

Toronto District School Board

Operational Procedure PR717

Title: **WORKPLACE ACCOMMODATION FOR EMPLOYEES WITH DISABILITIES**

Adopted: May 2016
Effected: May 2016
Revised: November 2018
Reviewed: October 2016
Authorization: Executive Council

1.0 RATIONALE

This Workplace Accommodation for Employees with Disabilities Procedure (“Procedure”) supports the implementation of the Accessibility Policy (P069) and the TDSB’s compliance with requirements of the *Accessibility for Ontarians with Disabilities Act* in relation to workplace accommodation for employees with disabilities.

2.0 OBJECTIVE

To establish the process for workplace accommodation for all Toronto District School Board (TDSB) employees with disabilities who require workplace accommodation in order to perform their duties and responsibilities.

3.0 DEFINITIONS

Accommodation means an adjustment made to policies, procedures, programs, guidelines, or practices, including adjustments to physical settings and various types of criteria, that ensures fair and equitable, access, service and treatment for individuals to participate equally and perform to the best of their ability in the workplace or an educational setting. Accommodation is considered appropriate if it results in equal opportunity to enjoy the same level of benefits and privileges experienced by others, or if it is proposed or adopted to achieve equal opportunity, and meets the individual’s needs. The most appropriate accommodation is the one that, respects dignity (including autonomy, comfort and confidentiality), responds to a person’s individualized needs and allows for integration and full participation; short of undue hardship. Accommodations are provided so that individuals are not disadvantaged or discriminated against on the basis of the prohibited grounds of discrimination identified in the Ontario Human Rights Code or other factors. (Adapted

from the Ontario Human Rights Commission's Guidelines on Accessible Education and Policy on Ableism and Discrimination Based on Disability, at www.ohrc.on.ca

Disability, as defined by the Ontario Human Rights Code, means:

- (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 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*.

Individual Accommodation Plan means a document which summarizes the employee's limitations, core and non-core work-related duties/responsibilities that are affected by the limitations, a description of the accommodation to be provided, and the expected duration of the specified accommodation(s). This process will ensure:

- (a) Respect, dignity and confidentiality of the employee; and
- (b) Right to accommodation is an integral component of the right to equality, free from discrimination in accordance with the TDSB's Employment Equity Policy (P029) and applicable legislation.

4.0 RESPONSIBILITY

Associate Director, Business Operations and Service Excellence and Executive Superintendent, Employee Services.

5.0 APPLICATION AND SCOPE

This Procedure applies to TDSB employees with permanent, recurring or temporary non-work related disabilities. If the illness/injury/disability arose from a workplace accident covered under the *Workplace Safety and Insurance Act* (WSIA), then the WSIA's processes apply.

6.0 PROCEDURES

- 6.1. Each request for accommodation will be dealt with on a case-by-case basis with regard to the relevant provisions of the employee's terms and

conditions of employment or collective agreement, as applicable. The Board will make every reasonable effort to accommodate employees with disabilities. Cooperation and active participation by the employee is essential to the success of any accommodation.

- 6.2. Upon acceptance of employment, new employees will notify Recruitment and Staffing of a requirement for accommodations related to a disability.
- 6.3 Existing employees should notify their Principal/ Manager and /or Disability Case Administrator as soon as possible if a workplace accommodation is required due to a disability.
- 6.4 Medical documentation will be required to identify any restrictions or limitations due to disability in order to facilitate a workplace accommodation.
- 6.5 The employee will be expected to actively participate in the accommodation process by gathering and/or providing relevant medical information. The Principal/ Manager/Staffing Administrator and Disability Case Administrator will work with the employee to determine accommodation within the documented restrictions/limitations.
- 6.6 The Disability Claims Administrator will become involved in an accommodation based on information received from:
 - The employee and/or
 - The employee's Manager and/or
 - Treating health care professionals and/or
 - Representatives of the Workplace Safety and Insurance Board (WSIB), where appropriate, and/or
 - Long-Term Disability Insurance (LTDI) providers, where appropriate
- 6.7 The employer may require that the employee participate in an Independent Medical Evaluation and/or a Functional Abilities Evaluation at the employer's expense in order to identify the nature of the accommodations that may be required.
- 6.8 The employee and their Principal/ Manager/ Employee Services and the Disability Case Administrator will prepare a written Individual Accommodation Plan (IAP) outlining the objectives and details of the employee's workplace modifications (Appendix A).
- 6.9 At any point in the accommodation process, the employee can request the assistance of a representative from their Bargaining Unit, or Association, as applicable.
- 6.10 The IAP should be reviewed and/or updated in the event of significant changes to the employee's workplace or duties and responsibilities, or in the event of a change in the nature of the

employee's disability or health condition.

6.11 Principals/ Managers and employees should maintain regular communication during the accommodation period and shall cooperate in addressing any issues arising from the IAP.

6.12 All medical documentation will be kept confidential to those involved in the accommodation process unless the employee has consented to its disclosure or unless disclosure is required by law, a court/tribunal order, or a proceeding.

6.13 If the TDSB determines that an IAP is not required for the employee's return to work, it will advise the employee of its reasons upon request.

6.14 If the employee requires a copy of their IAP in an accessible format, the employee should advise their Principal/ Manager and the Disability Case Administrator. The Principal/ Manager and the Disability Case Administrator will consult with the employee on a suitable format and will provide the IAP in an accessible format without undue delay.

6.15 If the employee requires an individualized workplace emergency response plan, the employee along with their Principal/ Manager and Staffing Administrator should complete a TDSB Workplace Emergency Response Plan for Employees With Disabilities (Appendix B) and attach it to the IAP.

7.0 EVALUATION

This Procedure will be reviewed at a minimum every four (4) years after the effective date.

8.0 APPENDICES

Appendix A: TDSB Process and Individual Accommodation Plan

Appendix B: TDSB Employee Individual Emergency Response Plan

9.0 REFERENCE DOCUMENTS

Policies:

- Accessibility (P069)
- Employment Equity (P029)
- Equity (P037)

Operational Procedures:

- Return to Work for Employees with Disabilities Requiring an Accommodation (PR716)
- Use of Service Animals by the General Public (PR604)
- Use of Support Persons by the General Public (PR605)
- Use of Assistive Devices by the General Public (PR606)

Legislative Acts and Regulations:

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

The Toronto District School Board is committed to accommodating people with disabilities and will use the following process to identify and meet employee accommodation needs.

1. Recognize the need for accommodation

Accommodation can be:

- Requested by the employee
- Identified by the employee's Principal/Supervisor/Manager

2. Gather relevant information and assess individual needs

The employee is an active participant in this step

- 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 their Principal/Supervisor/Manager 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

3. Write an individual accommodation plan

After identifying the most appropriate accommodation(s), the details will be documented in a written plan, including:

- What accommodations(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

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

4. Implement, monitor and update the plan

After implementing the accommodation plan, the employee and their Principal/Supervisor/Manager will monitor and review the plan to ensure that it is effective. Formal review 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 the Principal/Supervisor/Manager will reassess the situation (step 2) 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



Employee Information

Last Name | First Name

Title/Department

Principal/Manager/Employee Services Information

Last Name | First Name

Title/Department

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

List any 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.

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., Employee Services, family doctor, specialists)

Last Name

First Name

Title/Role

Email Address

Telephone Number

Ext.

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, etc.)

Signature (Receipt of this document)

Employee's Signature

Date (yyyy/mm/dd)

Principal/Supervisor/Manager Signature

Date (yyyy/mm/dd)

Required Distribution: Employee
Principal/Supervisor/Manager
Disability Case Administrator



**EMPLOYEE INDIVIDUAL EMERGENCY
RESPONSE PLAN**

EMPLOYEE WORKPLACE INFORMATION	
Name:	
Position:	
Email:	Telephone:
School/Department:	
Principal/Manager:	
Principal/Manager contact information:	
Location of classroom/work location:	
Other work location(s):	

EMERGENCY CONTACT INFORMATION
Last Name:
First Name:
Relationship:
Primary Phone No.:
Secondary Phone No.:
Email:

EMERGENCY EVACUATION ASSESSMENT

Identify any temporary or long-term medical restrictions (optional identification: condition(s) or disabilit(ies)) that may affect your well-being and safety during an emergency.

Do you experience any of the following that could impede your ability to quickly evacuate from your workplace?

- a) Mobility limitations/restrictions, interference with walking, using stairs, joint pain, and/or the use of mobility device (e.g., wheelchair, scooter, cane, crutches, walker).
- b) Identify Specific Devices (indicate where they are stored and how to use them):
- c) Vision Impairments/loss: yes no
- d) Hearing impairment/loss: yes no
- e) Other (please specify, e.g. anxiety in stressful situations):

Please describe the emergency assistance you may require.

COMMUNICATION NEEDS & ACCOMMODATIONS

Select your preferred method of communication in an emergency situation:

- Existing alarm system
- Pager device
- Visual alarm system
- Co-worker

Other (specify)

List specific assistive communication devices and/or accommodations required (e.g., a person with a hearing impairment may require Blackberry or pager to receive emergency evacuation information via text message).

PERSONAL EMERGENCY KIT

Do you have a personal emergency preparedness kit? yes no

If yes. please list contents and important information or instructions (e.g., emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health and contact information, etc.):

Location of personal emergency preparedness kit:

EMERGENCY EVACUATION ROUTES

Please provide a step-by-step description of the **primary** accessible evacuation route for your workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan, and identify meeting location.

Describe an **alternative** evacuation route/Area of Safe Refuge (AOSR) at your workplace noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

EMERGENCY ASSISTANCE NETWORK

A minimum of 2 people are recommended for the Emergency Assistance Network as well as back up alternates. An employee requiring an emergency response plan should be involved in selecting those who will be notified to assist during an emergency.

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

ACKNOWLEDGEMENT & AUTHORIZATION

Reason for review: new hire change in workplace location change in employee's condition

Principal/Manager Signature

Date

I acknowledge that the information contained on this form is accurate and hereby authorize Toronto District School Board to release applicable personal information contained within my Employee Individual Emergency Response Plan to designated individuals within my Emergency Assistance Network and to emergency/first responders in the event of a workplace emergency.

Employee Signature

Date

Important: Attach a copy of this completed form to the School's Emergency Evacuation Plan

Notice of Collection:

All personal information collected on this form and on any attachments will be used only for emergency response purposes and will remain confidential subject to the *Municipal Freedom of Information and Protection of Privacy Act*