

# CITY OF ORILLIA POLICY MANUAL

Part	5	<b>Human Resources</b>	<b>5.1.6.2.</b>
Section	1	Employment	
Sub-Section	6	Accessibility Standards	
Policy	2	Recruitment, Communications, Career Development	

This policy applies to all employees within the Corporation of the City of Orillia.

## **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. In accordance with this Regulation, the City of Orillia is required to establish a policy that will assist with the recruitment, communications, workplace emergency response information, retention, and career development of persons with disabilities.

## **GUIDELINES**

### **Recruitment, Selection and Hiring**

The City of Orillia is committed to engaging in the identification, removal, and prevention of barriers throughout an employee's life cycle. When barriers exist that are unable to be removed, reasonable accommodations will be made to ensure full participation of persons with disabilities.

The Human Resources Department, when requested, will accommodate and support people with disabilities throughout the hiring stages of recruitment, assessment, selection and hiring.

The Human Resources Department will make all documentation available to applicants in alternative formats and will provide reasonable support services to individuals with disabilities to enable full participation.

### **Confidentiality**

Applicants and employees requesting accommodations due to a disability can be assured that all confidential disability related requests and information will remain confidential, and further disclosure of a disability will only occur with the consent of the applicant/employee.

### **Communications**

Upon request, the Human Resources Department will make all necessary documentation available in alternative formats and will provide reasonable support services to individuals with disabilities ensuring full participation of qualified individuals.

### **Workplace Emergency Response Information**

Upon request, the City of Orillia will provide individualized emergency response information to employees with a disability. (Appendix A)

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## **Performance Management, Career Development and Advancement**

The City of Orillia shall take into account the accessibility of employees with disabilities, as well as individual accommodation plans, when dealing with the following:

- Performance management program.
- Career development and advancement.
- Reassignment of employees to other departments or positions.

## **Attachment**

Appendix A - Employee Workplace Emergency Response Plan

(R. 2012-163 12.06.11)

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## CITY OF ORILLIA Employee Workplace Emergency Response Plan

<b>1. Employee Information</b>
Name:
Position:
Department:
Location of Workstation:

<b>2. Emergency Evacuation Assessment</b>
Does the employee experience any of the following that could impede the ability to quickly evacuate the work place?
a. Mobility limitations; interference with walking, using stairs, joint pain, use of mobility device (i.e. wheelchair, scooter, cane, crutches, walker, etc.) <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>
b. Reduced energy, fatigue; tires easily <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>
c. Respiratory impairment (due to temporary/permanent conditions or brought on by stress, exertion, exposure to dust, smoke, etc.) <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>
d. Emotional, cognitive, or concentration difficulties; confusion or disorientation <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>
e. Vision impairment/loss <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>
f. Hearing impairment/loss <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>
g. Require assistive technology or medication <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>
h. Other (please specify): <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>

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### 3. Communication Needs & Accommodations

Indicate the employee's preferred method of communication in an emergency situation. List any assistive communication devices and/or accommodations required.

**Example:** person with hearing impairment may require Blackberry or pager to receive emergency evacuation information via text message.

### 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 emergency response.

Emergency Assistance Required:

### 5. Employee Personal Emergency Preparedness Kit

Employee Personal Emergency Preparedness Kit required? (at employee's discretion)  
 yes  no

**List Contents** (i.e. emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health, and contact information, etc.):

Location of Employee's Personal Emergency Preparedness Kit:

### 6. Emergency Evacuation Routes

Indicate **primary** accessible evacuation route from work station, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

Indicate **alternative** evacuation route from workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location

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## 7. Acknowledgement and Release

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

\_\_\_\_\_  
Signature of Human Resources Staff

\_\_\_\_\_  
Date

I acknowledge that the information contained on this form is accurate and hereby authorize the City of Orillia to release applicable personal information contained within my Employee Workplace Emergency Response Plan to my Supervisor, Department Head and emergency/first responders, in the event of a workplace emergency situation.

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

\_\_\_\_\_  
Date

PLEASE ENSURE THAT THE ORIGINAL COMPLETED EMPLOYEE WORKPLACE EMERGENCY RESPONSE FORM (WITH ATTACHMENTS) IS SENT TO HUMAN RESOURCE SERVICES TO BE HELD IN THE EMPLOYEE'S PERSONNEL FILE AND THAT THE HEALTH & SAFETY/WSIB COORDINATOR, EMPLOYEE AND SUPERVISOR RETAIN A COPY.

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 MFIPPA unless written consent is obtained from employee.