CPDMH is committed to informing employees of the policies used to support its employees with disabilities including those on the provision of job accommodation that take into account an employee’s accessibility needs. This information will be provided to new employees as soon as practical after they begin their employment with the Organization.

Updated information will be provided to employees whenever there is a change to existing policies on the provisions of job accommodations.
When requested by an employee, CPDMH will consult with the employee to provide or arrange for the provision of accessible formats and communication support needed to perform the employee’s job and information generally available to employees in the workplace.

5.4 Emergency Response

CPDMH is committed to providing individualized workplace emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the organization has been made aware of the need for accommodation due to the employee’s disability.

An Individualized Emergency Response Plan (Appendix B) will be provided to employees with a disability to complete and return to Occupational Health Services (OHS). The information collected will form the Individualized Emergency Response Plan which will help determine appropriate and effective workplace responses during an emergency. Alternate formats will be available if required. With the employee’s consent, we will provide workplace emergency information to the designated person who is providing assistance to that employee during an emergency. We will provide the information as soon as practicable after we become aware of the need for accommodation due to the employee’s disability. Appendix A - Consent to Share Individualized Emergency Response Plan will also be completed and attached to the Individualized Emergency Response Plan.

Individualized workplace emergency response information will be reviewed when an employee moves to a different location in the organization, when the employee’s overall accommodation needs or plans are reviewed and when the organization reviews its emergency response policies.

5.5 Individual Accommodation Plans and Return to Work

5.5.1 Accommodation Plan

CPDMH is committed to accommodating people with disabilities and will use the following process to identify and meet employee accommodation needs.

Accommodation can be:
- Requested by the employee
- Identified by the employee’s manager or OHS

Information will be collected on the employee’s functional abilities, not the nature of the employee’s disability. The employee’s personal information, including medical information, is kept secure and dealt with in a confidential manner. It will only be disclosed to individuals who need it to perform the accommodation process.

The employee and OHS will work together to find the most appropriate accommodation. A medical or other expert may be engaged (at the company’s expense) to help determine if/how the employee’s needs can be accommodated.

The employee may ask a bargaining agent or other workplace representative to participate in the process.
After identifying the most appropriate accommodation(s), the details will be documented in a written plan (APPENDIX C) including:
- What accommodation(s) will be provided
- How to make information accessible to the employee, including accessible formats and communication supports
- Employee emergency information and or emergency response plan (if applicable)
- When the plan will be reviewed and updated

OHS will give the employee in an accessible format (if required), a copy of the individual accommodation plan, or written reasons for denying accommodation.

After implementing the accommodation plan, the employee and OHS will monitor and review the plan to ensure that it is effective. Formal reviews and updates will take place on the mutually agreed upon, predetermined schedule in the employee’s accommodation plan. If the accommodation is no longer appropriate, the employee and OHS will reassess the situation and update the plan.

The accommodation plan will also be reviewed and updated if:
- The employee’s work location or position changes
- The nature of the employee’s disability changes

5.5.2 Return to Work

CPDMH 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.

If an employee needs to take a disability leave, s/he will inform OHS. The employee and OHS will maintain regular contact, with the employee’s consent, to address any problems that may arise and facilitate the return to work process by completing the Return to Work Plan (Appendix D).

Occupational Health Services:
- 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.

The Organization shall take into account the accessibility needs of employees with disabilities and individual accommodation plans in performance management processes.
when providing career development and advancement opportunities and when considering redeployment of employees with disabilities.

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.

After implementing the return to work plan, the employee and OHS 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 and update the plan.

6. REFERENCES

Employment Standards - Accessibility for Ontarians with Disabilities Act, 2005
Integrated Accessibility Standard, Ontario Regulation 191-11
Ontario Human Rights Code


7. APPENDICES:

APPENDIX A – Consent to Share - Individualized Emergency Response Plan
APPENDIX B – Individual Emergency Response Plan
APPENDIX C – Individual Accommodation Plan
APPENDIX D – Return to Work Plan

Evaluation

This policy will be evaluated every two years and / or amended when additional accessibility regulations are enacted by the Government of Ontario.
APPENDIX A

Consent to Share Individualized Emergency Response Plan

<table>
<thead>
<tr>
<th>Name of Employee:</th>
<th>Name of Organization:</th>
</tr>
</thead>
</table>

I consent to sharing this individualized emergency response information with the individuals listed below, who have been designated to help me in an emergency.

When complete: Attach to Appendix B Individualized Emergency Response Plan

**Emergency Support Staff**
The following people have been designated to help in an emergency.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Department:</th>
<th>Telephone Number:</th>
<th>Mobile Number:</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ext:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Support Staff Contact Information**

1. **Employee:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Location:</th>
<th>Contact Information:</th>
<th>Type of Assistance:</th>
</tr>
</thead>
</table>

2. **Employee:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Location:</th>
<th>Contact Information:</th>
<th>Type of Assistance:</th>
</tr>
</thead>
</table>

3. **Employee:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Location:</th>
<th>Contact Information:</th>
<th>Type of Assistance:</th>
</tr>
</thead>
</table>

4. **Employee**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Location:</th>
<th>Contact Information:</th>
<th>Type of Assistance:</th>
</tr>
</thead>
</table>

**Employee Signature:**

**Occupational Health & Safety Signature:**

Date (mm/dd/yyyy):

Next Review Date: (mm/dd/yyyy)
APPENDIX B

Individualized Emergency Response Plan

Instructions:

**Important:** All information in this document is confidential and can only be shared with the employee’s consent (see Appendix A: Consent to Share Individualized Emergency Response Form). Appendix A: Consent to Share Individualized Emergency Response Form).

**Individualized Workplace Emergency Response Plan For:**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Mobile Number:</td>
</tr>
<tr>
<td>Ext:</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Contact Information**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>Mobile Number:</td>
</tr>
<tr>
<td>Ext:</td>
<td></td>
</tr>
</tbody>
</table>

**Work Location:**

Where do you work?

<table>
<thead>
<tr>
<th>Address:</th>
<th>Room Name/Number/ Floor:</th>
</tr>
</thead>
</table>

Do you work in different places on a regular basis?

☐ YES  ☐ NO

If YES, list the addresses, floors and room locations below:

1. **Work Location:**

<table>
<thead>
<tr>
<th>Address:</th>
<th>Room Name/Number/ Floor:</th>
</tr>
</thead>
</table>

2. **Work Location:**

<table>
<thead>
<tr>
<th>Address:</th>
<th>Room Name/Number/ Floor:</th>
</tr>
</thead>
</table>

3. **Work Location:**

<table>
<thead>
<tr>
<th>Address:</th>
<th>Room Name/Number/ Floor:</th>
</tr>
</thead>
</table>
Emergency Assistance Requirements

1. Can you read and/or access the emergency information?
   ☐ YES  ☐ NO  ☐ I Don’t Know

   If No, tell us what can be done to make this information accessible to you.

   Explain your response below:

2. Can you see the fire alarm signal?
   ☐ YES  ☐ NO  ☐ I Don’t Know

   If No, tell us how we can let you know fire alarm is flashing

   Explain your response below:

3. Can you hear the fire alarm?
   ☐ YES  ☐ NO  ☐ I Don’t Know

   If No, tell us how we can let you know the fire alarm is ringing

   Explain your response below:

4. Can you hear the paging system announcements?
   ☐ YES  ☐ NO  ☐ I Don’t Know

   If No, tell us how we can let you know if there is an emergency page?

   Explain your response below:
5. Can you use the emergency exits?
☐ YES ☐ NO ☐ I Don’t Know

If No, tell us what help you need to safely exit the building

Explain your response below:

6. Can you get to the emergency waiting area by yourself?
☐ YES ☐ NO ☐ I Don’t Know

If No, tell us what help you need to get to the emergency waiting area

Explain your response below:

7. Do you need additional accommodations in an emergency?
☐ YES ☐ NO ☐ I Don’t Know

If Yes, tell us what help you need in an emergency

Explain your response below:

**Emergency Alerts**
Employee will be informed of an emergency by (select all that apply):

☐ Existing alarm system ☐ Pager device ☐ Visual alarm system

☐ Co-worker ☐ Other

**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 Procedures

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

Alternate Evacuation Route

Describe:

Emergency Support Staff

Attach Appendix A Consent to Share Individualized Emergency Response Plan

Plan Approval

| Employee Signature: | Occupational Health & Safety Signature: |
APPENDIX C

Individual Accommodation Plan

Confidential when completed

Employee Information
Last Name
First Name
Title / Department

Manager Information
Last Name
First Name
Title / Department

Accommodations
Start Date (yyyy/mm/dd) | End Date (yyyy/mm/dd) | Next plan review Date (yyyy/mm/dd) | Or Frequency

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

1. Limitation

Tasks / activities affected

Essential job requirement?
☐ Yes  ☐ 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.

1. Task

What must the accommodation achieve?

Accommodation strategy

Implementation
List the actions required to achieve the accommodation(s) identified in the prior section.

1. 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)
<table>
<thead>
<tr>
<th>1. Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title/Role</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ext.</td>
</tr>
</tbody>
</table>

**Related documents**

Attach any additional documents required to support the 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.)

**Signature**

<table>
<thead>
<tr>
<th>Employee's Signature</th>
<th>Date (yyyy/mm/dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manager's Signature</th>
<th>Date (yyyy/mm/dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This sample accommodation plan is for informational purposes only and should not be taken as legal advice. You should contact a lawyer for advice for your particular set of facts or circumstances.
Confidential when completed

Employee Information

Last Name
First Name

Title / Department

Manager Information

Last Name
First Name

Title / Department

Return to work plan start date (yyyy/mm/dd)
Return to work plan end date (yyyy/mm/dd)

Goal

At the end of the return to work process, the employee will return to his/her

☐ 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 his/her disability, how it affects different aspects of his/her 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.

1. Limitation

Tasks/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 his/her original job. The assignment to an alternate position may be temporary or permanent.

<table>
<thead>
<tr>
<th>Job title</th>
<th>Length of assignment</th>
</tr>
</thead>
</table>

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.)

Signature

<table>
<thead>
<tr>
<th>Employee's Signature</th>
<th>Date (yyyy/mm/dd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager's Signature</td>
<td>Date (yyyy/mm/dd)</td>
</tr>
</tbody>
</table>