



Municipality of Highlands East  
Schedule A

Policy: Accessibility

Department: Administration/Clerk

Bylaw #: 2019-120

Effective Date: December 10, 2019

Revision Date: As per Legislative Requirements and/or every 5 years

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**1. Purpose and Background:**

The Accessibility for Ontarians with Disabilities Act (AODA), 2005 is a Provincial Act with the purpose of developing, implementing and enforcing accessibility standards to achieve accessibility for persons with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises by January 1, 2025.

**2. Policy Statement:**

The Municipality of Highlands East is committed to providing quality goods and services that are accessible to all persons. The Municipality of Highlands East will strive to provide its goods and services, in a manner that respects the dignity and independence of each individual. The Municipality will integrate the needs of each individual, as fully as practicable into the method of service delivery; and will ensure that people with disabilities be given an equal opportunity to use and benefit from the goods, services and areas that are provided by the Municipality of Highlands East.

**3. Scope:**

As per the requirements of the Accessibility for Ontarians with Disabilities Act, this policy applies to all employees of the Municipality of Highlands East. Including Council, full time employees, part time employees, and volunteers.

**4. Definitions:**

**“Accessible Communications** means depending on the situation and the person’s needs, the format of communication may be altered to better suit the customer. The communication can be made more accessible in various ways including, but not limited to, changing the usual method of communication or using an assistive device for service.



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

**“Assistive Device”** means a tool, technology or other mechanism that enables a person with a disability to maintain a level of independence at home, in the workplace or in the community.

**“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.

**“Communication”** means the process of providing, sending, receiving and understanding information.

**“Council”** means the Council for the Corporation of the Municipality of Highlands East.

**“Customer Service”** means the provisions of goods or services that members of the public are allowed to use.

**“Dignity”** means that a service is provided in a way that allows a person with a disability to maintain self-respect and the respect of other people.

**“Disability”** means and is defined in the Accessibility for Ontarians with Disabilities Act, 2005, section 2 and the Human Rights Code, 1990, c.19 as follows:

- a) Any degree of physical 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 of paralysis, amputation, lack of physical co-ordination, blindness or visual impairment, deafness or hearing impediment, muteness or speed impediment or



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physical reliance on a guide dog, or other animal or on 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.

**“Equal Opportunity”** means doing things on your own without unnecessary help or interference from others.

**“Employment Life Cycle”** means the key stages of engagement between an employee or prospective employee and the Municipality, 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.



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**“Integration”** means benefiting from the same services, in the same place, and in the same or similar manner as another individual.

**“Municipality”** means the Corporation of the Municipality of Highlands East.

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

**“Public Sector”** includes provincial government, municipal government, universities, colleges, hospitals, healthcare and school boards.

**“Service Animal”** means and is defined by Section 4(9) of the Accessibility Standards for Customer Service, O.Reg. 429/07, as follows:

“An animal” is a service animal for a person with a disability:

- a) If it is readily apparent that the animal is used by the person for the reasons relating to their disability; or
- b) If the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

“ A “guide dog” as defined in Section 1, of the Blind Persons Rights’ Act R.R.O 1990.

**“Support Person”** means, in relation to a person with a disability, another person who accompanies them in order to help with communication, mobility, personal care, medical needs, or with access to goods or services.



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**“Unconvertible”** means that it is not technically feasible to convert information to another format or the technology that is needed to convert the information is not readily available.

## **5. Policy Requirements:**

### **General**

The Municipality of Highlands East is committed to advancing accessibility for people with disabilities.

1. This policy shall be referred to as the Accessibility Policy.
2. This policy shall be administered by all Municipal Departments.
3. This policy is to be reviewed every five (5) years. Through the revision process, the Municipality will continue to evaluate their practices to better serve those with disabilities.
4. A Joint Accessibility Plan is established in consultation with the County of Haliburton, Township of Algonquin Highlands, Municipality of Dysart et al and the Township of Minden Hills.
5. An Accessibility Committee is established at the County of Haliburton for the benefit of all lower tier municipalities, as Highlands East.
6. The Accessibility Policy and the Joint Accessibility Plan is posted on the Municipality of Highlands East website.
7. The Plan is reviewed annually communicating past achievements to remove and prevent barriers for customers.



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8. This policy does not replace or change what must be done under other laws relating to accessibility such as the Ontario Building Code Act and the Ontario Human Rights Code.
  9. If a provision of this policy, an accessibility standard, or any other regulation conflicts with a provision of any other Act or regulation, the provision that provides the highest level of accessibility for persons with disabilities with respect to goods, services, facilities, employment, accommodation, buildings, structures or premises shall prevail.

## **6. Customer Service Standards:**

### **Accessible Formats and Communication Supports**

The Municipality will provide communication supports to members of the public upon request, in a timely manner. The formats will be provided taking into account the person's disability needs. There will be no additional cost charged to the person to provide an accessible format. If municipal staff are unable to obtain the requested communication support they will work with the requester to determine a practicable and appropriate method for communication. Final determination as to which accessible format or communication support used rests with the Municipality.

To meet individual communication needs, the information may be offered in a different medium but are not limited to: i.e

Large print.

Strategies to offer phone service rather than in person service.

Allowance of email rather than postal notices, or use of other technological advances.



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Plain language, simplified summaries of materials.

The Municipal website is a key channel of communication for the municipality.

### **Assistive Devices**

Many people with disabilities use computers and the internet. Some people with disabilities use assistive devices such as screen readers ( devices that speak the contents of the screen), speech input systems (which allow you to talk into a microphone to control the computer and enter text) and a variety of other devices that operate with computers.

It is the responsibility of the person with a disability to ensure that they use their assistive device in a safe and controlled manner at all times.

### **Service Animals**

The Municipality is committed to welcoming people with disabilities who are accompanied by a guide dog, or other service animal, in areas open to the public, unless the animal is excluded by another law.

If the guide dog or other service animal is excluded by law, the Municipality will ensure that alternate means are available to enable the person with a disability to obtain, use or benefit from the Municipality's goods, services and facilities.

A customer that is accompanied by a guide dog or other service animal shall be considerate of the health and safety of themselves and others.

If it is not readily apparent that the animal is a service animal, the Municipality may ask the customer for documentation from a regulated health professional confirming that the person requires the animal for reasons relating to his or her disability.



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The care and control of the service animal is the responsibility of the owner.

### **Support Persons**

The Municipality is committed to welcoming people with disabilities who are accompanied by a support person.

Any person with a disability who is accompanied by a support person will be allowed to enter any premises owned or operated by the Municipality with his or her support person. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his or her support person while on any premises owned or operated by the Municipality.

The Municipality may require a person with a disability to be accompanied by a support person while on a premises owned or operated by the Municipality, but only if, after consulting with the person with the disability and considering the available evidence determines that:

- (a) the support person is necessary to protect the health or safety of the person with a disability or the health and safety of others on the premises; and
- (b) there is no other reasonable way to protect the health and safety of the person with a disability and the health or safety of others on the premises.

Where admission fees are charged, the Municipality will provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.



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If the Municipality requires a person with a disability to be accompanied by a support person when on a premises owned or operated by the Municipality, the Municipality shall waive payment of the amount, if any, payable in respect to the support person.

### **Notice of Temporary Disruption of Services and Facilities**

The Municipality will make reasonable effort to provide customers with notice in the event of a planned or unexpected disruption in the facilities or services usually used by people with disabilities.

This notice will include information about the reason for the disruption, its anticipated duration, and a description of alternative facilities or services, if available. Additional information such as a contact person or time with which the notice will be updated may also be included where reasonable.

When a temporary disruption occurs to Municipal services or facilities, the Municipality will provide notice by posting the information in visible places, or on the Municipality's website, or by any other method that may be reasonable under the circumstances, as soon as reasonably possible.

### **Customer Feedback Process**

The ultimate goal of the Municipality is to meet and surpass customer service expectations while serving people with disabilities. Comments on our services regarding how well those expectations are being met are welcome and appreciated.

Feedback regarding the way the Municipality provides goods and services to people with disabilities can be made in person, by telephone, regular mail, facsimile, email, or by completing and submitting a Customer Feedback Form (Appendix A) which is available through staff or via the Municipal's website. Alternative formats and communication supports will be provided or arranged on request.



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Customer Feedback Forms will be directed to the Chief Administrative Officer and the appropriate Department Head, from the appropriate department identified.

The appropriate member of the Management team will contact the individual who submitted the Customer Feedback form to discuss the concern and attempt to resolve the concern.

Individuals that wish to submit feedback, or a complaint, and does not wish to, or is not able to, complete a Customer Feedback form may dictate their comments to a member of staff. The member of staff who receives the comments will complete the Customer Feedback Form and submit it to the appropriate members of staff.

Information about the feedback process will be readily available to the public and notice of the process will be posted on the Municipality's website and/or in other appropriate locations.

## **7. Information and Communication Support Standards:**

### **Communication**

When communicating with a person with a disability, Municipal employees, volunteers and third party contractors shall do so in a manner that takes into account the person's disability.

### **Emergency Procedures, Plans and Information**

The Municipality shall provide all existing public emergency procedures, plans and public safety information, upon request in an accessible format or with appropriate communication supports as soon as practicable.



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### **Accessible Website and Web Content**

The Municipality will ensure the official municipal website and web content conforms with the accessibility guidelines as outlined by the World Wide Web Consortium. Except where meeting this requirement is not practicable, this conformity applies to website, web content and web-based application that are controlled directly or through a contractual relationship that allows for the modification of the product ad to web content.

### **8. Employment Standards:**

The Corporation of the Municipality of Highlands East in consultation with the appropriate Department Head will provide equal opportunity of employment and ensure compliance is achieved as outlined within the Integrated Accessibility Standard Ontario Reg. 191/11 under the AODA.

### **Recruitment, Assessment or Selection Process**

During the recruitment process, all interested applicants will be notified about the availability of accommodation for applicants with disabilities. A standard statement of commitment will be provided on all Municipal job postings. If a selected applicant requests an accommodation, the Municipality of Highlands East shall consult with the applicant and provide or arrange for the provision of a suitable accommodation in a manner that takes into account the applicant's accessibility needs.

When making offers of employment, the Municipality will notify the successful applicant of its policies for accommodating employees with disabilities.

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



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Upon request, the Municipality shall consult with the employee to provide or arrange for the provision of accessible formats and communication supports for:

- Information that is needed in order for the employee to perform the employee's job; and
- Information that is generally available to employees in the workplace.

The Department Head will consult with the employee making the request in determining the suitability of an accessible format or communication support.

### **Documented Individual Accommodation Plans**

A written process for the development and maintenance of documented individual accommodation plans shall be developed for employees with disabilities. If requested, these plans shall include information regarding accessible formats and communication supports. If requested, the plans shall include individualized workplace emergency response information as described below:

#### **Individualized Accommodation Plan**

An employee shall make a request for an individualized accommodation plan through the "Request for an Individual Accommodation Plan" attached as Appendix B and provide medical documentation outlining the disability and the need for accommodation to the Department Head or CAO

Upon receipt of a request for an Individual Accommodation Plan, the CAO 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.



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The CAO shall arrange to meet with the employee requesting the Individual Accommodation Plan and the employee's Department Head to discuss the request and to develop an "Individual Accommodation Plan (IAP)" attached as Appendix C. The employee, if desired, may request the attendance of a Union Representative where the employee is represented by a bargaining union.

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

The Municipality will ensure that the IAP includes, if requested, any information regarding accessible formats and communication supports provided, and if required, the employees Personal Workplace Emergency Response Plan.

The original IAP shall be held in the employee's personnel file and the employee, Supervisor and any other parties deemed appropriate shall retain a copy.

The employee's Department Head will monitor and evaluate the IAP once implemented.

The IAP will be reviewed on an annual basis. The CAO, the employee, Department Head and, if requested by the employee, a union representative shall participate in the review.

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. In this case, the employee is not required to complete the "Request for an Individual Accommodation Plan" form.

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



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If the Municipality is aware of an employee's disability and it is such that individualized information is necessary, the employee's Department Head or the CAO and the employee requiring assistance in the event of a workplace emergency shall meet to complete the "Personal Workplace Emergency Response Plan (PWERP)" attached as Appendix D.

The original PWERP shall be held in the employee's personnel file and the employee and Department Head shall retain a copy.

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.

The employee's Department Head and/or the CAO and the employee shall review the PWERP when:

- a) the employee moves to a different location in the municipality;
- b) the employee's Individualized Accommodation Plan should one exist, is reviewed;
- c) the Municipality reviews its general emergency response policies.

### **Return to Work Process**

The Municipality shall have in place a documented return to work process for employees returning to work due to disability and requiring disability related accommodations. This return to work process shall outline the steps that the Municipality may make to facilitate their return to work. The Municipality will continue to maintain its commitment to make every reasonable effort to provide temporary modified or suitable alternative duties to a worker who has been absent from work due to a disability. See Appendix E Health and Safety Standards and Procedures.

### **Performance Management**



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The Municipality of Highlands East will take into account the accessibility needs of the employees with disabilities and the Documented Individual Accommodation Plan during all performance management processes.

### **Career Development and Advancement**

The Municipality of Highlands East will take into account the accessibility needs of employees as well as the Documented Individual Accommodation Plan when providing career development and advancement.

### **9. Transportation Standard:**

The Municipality does not have a public transit system, nor does the Municipality have or license services such as taxis within the Municipality, therefore the Municipality of Highlands East is not regulated by this standard. If either of these are implemented, the Municipality will review policies for the Transportation Standard.

### **10. Procurement of Goods, Services, and Facilities:**

As per the Purchasing and Procurement Policy, the Municipality encourages the procurement of goods and services with due regard to the product being accessible to people with disabilities or be capable of being made accessible through the use of technology.

If the Municipality determines that it is not practicable to incorporate accessibility criteria and features when procuring or acquiring goods, services or facility, an explanation will be provided.

### **11. Training:**



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Training will be given to everyone in the organization (including volunteers) who deal with members of the public, and develop policies, procedures, and practices for the provision of goods and services to the public or other third parties. Third parties are required to also be trained in accessible customer service.

Training will be provided to each person as soon as practicable after they are assigned the applicable duties. Training will be provided on an ongoing basis in connection with changes to the policies, practices, and procedures governing the provision of goods or services to persons with disabilities.

Records of employee training will be kept in the employees personnel file. The record will include the date the training was provided.

Due to the continually evolving changes in accessibility, the training will be reviewed to ensure compliance with the latest accessible methods.

## **12. References:**

Accessibility for Ontarians with Disabilities Act, 2005 S.O 2005 c.11  
<https://www.ontario.ca/laws/regulation/r11191>

Accessibility Standards for Customer Service Regulation Ont. Reg. 429/07  
<https://www.ontario.ca/laws/regulation/r07429>

Integrated Accessibility Standards Regulation Ont. Reg. 191/11  
<https://www.ontario.ca/laws/regulation/r11191>

AccessON – Making Ontario Accessible  
<https://www.ontario.ca/page/accessibility-laws>

Ontario Human Rights Code  
<http://www.ohrc.on.ca/en/ontario-human-rights-code>



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**13. Proposed Date of Review:**



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**Appendix A**  
**Customer Service Feedback Form – Accessibility**

Your feedback is important to help us serve you better the Municipality of Highlands East. We would like to hear your comments, questions and suggestions about the provision of our goods or services to people with disabilities.

1. Were you satisfied with the recent customer service you received from the Municipality?

Very Satisfied

Somewhat Satisfied

Not Satisfied

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Was our customer service provided to you in an accessible manner?

Yes

Somewhat

No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In what ways could we serve you better?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Contact and Personal Information**

Would you like a Municipal representative to follow up with you regarding your feedback?

Yes

No

If yes please fill out your contact information.

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

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

Street Number: \_\_\_\_\_

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

Town/City: \_\_\_\_\_

By Phone(daytime): \_\_\_\_\_

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



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**Appendix B**  
**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?

\_\_\_\_\_

\_\_\_\_\_



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**Section 3 – Sign Off By**

submitting this form to my Department Head, I am formally requesting an Individual Accommodation Plan. \_\_\_\_\_

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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)



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For Office Use Only:

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

Date Reviewed by the CAO

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.

\_\_\_\_\_



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

Signature of CAO: \_\_\_\_\_

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





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\_\_\_\_\_  
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



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\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
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.



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## **Appendix D**

### **Personal Workplace Emergency Response Plan (PWERP)**

This form is to be completed by the Department Head and/or CAO and the Employee requiring assistance in the event of a workplace emergency.

Name of Department Head 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:

##### **Please circle your answer**

- a. Mobility Limitations ♦ Yes ♦ No  
(interference with walking, using stairs, joint pain, use of mobility device)
- b. Reduced Energy/fatigue ♦ Yes ♦ No
- c. Respiratory Impairment ♦ Yes ♦ No
- d. Emotional, cognitive, or concentration difficulties ♦ Yes ♦ No
- e. Vision impairment/loss ♦ Yes ♦ No



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- f. Hearing impairment/loss ♦ Yes ♦ No
- g. Require assistive technology or medication ♦ Yes ♦ No
- h. Other (please specify): \_\_\_\_\_ ♦ Yes ♦ 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:

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Example: A person with a hearing impairment may require a handheld device 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.

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Does the employee require emergency assistance? ♦ Yes ♦ No  
If yes, describe the assistance required.

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



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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.):

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Location of Employee’s Personal Emergency Preparedness Kit:

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**Section 6 – Emergency Evacuation Routes**

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

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

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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.



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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: \_\_\_\_\_

**Section 8 – Acknowledgement and Release**

Please select the reason for the review of the PWERP:

- ◆ new hire ◆ change in workplace location ◆ change in employee’s condition
- ◆ other (please specify):

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

Signature of Department

Head \_\_\_\_\_ Date \_\_\_\_\_

Signature of CAO \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that the information contained on this form is accurate and hereby authorize the Municipality of Highlands East to release applicable personal information contained within my Employee Workplace Emergency Response Plan to designated



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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, to be held in the employee's personnel file. The employee and Supervisor 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).



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## **Appendix E**

### **Health and Safety Standards & Procedures, Policy #12 within Bylaw #2018-85**

#### **Purpose**

“The Municipality of Highlands East” will make every reasonable effort to provide temporary modified or suitable alternative duties to a worker who is disabled because of 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 Municipality Of Highlands East” will comply with all legislative requirements including those of the Workplace Safety and Insurance Act (WSIA), the Ontario Human Rights Code 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 position in a timely manner. This may be accomplished through temporary modification to the tasks, work environment or working hours. 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 Municipality of Highlands East” will seek a permanent accommodation for the worker.

#### **Definitions**

**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



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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.

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.**

Permanent impairment **is a disability that a health care practitioner 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.**

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.**

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

### **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's participating in the program.
- Participate in program meetings as required.



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**Supervisor shall:**

- Remain in regular contact with the injured/ill worker during the period of absence from work.
- Provide the injured/ill worker with appropriate forms (WSIB Functional Abilities Form) 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 worker's 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 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 to their immediate supervisor and provide appropriate health care practitioner's certificate for time off or return to modified work.



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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 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.

**Further Reference to the Health and Safety Policy – Bylaw #2018-85**