



**THE CORPORATION OF THE  
TOWNSHIP OF MANITOUWADGE**

**INTEGRATED ACCESSIBILITY  
STANDARDS REGULATION**

**POLICY**

**Appendix A**

**THE CORPORATION OF THE TOWNSHIP OF MANITOUWADGE  
POLICY**

**SECTION: ACCESSABILITY-CORPORATE**

**POLICY: INTEGRATED ACCESSIBILITY STANDARD  
REGULATION POLICY**

**POLICY #: ADM2016-01**

**PURPOSE:** Under the Accessibility for Ontarians with Disabilities Act, 2005, all public and private sector organizations must meet the requirements of accessibility standards established by regulation. This policy establishes the Integrated Accessibility Standards Regulation in the areas of Employment, Information and Communication and Transportation for the Municipality of Manitouwadge in accordance with Ontario Regulation 191/11. This regulation came into force July 1, 2011.

The Township of Manitouwadge is committed to meeting the accessibility needs of persons with disabilities in an effective and timely manner by preventing and removing barriers for persons with disabilities in accordance with the *IASR*. The Township's goal is to foster an inclusive organizational culture that is guided by the principles and requirements of the *AODA*, the *IASR* and the *Code*.

**POLICY:** This policy has been drafted in accordance with the Regulation and addresses how the Municipality achieves accessibility through meeting the Regulation's requirements. It provides the overall strategic direction that we will follow to provide accessibility supports for Ontarians with disabilities.

**1. Multi Year Accessibility Plan**

The Township of Manitouwadge has developed and will maintain a Multi-Year Accessibility Plan (the "MYAP") that sets out the Township's strategy for preventing and removing accessibility barriers from our workplaces and meet its requirements of the *IASR*. The MYAP will be reviewed and updated at least once every five years.

**2. Self Service Kiosks**

If the Township of Manitouwadge procures or acquires self-service kiosks in the future, we will have regard to the accessibility for persons with disabilities and ensure that the kiosks incorporate appropriate accessibility features.

### **3. Training**

Training has been provided to all Town employees and volunteers who deal with members of the public or other third (3rd) parties on behalf of the Town, and those involved in the developing Integrated Accessibility Standards policies, practices and procedures received training on Integrated Accessibility Standards and Human Rights Code as it pertains to persons with disabilities.

Training has been provided as soon as practicable upon an individual being assigned the applicable duties, through online resources;

- *AccessForward – Training for an Accessible Ontario, [www.accessforward.ca](http://www.accessforward.ca)*
- *Ontario Human Rights Commission <http://www.ohrc.on.ca/>*
- *Serve-Ability <http://curriculum.org/>*

Keeping an updated record of the training, including the date to which training is provided and the number of individuals to whom it is provided. The names of individuals trained will be recorded for training administration purposes, subject to the Municipal Freedom of Information and Privacy Act (MFIPPA).

### **4. Procuring and Acquiring of Goods, Services or Facilities**

The Township shall incorporate accessibility criteria and features into procuring or acquiring goods, services or facilities.

### **5. Information and Communications**

Upon request, The Township of Manitouwadge will provide or arrange for the provision of accessible formats and communication supports for persons with disabilities in a timely manner that takes into account each person's accessibility needs due to disability and (if applicable) at a cost that is no more than the regular cost charged to other persons

The Township will consult with the person making the request for an accessible format or communication supports when determining the suitability of an accessible format or communication supports

The Township will continue to advise the public about the availability of accessible formats and communication supports with respect to its feedback processes on the Township's website.

The Township will ensure that its websites, including web content on such site, conforms to the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 at Level AA, except where meeting the requirement(s) is not practicable.

## 6. Employment

**Recruitment, Assessment and Selection:** In our recruitment processes, the Township will advise employees and the public about the availability of accommodation for applicants with disabilities.

The Township will notify job applicants, when they are individually selected to participate further in an assessment or selection process that accommodations are available upon request in relation to the materials or processes to be used.

If a selected job applicant requests accommodation relating to their participation in the hiring process, The Township will consult with the individual and provide or arrange for the provision of suitable accommodation that takes into account the applicant's disability-related needs.

When making offers of employment, the Township will notify successful applicants of;

- a) our policies for accommodating employees with disabilities
- b) the availability of information in an accessible format and/or communication supports in consultation with the employee with a disability

**Individualized Emergency Response Information and Plan:** The Township will provide individualized workplace emergency response information to employees with disabilities where the disability is such that individualized information is necessary and as soon as practicable after learning of the need for accommodation due to an employee's disability.

Where an employee who receives individualized workplace emergency response information requires assistance, a designated personal assistant will be provided and, with the employee's consent The Township will review individualized workplace emergency response information, at minimum, whenever:

- the employee moves to a different location within the corporation;
- the employee's overall accommodation needs or plans are reviewed; or
- the Township reviews its general emergency response policies.

**Individualized Accommodation Plan:** The Township will develop and maintain a written process for the development of documented individual accommodation plans for employees with disabilities.

**Return to Work Plan:** The return to work process will outline the steps that the Township will take to facilitate a return to work and will include documented individual accommodation plans. An independent Medical Assessment may be requested to assist and determine a suitable accommodation plan at no cost to the employee.

The Township will develop and maintain a documented return to work process for its employees who have been absent from work due to a disability and who require disability-related accommodations in order to return to work.



## THE CORPORATION OF THE TOWNSHIP OF MANITOUWADGE

### Individual Emergency Response Work Sheet-Appendix B

**\*Available in alternate format upon request**

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# Section 1: Employee Emergency Information Worksheet

Please complete this worksheet to help us identify the barriers that could arise in an emergency situation and provide suggestions on how to overcome them. Your input will help us provide you with individualized emergency information.

The information collected is confidential and will only be shared with your consent. You **do not** have to provide details of your medical condition or disability, only the type of help you may need in an emergency situation.

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

### Employee Information

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

\_\_\_\_\_  
Extension:

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Manager

**Emergency Contact Information**

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

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Relationship

**Work Location**

Do you work in different locations on a regular basis? (Please circle) Yes No

If yes, list locations

**Potential Emergency Response Barriers**

1) Can you see or hear the fire/security alarm signal from your work station?

(Please circle)      Yes                  No                  Don't Know

If no, what would help you know that the alarm was flashing / ringing?

2) Can you activate the fire/security alarm system?

(Please circle)      Yes                  No                  Don't Know

3) Can you talk to emergency staff?

(Please circle)      Yes                  No

If no, what would help you to communicate with them?

4) Can you use the emergency exits?

(Please circle)      Yes                  No                  Don't Know

If no, what help would you need to exit the building?

5) Could you find the exit if it was smoky or dark?

(Please circle)      Yes                  No

If no, what would help you find the exit?

6) Can you exit the building by yourself?

(Please circle)      Yes                  No

If no, what would help you get out?

7) Would you be able to evacuate the building during a stressful and/or crowded situation?

(Please circle)      Yes                  No

If no, what would help you evacuate?

8) Can you read/access our emergency information?

(Please circle)      Yes                  No

If no, what would make this information available to you?

9) If you need help to evacuate, what instructions do people need to help you?

Instructions: (Use additional sheets as necessary)



10) If you need other accommodations in an emergency situation please list them here.

Accommodations: (Use additional sheets as necessary)



THE CORPORATION OF THE TOWNSHIP OF MANITOUWADGE

Individual Accommodation Plan- Appendix C

**\*Available in alternate format upon request**

**Confidential when completed**

**Employee Information**

Last Name

First Name

Title /Department

**Manager Information**

Last Name

First Name

**Accommodations**

Start Date

End Date

Next Plan Review

Enter date

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

Limitation(s)

Tasks/activities affected

Essential job requirement? Yes  No

**Accommodations**

Using a 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 the accommodation.

Task(s)

What must the accommodation achieve?	
Accommodation strategy	
<b>Implementation</b>	
List the actions required to achieve the accommodation(s) identified in the prior section	
Action	
Assigned to	
Due Date	
<b>Information sources</b>	
Identify and include the contact information for any experts consulted when building the plan (e.g., human resources, family doctors, specialists)	
Last Name	First Name
Title/Role	
Email Address	Telephone Number
<b>Related Documents</b>	
<input type="checkbox"/> Employee emergency plan (if applicable) <input type="checkbox"/> Accessible format of the individual accommodation plan <input type="checkbox"/> Type(s) of accessible formats and/or communication support the employee needs (if applicable) <input type="checkbox"/> Return to Work Plan (if applicable) <input type="checkbox"/> Other (specify)	
<b>Comments / Notes</b>	
Use this section for any additional comments	
<b>Signatures</b>	
Employee's Signature	Date
Manager's Signature	Date



THE CORPORATION OF THE TOWNSHIP OF MANITOUWADGE

Return to Work Plan- Appendix D

**\*Available in alternate format upon request**

<b>Confidential when completed</b>		
<b>Employee Information</b>		
Last Name	First Name	
Title /Department		
<b>Manager Information</b>		
Last Name	First Name	
<b>Return to work plan</b>	<b>Return to Work Plan</b>	
Start Date	End Date	
<b>Goal</b>		
At the end of the return to work process, the employee will return to his/her		
<input type="checkbox"/> Original job <input type="checkbox"/> Original job with modifications <input type="checkbox"/> Alternate job( include job description)		
<b>Accommodations and transitional measures</b>		
List the limitations the employee experiences as a result of his/her disability, how it affects 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: If the measures will be phased in or out, include and start/end date.		
<input type="checkbox"/> Modified work hours/days	Start Date	End Date
<input type="checkbox"/> Modified work location	Start Date	End Date
<input type="checkbox"/> Modified job requirements	Start Date	End Date
<input type="checkbox"/> Assistive device(s)	Start Date	End Date
<input type="checkbox"/> Additional support	Start Date	End Date
Limitation		
Tasks/ Activities affected		

Accommodation	
Safety Considerations	
Start Date	End Date
<b>Assignment to alternate position</b>	
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.	
Job title	Length of assignment
Describe new position	
List any training requirement and safety precautions	
<b>Comments / Notes</b>	
Use this section for any additional comments	
<b>Signatures</b>	
Employee's Signature	Date
Manager's Signature	Date



THE CORPORATION OF THE TOWNSHIP OF MANITOUWADGE

Functional Abilities Assessment Form-Appendix E

\*Available in alternate format upon request

<b>A Worker's Information</b>				
Employee's Surname	First Name	<input type="checkbox"/> Occupational <input type="checkbox"/> Non-Occupational	Date of Injury / Illness	Unit
Employee's Job Title	RTW Coordinator or Manager Name:		Today's Date	
	Tel. No. ( ) -	Fax. No. ( ) -		
<b>B Assessment (Part B, C and D to be completed by attending physician)</b>				
Due to injury or illness this employee has: <input type="checkbox"/> <b>Normal functional Abilities</b> ( <i>Fit for Regular Duties</i> ) <input type="checkbox"/> <b>Reduced Functional Abilities</b>				
(No additional information needed. Please sign section E) (Please complete Section C, D & sign section E)				
<b>C Functional Abilities:</b> ( <i>If unable to test, please estimate</i> )				

Step 1 Please circle the appropriate letter(s) & Body area(s) to indicate the affected area(s)	Step 2 Please indicate Reduced abilities	Step 3 Please indicate extent of abilities			Comments
<p>A Systemic or Non-Physical B Head (incl. Vision, hearing, speech) C Neck D Upper back, chest, upper abdomen E Lower Back F Lower abdomen G Shoulder or upper arm H Elbow or lower arm I Wrist or hand J Hip or upper leg K Knee or lower leg L Ankle or foot M Respiratory/Aerobic</p>	Walk	Maximum Duration (hours): 1 2 4 5+ Other <input type="checkbox"/> Short distances only <input type="checkbox"/> No walking			
	Stand	Maximum Duration (hours): 1 2 4 5+ Other			
	Sit	Maximum Duration (hours): 1 2 4 5+ Other			
	Lift/Carry	Occasionally	Weight (kg)	< 9kg - Specify	
	Floor – waist		21 16 9		
	Waist – shoulder		21 16 9		
	Above shoulder		21 16 9		
	Bend/Twist	Occasionally	Not at all	Specify	
	Neck				
	Back				
	Push/pull	Occasionally	Not at all	Specify	
	Moderate load				
	Light load				
	Climb	Occasionally	Not at all	Specify	
	Flight of stairs				
Few steps					
Reach	Occasionally	Not at all	Specify		
Above shoulder					
Below shoulder					
Use Hands For:	Occasionally	Not at all	Specify		
Writing	L R	L R			
Typing	L R	L R			
Fine manipulation	L R	L R			
Grasping	L R	L R			

	Sensory	To See	To Hear	To Speak	To Maintain Balance
	Specify:				
	Operate Equipment	Specify:			
	Hours of Work	Specify: Normal hours or graduated RTW?			
	Prescription medication	Will it affect ability to work/drive:			

**Other Comments/Instructions (NO DIAGNOSIS OR TREATMENT):**

**D** Normal functional abilities may resume in:      1-3 days    4-7 days    8-14 days    Specify:

*Other: Employee is not medically fit for regular duties, will require periodic reassessments for effective rehabilitation.	Scheduled reassessment date for:
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This authorizes my attending physician to provide the information requested above to COMPANY NAME	Employee's Signature:	Date:
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<b>E</b> Physician's name & address:	Physician's Signature:
	Physician's Telephone No:
	Date:

**Performance Management, Career Development and Advancement:** The Township will take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when conducting performance management, or providing career development and advancement to employees.

Approval: <u><i>M. Hartling</i></u> <input checked="" type="checkbox"/> CAO/Clerk-Treasurer <input type="checkbox"/> Deputy-Clerk	Resolution # <u>2016-17a</u> Council Meeting of: <u>25/05/2016</u>
Supersedes Policy # <u>    /    /    </u> Dated: <u>    /    /    </u>	Original Issue: <input checked="" type="checkbox"/> Revised Issue: <input type="checkbox"/>