By- Law No. 2016-1334 Schedule IV

# Township of Jocelyn

# Accessibility – Return to Work Process Policy

Accessibility for Ontarians with Disabilities Act (AODA 2005)

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

Date: December 18, 2015

**Revision Date:** 

Prepared By: Janet Boucher Title: Clerk Treasurer

Township of Jocelyn

#### **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 29 regarding the development and documentation of a return to work (RTW) process for employees who have been absent from work due to a disability and who require an accommodation to return to work.

#### THE RETURN TO WORK PROCESS

At the Township of Jocelyn, we are committed to supporting employees who have been absent from work due to a non-work-related disability and who require an accommodation in order to return to work. Therefore, senior management have put in place the following RTW process to facilitate an employee's safe and timely return to work.

Step 1. Initiate the Return to Work Proc	cess
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☐ The employee reports the need for a disability leave to the supervisor or to human resources. ☐ Information is sent to the RTW coordinator (Name: Janet Boucher, Clerk Treasurer Phone: 7052462025; Email: admin@jocelyn.ca).

# Make and Maintain Contact With the Employee on Leave

<b>J</b>	ep 2. Make and Maintain Contact with the Employee on Leave
RT	W Coordinator:
	Maintains regular contact with the employee, with the employees' consent
	Provides the employee with RTW information
	Helps resolve any problems with treatment, if asked to by the employee
	Monitors the employee's progress until she is fit for work
Em	nployee:
	Gets and follows the appropriate medical treatment
П	Undate the RTW coordinator about her progress

#### Health care provider:

☐ Provides appropriate and effective treatment to the employee

☐ Gives the health care provider the RTW information

☐ Provides required information on the employee's functional abilities, if requested

#### Step 3. Develop a Return to Work Plan

- ☐ The employee, the RTW coordinator, and the health care provider (if needed) collaborate to develop a formal RTW plan, which is included in the employee's individual accommodation plan, if applicable:
  - If the employee has no residual functional limitations, she returns to her regular position with no accommodation required

- If the employee has temporary function limitations, she returns to a temporary modified work environment with accommodation, or to an alternative transitional position
- If the employee has lasting functional limitation, she returns to work with permanent accommodations or is permanently reassigned to another position

#### **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**

(other than small organizations – less	nt Standard – Documented Individual Ao than 50 employees) are required to dev nented individual accommodations plan	elop and have in place a written
Employee's Name:	Date: _	
Employee's Title/department:	Depar	tment Head:
Limitations	Job-related tasks/activities affecte limitations	d by Is this an essential job requirement?
Sources of expert input into the indivi specialists):	dual accommodation plan (e.g. human r	resources, family doctor,
	mplemented from [sta eview of this accommodation plan will o ald 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	Dei	partment Head's Signature