Part	5	**Human Resources**	**5.1.6.3.**
Section	1	Employment	
Sub-Section	6	Accessibility Standards	
Policy	3	Non-Occupational Return to Work Disability-Related	

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, Section 29 regarding a return to work process for employees who have been absent from work due to a disability, and require accommodations in order to return to work.

DEFINITIONS

Disability

As defined by the AODA:

- Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness.
- A condition of mental impairment or a developmental disability.
- A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language.
- A mental disorder.

Work Accommodation

The adjustment of work assignment, activities or specifications in order to accommodate restrictions/limitations for employees due to a disability. The ultimate duration of the work accommodation will depend on the nature of the individual circumstances of the employee and will be subject to ongoing monitoring.

Work Accommodation Plan

A document which outlines the details of the work accommodation including the specific duties to be performed for employees who have been absent from work due to a disability and require disability-related accommodations.

GUIDELINES

Employer

It is the employer's responsibility to make every reasonable effort to accommodate employees through the identification of modified work alternatives on an individual basis due to an employee's disability.

Employee

- Notify the Director of Human Resources as soon as possible if work accommodation is required due to a disability.
- Complete the Assessment for Return to Work Form. (Appendix A)

- Accept reasonable temporary or permanent work accommodation being offered by the City.
- Work in accordance with the Work Accommodation Plan and perform only tasks which are acceptable within the context of the documented restrictions/limitations.

Human Resources

- Develop a Work Accommodation Plan in accordance with the documented restrictions/limitations of the employee and the demands of the accommodated work.
- Meet with the employee and the relevant Supervisor(s) to discuss the Work Accommodation Plan.

Managers and Supervisors

- Cooperate with and participate in the development of a Work Accommodation Plan.
- Participate in Work Accommodation meetings as necessary and as requested.
- Maintain regular contact with accommodated employees assigned to his/her department.
- Monitor, evaluate and document the accommodated employee's job performance throughout the Work Accommodation Plan and ensure that any issues are brought to the attention of the employee as well as others involved in the employee's Work Accommodation Plan. (Appendix B)

PROCEDURE

1. The worker shall report any disability to the Director of Human Resources.
2. A Work Accommodation Plan will be developed outlining the goals and details of the worker's modifications. If requested, the employee may have their union representative present during the development of the Work Accommodation Plan.
3. Medical documentation will be required to determine appropriate tasks are provided in the workplace to accommodate the employee's return to work.
4. If medical documentation is received indicating that the disability is likely to be permanent and the worker is not expected to recover sufficiently to perform the essential duties of their regular work, the appropriate parties will be notified to assist in the process of attempting to provide permanent job accommodation.
5. All documentation will be kept confidential unless consent has been received by the employee to release such information to the appropriate parties involved.
6. A copy of the plan will be provided to each of the parties involved.

7. The plan will be reviewed on an annual basis.

Attachments
Appendix A – Worker Assessment Form
Appendix B – Work Accommodation Plan

(R. 2012-163 12.06.11)

Appendix A

CITY OF ORILLIA
WORKER ASSESSMENT FORM

(for non-occupational return to work disability related)

I , (please print name)_____, hereby authorize the healthcare professional who treats me to provide my employer with information about my capabilities and limitations on this worker assessment form as it relates to remaining at work, returning me to work, or accommodating me at work.

Employee's Signature: Date:

Dear Health Care Practitioner, the City of Orillia offers a Work Accommodation Program for employees experiencing injuries or illnesses. Your assessment and feedback will allow us and our employee to consider an appropriate workplace accommodation if necessary. ***Please return the completed form to our confidential fax number (705) 325-5904.***

1. _____This employee is able to return at once to regular work with no restrictions.
2. _____This employee is totally disabled from working at this time. Will be re-assessed on this date _____
3. _____This employee is able to return to work with restrictions noted below (check all that apply). RTW date _____

Please indicate **Abilities** that apply and include additional details in comment section below			
Walking: ☐ Full abilities ☐ Up to 100 metres ☐ 100-200 metres ☐ Other (please specify)	Standing: ☐ Full abilities ☐ Up to 15 minutes ☐ 15-30 minutes ☐ Other (please specify)	Sitting: ☐ Full abilities ☐ Up to 30 minutes ☐ 30 minutes – 1 hour ☐ Other (please specify)	Lifting from floor to waist: ☐ Full abilities ☐ Up to 5 kgs ☐ 5 – 10 kgs ☐ Other (please specify)
Lifting from waist to shoulder: ☐ Full abilities ☐ Up to 5 kgs ☐ 6 – 10 kgs ☐ Other (please specify)	Stair climbing: ☐ Full abilities ☐ Up to 5 steps ☐ 5 – 10 steps ☐ Other (please specify)	Ladder climbing: ☐ Full abilities ☐ 1 – 3 steps ☐ 4 – 6 steps ☐ Other (please specify)	Travel to work: Ability to use public transit ☐ yes ☐ no Ability to drive a car ☐ yes ☐ no

Please indicate **Restrictions** that apply and include additional details in comment section below				
☐ Bending/twisting repetitive movement of (please specify):	☐ Work at or above shoulder activity:	☐ Chemical exposure to:	☐ Environmental exposure to (eg. heat, cold, noise, scents):	☐ Limited use of hand(s): Left / Right ☐ Gripping ☐ ☐ Pinching ☐ ☐ Other (specify) ☐
☐ Limited pushing/pulling with: ☐ Left arm ☐ Right arm ☐ Other (please specify)	☐ Operating motorized equipment (eg. forklift):	☐ Potential side effects from medications (please specify, do not include names of medications):		☐ Exposure to vibration: ☐ Whole body ☐ Hand/arm
☐ Cognitive Impairment (provide limitations information in comments box below)				
Estimated duration of limitations: ☐ 1 - 2 days ☐ 3 – 7 days ☐ 8 – 14 days ☐ 15 - 30 days ☐ 31+ days				

Complete recovery expected: ☐ Yes ☐ No ☐ Unknown at this time	
Recommendations for work hours: ☐ Full-time hours ☐ Modified hours (clarify below) ☐ Graduated hours (clarify below)	
Additional comments on Abilities and/or Restrictions (Please provide objective medical findings and further details to support any boxes checked above):	
Signature of Attending Health Care Provider: _____ Date:	Name: _____ Address: _____ _____ Tel:

Appendix B

WORK ACCOMMODATION PLAN

The goal of work accommodation is to provide a short-term change in job requirements based on medical restrictions for non-occupational return to work disability-related.

Employee Name:	Department:
Position:	Work Location:
Type of Disability:	
Date of Worker Assessment Form: ***A copy of the Worker Assessment Form will be attached to the Work Accommodation Plan***	
Description of suitable work including tasks based on the functional abilities information:	
Date suitable work available: Date Suitable work is to be reviewed:	
Employee Signature:	Date:
Supervisor Signature:	Date:
Human Resources Signature:	Date:

For HR Purposes only:

☐ Copy - Employee ☐ Copy – Union ☐ Copy - Supervisor