



## **Township of Brock**

### **Employment Accommodation Policy**

#### **1. Statement of Organizational Commitment**

The Corporation of the Township of Brock is an equal opportunity employer committed to diversity and inclusion of all individuals, including persons with disabilities, within the workplace.

#### **2. Background**

The *Accessibility for Ontarians with Disabilities Act* (A.O.D.A.) was proclaimed in 2005 with the stated intention to “achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures, and premises on or before January 1, 2025.” In order to achieve this vision, the Provincial government has issued five set of standards under A.O.D.A.: customer service, transportation, communication and information, employment, and built environment.

As part of the ongoing requirements under the A.O.D.A. and the Integrated Accessibility Regulation (I.A.S.R.), Ontario Regulation 191/11, an obligation addressing the individual accommodation of employment activities was developed. The requirement addresses recruitment, assessment, selection and notification, accessible formats and communication supports, workplace emergency response information, accommodation plans, return to work process, performance management, and career development and advancement.

#### **3. Purpose**

This policy documents how the Township will integrate accessibility into the employment process to ensure accessibility for persons with disabilities across all stages of the employment life cycle.

#### **4. Scope and Responsibility**

The requirements set out in this policy and I.A.S.R. do not replace or substitute the requirements established under the Ontario Human Rights Code and the Workplace Safety and Insurance Act. The standards do not limit any obligations owed to persons with disabilities under any other legislation.

This policy applies to all Township of Brock employees and all applicants responding to, or participating in the Township's recruitment process.

The CAO & Municipal Clerk is responsible for the overall implementation and enforcement of this policy. However, accommodation within the workplace is a multi-party process whereby the municipality, the employee, and, where applicable, the respective bargaining unit are responsible for actively contributing to the process in compliance with the relevant legislation.

## **5. Definitions**

**"Accessible formats"** may include, but are not limited to large print, recorded audio, electronic formats, and other formats useable by persons with disabilities.

**"Barrier"** as defined by A.O.D.A., means anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability including a physical barrier, an architectural barrier, information or communication barrier, an attitudinal barrier, a technological barrier, or a policy or practice.

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

**"Disability"** as defined by A.O.D.A., 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 the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree or paralysis, amputation, lack of physical coordination, blindness or visual impairment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or 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.

**"Employee"** means any paid employee, including, but not limited to, full-time, part-time, paid apprenticeships, and seasonal employees.

**“Employment Life Cycle”** means the key stages of engagement between an employee or prospective employee and the Township, including the process involved in recruitment, assessment, selection, hiring, retention (orientation, training, return to work, performance management, career development and advancement, redeployment) and the end of employment.

**“Individual Accommodation Plan”** is a document which outlines the details of individual accommodations for an employee with a disability.

**“Individualized Workplace Emergency Response Information”** means the information prepared by employers, in consultation with employees with disabilities, that help document and prepare the employee for workplace emergencies such as fire, severe weather and power outages.

**“Information”** includes data, facts and knowledge that exists in any format, including text, audio, digital or images, that convey meaning.

**“Municipality”** means the Corporation of the Township of Brock.

**“Performance Management”** means activities related to assessing and improving the employee’s performance, productivity and effectiveness, with the goal of facilitating employee success.

## **6. General Policy**

- 6.1 The municipality will make a reasonable effort to create an overall accessible work environment and create a suitable accessible work environment for employees with disabilities as soon as practicable after the municipality becomes aware of the disability.
- 6.2 Employees are responsible to make the municipality aware of their disability. However, if an employee appears to be struggling in the workplace or is clearly unwell, the employee’s Supervisor/Manger may consult with the CAO & Municipal Clerk to obtain advice.
- 6.3 All municipal documents pertaining to employment activities, including but not limited to, recruitment and selection, orientation, working conditions, promotion, training, performance management, career development and workforce transition shall feature the “Employment Activities Accommodation” clause:

“The Township of Brock is an equal opportunity employer committed to diversity and inclusion within the workplace. We will provide accommodations throughout the recruitment, selection and/or assessment process to applicants with disabilities. If you require accommodation at any time throughout the recruitment process, please contact the Clerk’s Department in advance at 705-432-2355 and we will make every effort to provide appropriate assistance pursuant to the Township of Brock Employment Accommodation Policy.”

## **7 Recruitment, Assessment, Selection and Notification**

- 7.1 The municipality will notify job applicants that accommodations for persons with disabilities will be provided, upon request, on the “Employment Opportunities” page of the Township’s website and in the job posting, which will include the “Employment Activities Accommodation” clause.
- 7.2 The municipality will notify job applicants by telephone or email who have been individually selected to participate in an assessment or job selection process that accommodations for persons with disabilities are available, upon request, at the same time that the applicant is being invited to participate in an assessment or selection process. If a selected applicant requests accommodation, the CAO & Municipal Clerk or designate, will consult with the job applicant and provide or arrange for the provision of a suitable accommodation in a manner that takes into account the applicant’s accessibility needs. The CAO & Municipal Clerk shall document the accommodations provided in writing and retain a copy in the employment file.
- 7.3 The municipality will include in the letter of offer to new employees the Township’s policies and procedures in place for accommodating employees with disabilities and make copies available to the employee, upon request.

## **8 Informing Employees of Supports**

- 8.1 The municipality will inform employees of its policies used to accommodate its employees with disabilities during the Integrated Accessibility Standards and Ontario Human Rights Training.
- 8.2 The municipality will advise employees of any updated policies or procedures that take into account an employee’s accessibility needs due to a disability through a staff memorandum.

## **9 Accessible Formats and Communication Supports for Employees**

9.1 As per the Township of Brock Alternate Formats Policy, an employee or member of the public shall make requests for Alternate Formats through the “Request for Document in an Alternate Format”. The Clerk’s department shall consult with the department from which the document originated and the person making the request to determine their accessibility needs. The request shall be honoured in a practical manner depending on:

- I. the media chosen;
- II. the size and complexity of the document;
- III. the quality and source of the documents;
- IV. the feasibility of the request, including cost; and
- V. the number of documents to be provided.

9.2 The municipality will include the employee’s appropriate accessible format and communication support in their Individual Accommodation Plan (see Section 11), should one exist.

## **10 Personal Workplace Emergency Response Information**

10.1 The municipality shall provide individualized workplace emergency response information plans to employees who have a disability if it is such that individualized information is necessary and the municipality is aware of the need for accommodation.

10.2 If the municipality is aware of an employee’s disability and it is such that individualized information is necessary, the employee’s Supervisor/Manager and/or the CAO & Municipal Clerk and the employee requiring assistance in the event of a workplace emergency shall meet to complete the “Personal Workplace Emergency Response Plan (PWERP)” attached hereto as Appendix A.

10.3 The original PWERP shall be held in the employee’s personnel file and the employee and supervisor/manager shall retain a copy.

10.4 If the employee requires and consents to assistance from co-workers, a copy of the employee’s PWERP will be provided to the co-workers who are a part of the employee’s Emergency Assistance Network.

10.5 The employee’s Supervisor/Manager and/or the CAO & Municipal Clerk and the employee shall review the PWERP when:

- I. the employee moves to a different location in the municipality;
- II. the employee’s Individualized Accommodation Plan (see Section 11), should one exist, is reviewed;
- III. the municipality reviews its general emergency response policies.

## **11 Individualized Accommodation Plans**

- 11.1 The municipality shall provide individualized accommodation plans to employees who have a disability if it is such that the need for accommodation is necessary and the municipality is aware of the employee's disability.
- 11.2 An employee shall make a request for an individualized accommodation plan through the "Request for an Individual Accommodation Plan" attached hereto as Appendix B and provide medical documentation outlining the disability and the need for accommodation to the CAO & Municipal Clerk.
- 11.3 Upon receipt of a request for an Individual Accommodation Plan, the CAO & Municipal Clerk shall review the request on an individual basis, and if appropriate, request an evaluation of the employee by an outside medical practitioner or expert, at the municipality's expense, to determine if and how accommodation can be achieved.
- 11.4 The CAO & Municipal Clerk shall arrange to meet with the employee requesting the Individual Accommodation Plan and the employee's manager/supervisor to discuss the request and to develop an "Individual Accommodation Plan (IAP)" attached hereto as Appendix C. The employee, if desired, may request the attendance of a Union Representative where the employee is represented by a bargaining union.
- 11.5 The municipality will provide the accommodation plan in a format that considers the accessibility needs of the employee and ensure that all information collected during the development of the plan remains confidential unless written consent from the employee is obtained.
- 11.6 The municipality will ensure that the IAP includes, if requested, any information regarding accessible formats and communication supports provided, and if required, individual the employees Personal Workplace Emergency Response Plan.
- 11.7 The original IAP shall be held in the employee's personnel file and the employee, supervisor/manager and any other parties deemed appropriate shall retain a copy.
- 11.8 The employee's supervisor/manager will monitor and evaluate the IAP once implemented.
- 11.9 The IAP will be reviewed on an annual basis. The CAO & Municipal Clerk, the employee, supervisor/manager, and, if requested by the employee, a union representative shall participate in the review.

- 11.10 If an employee is absent from work due to a disability and requires disability-related accommodation in order to return to work, an IAP shall be developed, in conjunction with a modified work plan, as per the Early and Safe Return to Work Policy. In this case, the employee is not required to complete the "Request for an Individual Accommodation Plan" form.

## **12. Return to Work Process**

- 12.1 The Township of Brock "Early and Safe Return to Work Policy," attached hereto as Appendix D, outlines the return to work process for its employees who have been absent from work due to a disability.

## **13. Performance Management**

- 13.1 The Township of Brock "Performance Review Policy", attached hereto as Appendix E, considers the accessibility needs of employees with disability when using its performance management process in respect of employees with disabilities.

\*Adopted by Resolution No. 4-7 at the September 22, 2014 Protection to Persons and Property Committee.



## Personal Workplace Emergency Response Plan (PWERP)

This form is to be completed by the Supervisor/Manager and/or CAO & Municipal Clerk and the Employee requiring assistance in the event of a workplace emergency.

Name of Supervisor/Manager Conducting Review with Employee: \_\_\_\_\_

Date of Review: \_\_\_\_\_

### Section 1 – Employee Information

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Workplace Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

### Section 2 – Emergency Evacuation Assessment

Indicate if the employee experiences any of the following that could impede their ability to quickly evacuate the work place:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Mobility Limitations<br>(interference with walking, using stairs, joint pain, use of mobility device) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Reduced Energy/fatigue  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Respiratory Impairment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Emotional, cognitive, or concentration difficulties   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Vision impairment/loss  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Hearing impairment/loss   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Require assistive technology or medication  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Other (please specify): _____   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Section 3 – Communication Needs & Accommodations

Indicate the employee's preferred method of communication in an emergency situation.

\_\_\_\_\_

List any assistive communication devices or accommodations required: \_\_\_\_\_

\_\_\_\_\_

**Example:** A person with a hearing impairment may require a blackberry or pager to receive emergency information via text message.



#### Section 4 – Conditions, Sensitivities, Disabilities, and Accommodation Summary

Indicate any temporary or long term conditions, sensitivities and/or disabilities that may affect the well-being and safety of the employee during an emergency response.

---

---

---

Does the employee require emergency assistance? ☐ Yes ☐ No

If yes, describe the assistance required. \_\_\_\_\_

---

---

---

#### Section 5 – Employee Personal Emergency Preparedness Kit

Does the employee require a personal emergency preparedness kit? ☐ Yes ☐ No

If yes, at the employee's discretion, please list contents to be included (i.e. emergency supply of medicine, food for specific dietary needs, etc.): \_\_\_\_\_

---

---

---

Location of Employee's Personal Emergency Preparedness Kit: \_\_\_\_\_

#### Section 6 – Emergency Evacuation Routes

Indicate the **primary** accessible evacuation route from the workplace, noting any accessibility accommodations required. \_\_\_\_\_

---

---

Indicate the **alternative** accessible evacuation route from the workplace, noting any accessibility accommodations required. \_\_\_\_\_

---

---

Where applicable, attach site map and/or fire safety plan, as well as identify a meeting location.

## Section 7 – Emergency Assistance Network (EAN)

Does the employee request & consent to assistance from co-workers (EAN)? ☐ Yes ☐ No

If yes, establish an EAN of co-workers who can assist the person with a disability during emergencies.

**A minimum of two people is recommended for the EAN. The employee requesting an EAN should be involved in selecting those who will be notified to assist during an emergency.**

Name: _____ Department: _____ Phone Number: _____ Email Address: _____	Name: _____ Department: _____ Phone Number: _____ Email Address: _____
Name: _____ Department: _____ Phone Number: _____ Email Address: _____	Name: _____ Department: _____ Phone Number: _____ Email Address: _____

## Section 8 – Acknowledgement and Release

Please select the reason for the review of the PWERP:	
<input type="checkbox"/> new hire <input type="checkbox"/> change in workplace location <input type="checkbox"/> change in employee's condition	
<input type="checkbox"/> other (please specify): _____	
_____ Signature of Supervisor/Manager	_____ Date
_____ Signature of CAO & Municipal Clerk	_____ Date
I acknowledge that the information contained on this form is accurate and hereby authorize the Township of Brock to release applicable personal information contained within my Employee Workplace Emergency Response Plan to designated individuals within my Emergency Assistance Network and emergency/first responders, in the event of a workplace emergency situation.	
_____ Employee's Signature	_____ Date

**The original completed Employee Workplace Emergency Response form (with all attachments) is to be sent to the CAO & Municipal Clerk, to be held in the employee's personnel file. The employee and supervisor/manger retain a copy.**

**Note:** All personal information collected on this form and any attachments herein will be used for Employee Workplace Emergency Response purposes only and will remain confidential as per the Municipal Freedom of Information and Protection to Privacy Act, R.S.O. c. F.31, s. 39 (2), unless written consent is obtained from the employee (completion of section 8).



## Request for an Individual Accommodation Plan

### Section 1 – Employee Information

Employee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_ Workplace Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

### Section 2 – Accommodation Information

Type of Disability: ☐ Permanent ☐ Temporary

If temporary, please indicate the duration of the accommodation required: \_\_\_\_\_

Please provide the details of the individual accommodation required or requested:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions about what reasonable options we can explore? ☐ Yes ☐ No

Please Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you require accommodation at your workstation (if applicable)? ☐ Yes ☐ No ☐ Unsure

If you answered yes, what changes do you require? \_\_\_\_\_

\_\_\_\_\_

### Section 3 – Sign Off

By submitting this form to my supervisor/manager, I am formally requesting an Individual Accommodation Plan.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Supporting Medical Documentation Attached: ☐ Yes ☐ No

If no, when will the supporting medical documentation be submitted: \_\_\_\_\_

**Note:** All personal information collected on this form will be used for the development of an employee's individual accommodation plan only and will remain confidential as per the Municipal Freedom of Information and Protection to Privacy Act, R.S.O. c. F.31, s. 39 (2).

**For Office Use Only:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Reviewed by the CAO & Municipal Clerk/Designate: \_\_\_\_\_

Supporting Medical Documentation Attached: ☐ Yes ☐ No

Evaluation of the employee by an outside medical practitioner required: ☐ Yes ☐ No

If yes, provide details on the evaluation required: \_\_\_\_\_

---

---

---

---

---

---

Provide details of alternative/solution explored and associated costs: \_\_\_\_\_

---

---

---

---

---

---

Accommodation to be: ☐ Granted ☐ Denied

If the accommodation is denied, document in detail why. Inform the employee in writing.

---

---

---

---

---

---

If the accommodation is granted, date for meeting to be arranged to develop the Individual Accommodation Plan with the employee: \_\_\_\_\_

Signature of CAO & Municipal Clerk/Designate: \_\_\_\_\_

Date: \_\_\_\_\_



If yes, document the changes that will be provided: \_\_\_\_\_

---

---

---

Are accessible formats or communication supports required by the employee? ☐ Yes ☐ No

If yes, document the accessible formats/communication supports that will be provided:

---

---

---

Is a Personal Workplace Emergency Response Plan (PWERP) required? ☐ Yes ☐ No

\*If yes, please attach the completed PWERP to this document.

Intended date of IAP Implementation: \_\_\_\_\_

Date IAP is to be reviewed: \_\_\_\_\_

### Section 3 – Sign Off

This Individual Accommodation Plan has been developed in consultation with all stakeholders to ensure that the municipality needs are met, while addressing the functional abilities and limitations of the employee.

_____ Signature of Employee	_____ Date
_____ Signature of Supervisor/Manager	_____ Date
_____ Signature of CAO & Municipal Clerk	_____ Date

**The original Individual Accommodation Plan is to be held in the employee's personnel file. The employee, supervisor/manger, and if applicable, the union, shall retain a copy.**

**Note:** All personal information collected on this form will be used for the development of an employee's individual accommodation plan only and will remain confidential as per the Municipal Freedom of Information and Protection to Privacy Act, R.S.O. c. F.31, s. 39 (2).

## HEALTH AND SAFETY STANDARDS & PROCEDURES

### EARLY AND SAFE RETURN TO WORK

#### PURPOSE

The Corporation of the Township of Brock will make every reasonable effort to provide temporary modified or suitable alternative duties to a worker who is disabled as a result of surgery or an occupational injury or illness. Our goal is to provide injured workers with the opportunity to return to work within their level of ability as soon as possible following the injury/illness.

The Early and Safe Return to Work Program will also promote the return to work process for employees who have been absent from work due to a disability and require disability-related accommodations.

The Corporation of the Township of Brock will comply with all legislative requirements including those of the Workplace Safety and Insurance Act (WSIA), the Ontario Human Rights Code, the Integrated Accessibility Standards Act and the Employment Standards Act.

The goal of the Early and Safe Return to Work Program is to return workers to their pre-injury/illness/disability position in a timely manner. This may be accomplished through temporary modification to the tasks, work environment or working hours or through the development of individual accommodation plans. Where modifications to the pre-injury/illness position are not possible or appropriate, alternate duties may be sought and used to facilitate the worker's early and safe return to work.

Where a permanent impairment prevents the worker from returning to their pre-injury/illness position, the Corporation of the Township of Brock will seek a permanent accommodation for the worker.

#### SCOPE

This policy applies to all employees of the Corporation of the Township of Brock, including, but not limited to, full-time, part-time, paid apprenticeships, and seasonal employees.

This program shall be administered by the CAO & Municipal Clerk in collaboration with all departments.

#### Definitions

**Disability** as defined by AODA, 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 the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree or paralysis, amputation, lack of physical coordination, blindness or visual impairment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or 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.

**Functional Abilities Form for Early Return to Work** is a form that the health care practitioner completes stating the worker's current limitations and capabilities. (See WSIB Form #2647A in the forms section)

**Health Care Practitioner** includes a medical doctor, chiropractor, physiotherapist, or dentist.

**Permanent Impairment** is a disability that a health care professional advises is not likely to improve significantly over time.

**Suitable alternative work** is work that the worker can do which is consistent with his/her limitations and capabilities and which can be performed without aggravating the injury / illness.

**Temporary alternative work** is other suitable work that is provided to a worker for a designated time period to assist in rehabilitation following an injury or illness.

**Temporary modified work** is where the worker's regular job is modified for a designated time period to assist in rehabilitation following an injury or illness. The worker is able to perform the essential duties of the job, but some of the other duties are modified to suit the worker's limitations/capabilities.

## **RESPONSIBILITY**

### **Management shall:**

- Develop knowledge and understanding of the program and disability management.
- Ensure that all workers understand the early intervention and modified work program with the expectation that the WORKER participating in the program will fully participate and cooperate with the objective to return to regular duties.
- Participate in the promotion and provision of modified work; provide continued support and encouragement to worker participating in the program.
- Participate in program meetings as required.

### **Supervisor shall:**

- Remain in regular contact with the injured/ill worker during the period of absence from work.
- Provide the injured/ill worker with the appropriate *WSIB Functional Abilities* form #2647A to take to the health care practitioner at the first opportunity, preferably at initial treatment.
- Try to identify temporary modified or alternative duties where required in accordance with the terms of the Collective Agreement or agreement of like nature when forms have been received outlining the worker's fitness for work.
- Meet with the worker and other parties where possible, to discuss the terms of the return to work.



- Notify appropriate parties of the workers' return to work (either modified, alternative or full duties) so that the WSIB can be advised

**Worker shall:**

- **Obtain medical approval from a health care practitioner for a modified work program using the WSIB Functional Abilities form #2647A and return same to supervisor as soon as possible.**
- Participate and cooperate in the program by maintaining regular personal contact with the supervisor regarding the ability to work, physical capabilities and treatment plans.
- Follow the treatment plan outlined by the health care practitioner.
- Communicate any concerns to the supervisor so that potential problems or concerns are openly addressed in a timely manner.

**Return to Work Process**

The worker shall report the injury/illness/disability to their immediate supervisor and provide appropriate health care practitioner's certificate for time off or return to modified work.

When the worker is able to return to modified duties, he/she will provide documentation from the health care practitioner outlining his/her current physical capabilities and the expected date of recovery or return to regular duties.

A Return to Work meeting will take place to determine what work might be available to suit the worker's capabilities and limitation. The meeting should include the injured worker, the supervisor and any other appropriate parties. Modified duties should be offered within the worker's department.

A Return to Work Plan will be developed outlining the goals and details of the worker's return to work. The final goal is to return to regular duties, with short-term goals of modified work, modified hours or other suitable and available duties as required. The details of the plan should include a start and end date, physical restrictions, hours of work, and scheduled review dates of the plan (at least every 4 weeks). The plan should be written and a copy provided to each of the parties including the WSIB. Where possible the health care practitioner should be provided with a description of the worker's regular duties (job description) and the modified duties being offered.

Temporary modified/alternate work will be offered for a limited period of time as outlined in the modified work plan. In the case where return to regular duties does not occur as expected, the workplace parties will meet to revise and reassess the continuing need for and availability of modified duties.

If medical documentation is received indicating that the injury/illness/disability is likely to be permanent and the worker is not ever expected to recover sufficiently to perform the essential duties of their regular work, appropriate parties will be notified and will assist in the process of attempting to provide permanent job accommodation.

For workers who are absent from work due to a disability and require disability-related accommodations in order to return to work, the worker, employee's supervisor and any other parties shall develop an Individual Accommodation Plan as per the Employee Accommodation Policy, in conjunction with the modified work plan.

## **Modified Work**

When initiating an Early and Safe Return to Work Program it may be necessary to provide modified work to the injured/disabled worker.

Modified work consists of any job, task or function that a worker who is temporarily disabled can perform safely without risk of re-injury or exacerbation of their condition, and that does not pose a risk to others during their recovery. The work must be productive and the result of the work must have value and not have a negative impact on existing workers. The work must be seen as temporary in nature, not to exceed 8-12 weeks in duration, assisting the worker in returning to their pre-injury duties.

The worker, department head and CAO & Municipal Clerk will meet to discuss and decide the temporary modified work to be assigned dependent upon the nature of the injury.

Modified work may include the following within the department, where applicable:

- i. Regular duties or routines with restrictions;
- ii. Modification of work schedule;
- iii. Modification of tasks and/or duties within the current job classification;
- iv. Short-term approved projects; and
- v. Changing the environment in which the tasks are performed in.

Assigning tasks that belong to the regular job classification is preferable, facilitating a smoother transition from modified to regular duties, however, the temporary modified work plan may include tasks that do not belong to the employee's regular job classification.

Each department will attempt to accommodate any worker unable to perform their pre-injury duties. If this is not possible, an attempt to place the injured worker in another department within the Township of Brock will be made.

## **Roles and Responsibilities**

### **The Supervisor shall:**

- Contact the injured worker in order to monitor their progress
- Reassure the worker they have not been forgotten
- Encourage an early and safe return to work
- Establish time frames regarding contact, for example
- Contact with the worker after 1 week of absence and every 2 weeks thereafter.
- Contact with the next level of management after 2 months of absence
- Meet with the worker and CAO & Municipal Clerk to discuss and set modified work assignments and goals
- Ensure there is no conflict with any collective agreement
- Organize the placement of injured workers in modified jobs
- Meet with the worker on the first day back and facilitate the return to work
- Arrange meetings with the worker and the CAO & Municipal Clerk, as required, to monitor status of worker and discuss strategies for future development of their program
- Educate workers about the modified work program, safety practices and the WSIB

- On completion of the modified program, the department supervisor will complete a review of the program with recommendations for improvement, if required, and submit a report to the Worker, JHSC and the CAO & Municipal Clerk.

**The Worker shall:**

- Maintain regular contact with the workplace supervisor based on the set time frames – see previous item
- Obtain clearance from the attending physician for the safe return to modified work
- Notify their assigned WSIB adjudicator of the availability for modified work
- Take an active role in developing their individual modified work program
- Communicate any concerns to the workplace supervisor so potential problems can be resolved immediately
- Ensure other scheduled activities, such as physiotherapy or doctor's appointments, are considered along with work schedules

**The Doctor shall:**

- Determine the degree of disability and a timeline of how long the worker is expected to be off work
- Provide guidance on how the employer can assist the worker to return to work as soon as possible
- Determine if the worker will be able to return to their pre-injury duties or will they require modified work

*Keep in mind the doctor will require authorization from the injured worker to release any medical information and said information is to be protected under the Personal Information Protection and Electronic Documents Act. The worker will need a WSIB Functional Abilities form #2647A to present to the attending physician.*

The WSIB will require specific information and will supply information to the employer upon request. Such as:

- a. The employer will advise WSIB that suitable work is available for the worker
- b. The employer will provide detailed job descriptions of the pre-injury job and suitable jobs available.
- c. WSIB will provide a written status report regarding the worker's status upon request by the employer

**Benefits of the Program**

**The Worker:**

- Allows them to return to work as quickly as possible,
- Encourages speedier rehabilitation,
- Assists the worker to maintain contact with co-workers,
- Reduces the worker's sense of estrangement,
- Reduces the time needed for the rehabilitated worker to return to full work capacity,
- Assists the injured worker to maintain their sense of identity and self-respect

**The Employer:**

- a. Assists to maintain high productivity levels through utilizing trained workers,
- b. Eliminates the non-recoverable costs of training new workers,
- c. Reduces the cost involved in hiring and retaining additional casual workers, and
- d. Reduces the high cost of WSIB Benefits, health care, fines, penalties and other costs associated with managing claims.

See forms section of this manual for

3-W.4.1 - *Release of Information Consent*

3-W.4.2 - *Modified Work Agreement*

3-W.4.3 - *Modified Work Re-entry Plan*

3-W.4.4 - *Functional Abilities WSIB Form #2647A*

3-W.4.5 - *Treatment Memorandum WSIB Form #0156C*

## Performance Review Policy

The Corporation of the Township of Brock values the contributions all workers bring to the job and to that end wish to evaluate each worker on an annual basis. The Corporation of the Township of Brock will consider the accessibility needs of employees with disabilities, as well as individual accommodations plans, should one exist, when using its performance management process in respect of employees with disabilities.

Performance evaluations are intended to be a constructive and positive experience. It should be viewed as an opportunity for workers to learn where they stand relative to their expected job performance, goals and objectives. At the same time it offers workers a chance to become involved in determining their future career development, and to map out ways in which they can be true participants in the Township of Brock's achievement of success.

Performance reviews normally take place annually, on the anniversary of employment, but may be more frequent if the supervisor feels it necessary. Performance reviews should not be confused with salary reviews, although they often coincide in timing. Successful performance does not guarantee any level of salary increase. In the case of Union Members, wages are negotiated with C.U.P.E. Local 1652 and not included in this policy. Refer to the Progressive Discipline policy for inclusion there.

The performance review of the worker will be for the current year and compared against the written expectations set down in the previous review or at the time of hire. The worker and their supervisor will discuss how effective the worker has been and how much they have contributed to the Corporation's objectives.

Overall performance will be rated on the following scale:

1. **Unacceptable:** Significant development required: performance below minimum acceptable level
2. **Needs Improvement:** Performance does not always meet expectations/standards; some development/training required
3. **Meets Requirements:** Performance consistently meets expectations/standards.
4. **Good:** Performance occasionally exceeds expectations/standards
5. **Exceptional:** Performance consistently far exceeds expectations/standards.

Areas to be evaluated will be:

- **Skill/Ability:** Communication, Creativity/Ingenuity, Planning, Judgment, Knowledge, and Quantity of Work.
- **Attitude:** Customer Service, Initiative, Perseverance/Effort, Housekeeping, Interpersonal Relationships, and Conduct.
- **Reliability:** Confidentiality, Dependability, Trustworthiness, and Consistency.
- **Attentiveness:** Adherence to Detail, Focus, Diligence, Thoughtful Manner, and Safe Work Habits.

- **Accuracy/Quality:** Degree of Precision, Degree of Excellence, Error Frequency, and Insurance of Work/Job Standards.
- **Attendance:** Punctuality/Tardiness and Frequency of Absence.

The Corporation of the Township of Brock will take into account the accessibility needs of employees with disabilities in their performance review process by:

- reviewing an employee's individual accommodation plan to understand the employee's accommodation needs and determine whether it needs adjusting to improve his or her performance;
- ensure all documents related to the performance review, are, if required, available in alternate formats; and
- provide informal and formal coaching and feedback in a manner that takes into account an employee's disability.

Objectives for the coming year will then be decided upon. These may include targets dictated by the Township of Brock's business plan, objectives for growth within the job and even personal goals. All objectives will have concrete results, will be measurable, clear and realistic, and will have a target date for completion attached. The time to ask questions about objectives is when they are being set. Be sure to clarify how success will be measured when the goals are set, not at the end of the review period.

*Performance Review* form #1.4.1 can be found in the forms section of this manual.