

Policy & Procedure Manual

WORKPLACE ACCOMMODATION POLICY - HR-XI-27

POLICY:

It is the policy of OPTIONS NORTHWEST to provide reasonable workplace accommodation, short of undue hardship. The purpose of accommodation is to ensure that employees who are otherwise able to work are not unfairly excluded from doing so because of a disability.

OPTIONS NORTHWEST will respond in a timely, confidential, sensitive and reasonable manner to all requests for accommodation and accessible formats and communication supports in relation to any materials or information required to perform the essential duties of a position.

This policy applies to all current employees of OPTIONS NORTHWEST, including full and part-time, casual, contract, permanent and temporary employees and employees on leave and who are able to return within a reasonable period of time and with reasonable accommodation and also job applicants.

PURPOSE:

To ensure all employee requests for accommodation are considered and approved when possible without causing undue hardship to the employer.

This policy will also ensure OPTIONS NORTHWEST's compliance with relevant legislation including;

- The Ontario Human Rights Code
- Accessibility for Ontarians with Disabilities Act (AODA) integrated accessibility standards.

This policy serves to inform all employees of their right to be assessed for reasonable accommodation and how OPTIONS NORTHWEST will manage individual requests for accommodation.

DEFINITIONS:

Principles of Accommodation: The duty to accommodate is informed by the principles of: respect for dignity, individualization, and integration and full participation. Accommodation recognizes that people have different needs and require different solutions to gain equal access to services, housing and employment. To accommodate someone means to remove the barriers which prevent people from gaining access to jobs, housing, and the use of goods, services and facilities (e.g. public transit or schools).

As set out by the Ontario Human Rights Commission, there is a duty on the part of the employer to assess reasonable accommodation, up the point of undue hardship. Undue hardship is a defense under the Human Rights Code, which the employer has to prove. Undue hardship occurs when accommodation adjustments to the workplace would cost too much (even with outside sources of funding) or create risks to health or safety. Each situation will be viewed as unique and assessed individually.

Disability may include one of the following diagnosis but is not limited to:

- Mental health disability (schizophrenia, bi-polar disorder, depression, anxiety and panic disorder)
- Learning Disability
- Acquired Brain Injury
- Attention Deficit Disorder
- Deaf, deafened, hard-of-hearing
- Low vision or blind
- Chronic Health condition (cancer, epilepsy, heart disease, etc.)
- Physical (paralysis, amputation, etc.)

Employee Responsibilities

Employees are responsible for:

- Making their accommodation needs known to the employer, to the extent that they are able, including accessible formats and communication supports.
- Helping to identify potential accommodation options.
- Providing acceptable documentation in support of their request for accommodation, including information about any restriction or limitation.
- Accepting an offer of accommodation that meets their needs, even if it is not their preferred accommodation option.

Employee Expectations

Employees can expect:

- To be treated with respect and dignity.
- To have their needs accommodated up to the point of undue hardship.
- To be informed of the reasons, if their accommodation request is denied.

Supervisor Responsibilities

Supervisors are responsible for:

- Fostering an inclusive work environment by treating all employees with respect and dignity.
- Dealing with request for accommodation in a timely, confidential and sensitive manner.
- Informing individuals requesting accommodation what information they need to provide in order to be accommodated.
- Initiating a discussion about accommodation when they are aware that an employee may have a need for accommodation, but is unable to articulate that need.

PROCEDURE:

1. When an employee becomes aware of their need for workplace accommodation, they must inform management personnel as soon as possible.
2. The Management personnel will contact the Human Resources Department/Health and Safety Coordinator to book a meeting with the employee and Supervisor/Manager/Director, union representative (as appropriate) to review the accommodation request as well as review any medical documentation that is submitted by the employee. The Health and Safety Coordinator shall complete the Workplace Accommodation Assessment form during the meeting (see Appendix A).
3. If further medical documentation is required the Health and Safety Coordinator will provide the employee with a copy of the agency's Employee Medical/Work Limitation Form (Appendix B), a list of Physical Demands and duties for the employee's position. As well as a copy of the Physical Demands Analysis for the employee's work location may be provided if deemed necessary. The employee will be asked to take the above noted documents to their Health Care Practitioner to assist with the assessment of the employee and document any restrictions that the employee may possess that require accommodation in the workplace.

4. Once the completed Employee Medical/Work Limitation form is submitted to the Health and Safety Coordinator, a second meeting with then be convened with the employee, management personnel and the Health and Safety Coordinator, and union representative as necessary. When discussing accommodation strategies, any training needs, accessible formats and communication supports, and emergency response information shall all be considered in developing such accommodation plans. Plans shall be documented based upon any restriction(s) identified and all parties shall receive copies of accommodation plans.
5. Further investigations may be required before accommodation can occur.
6. The workplace accommodation request will be approved if the accommodation plan does not impose undue hardship on OPTIONS NORTHWEST.
7. Ongoing evaluation of any approved accommodation program shall occur at such intervals as necessary to ensure the success of the program. All such meetings shall be documented.
8. Where accommodation is not reasonable the parties shall be advised as to the reasons.

RECOMMENDED BY: Director, Human Resources

APPENDICES: 2

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources, Community Services Administration, Community Services (all)

ORIGINAL POLICY DATE: December 2014

AUTHORIZED BY: Executive Director

SIGNATURE: 

- OPTIONS NORTHWEST -
Applicant Workplace Accommodation Form

FOR COMPLETION BY HUMAN RESOURCES

Applicant: _____ Position Applied for: _____

Request made to: _____ Date of Request: _____

Type of Accommodation requested:

Accessible Formats/Communication Supports _____

Accommodation Plan: _____

Physical/Mental Health _____

Medical Documentation required: Yes No

Accommodation Plan: _____

Information includes data, facts and knowledge that exist in any format, including text, audio, digital or images, and that conveys meaning.

Accessible Formats may include but are not limited to options such as large print, screen readers, braille, audio format, captioning.

Communication means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received.

- OPTIONS NORTHWEST -**Employee Medical/Work Limitation Form – Non-Occupational Injuries/Illness**

With the Employee's Health Care Provider's input, OPTIONS NORTHWEST will review the identified restrictions, limitations or precautions and work with the employee to assess reasonable accommodations for a safe return to work.

EMPLOYEE INFORMATION [To be completed by Employer]

NAME: _____ **POSITION:** _____

This employee has indicated that he/she has: Non-occupational injury Non-occupational illness

EMPLOYEE AUTHORIZATION [To be completed by Employee]

I authorize the release of the following information to OPTIONS NORTHWEST.

Signature: _____

TO ASSIST IN ACCOMMODATING THIS EMPLOYEE ON THE JOB TO WORK WITH OR WITHOUT ACCOMMODATION, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW.

RESTRICTIONS, ABILITIES AND PRECAUTIONS [Option 1, 2 or 3 to be completed by Health Care Provider]

Nature of Injury or Illness: _____

I first examined this patient for this condition on: _____

OPTION 1: Employee may return to Regular Duties at Once.

OPTION 2: Employee may return to work at once, provided that the following restrictions, limitations and/or precautions are in place (please complete all that apply):

Standing	Max. ____ hours
Sitting	Max. ____ hours
Walking	Max. ____ hours
Climbing Stairs	Max. ____ step(s)
Ladders	Max. ____ step(s)
Kneeling	Max. ____ hours
Driving Vehicle	Max. ____ hours

LIFTING	CARRYING	PUSHING/PULLING
None with R arm	None with R arm	None with R arm
None with L arm	None with L arm	None with L arm
Max. ____ lb.	Max. ____ lb.	Max ____ lb.
Max. ____ hours	Max. ____ hours	Max. ____ hours

Additional Precautions:

Restrictions will be in place from _____ to _____ **OR** are permanent
 (START DATE) (END DATE)

At the end date, this employee: May return to regular duties,
 Must return for a re-assessment on _____
 Date of reassessment

OPTIONS NORTHWEST

Employee Medical/Work Abilities Form – Non-Occupational Injury/Illness

OPTION 3: Employee is unable to work at this time, due to the following restrictions:

This Employee must remain off work from _____ to _____
(START DATE) (END DATE)

- This employee has a prescribed treatment plan
- There is no treatment plan at this time

AND at the end of that period I anticipate that he/she:

- May return to Regular Duties
- Will be re-assessed for a return to work on _____
Date of reassessment

Additional Comments:

Name and Address of Health Care Provider:

Health Care Provider's Signature: _____ **Date:** _____

ONCE COMPLETED, PLEASE RETURN THIS FORM TO:

Health and Safety Coordinator/Designate
OPTIONS NORTHWEST
95 Cumberland Street North
Thunder Bay, ON P7A 4M1
Phone – 807-343-4569
Fax -807-346-5811

**Thank you for your assistance.
The completed form and any attachments will be filed in this
employee's
Confidential Health File.**