| RIDEAU COMMUNITY HEALTH SERVICES POLICIES AND PROCEDURES |                         | NUMBER: GEN 224             |
|--|-------------------------|-----------------------------|
|  |                         | TYPE: GENERAL               |
| Policy Owner:  | Chief Executive Officer | DEVELOPED ON: December 2019 |
| Approved by:   | Leadership Team         |                             |
| Revised:   |                         |                             |
| Reviewed:  | Dec. 2019               |                             |

## **EMPLOYMENT**

## **POLICY AND APPENDICES**

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## **Policy:**

We believe in integration, and we are committed to meeting the needs of people with disabilities in a timely manner. We will do so by removing and preventing barriers to accessibility and by meeting our accessibility requirements under Ontario's accessibility laws.

## Integrated Accessibility Standards Regulation (IASR) Employment Standard

All employment services provided by RCHS shall follow the principles of dignity, independence, integration and equal opportunity. RCHS\_ is committed to fair and accessible employment practices. We will take the following steps to notify the public and staff that, when requested, RCHS will accommodate people with disabilities during the recruitment and assessment processes and when people are hired. (See Appendix A - Accessibility Poster)

a. RCHS is committed to accessible and fair employment practices. RCHS will notify employees and the public about the availability of accommodations for job applicants with disabilities in RCHS recruitment process.

Assessment or Selection – when a job applicant has been selected to participate further in an assessment or selection process, RCHS will notify the job applicant that accommodations are available, upon request, in relation to the materials or processes to be used in the assessment or selection process.

If a job applicant requests accommodation during the assessment or selection process, RCHS will consult with the job applicant and provide, or arrange for the provision of, a suitable accommodation in a manner that takes into account the job applicant's accessibility needs due to disability.

Notice to Successful Applicants - When making offers of employment RCHS will notify the successful job applicant of RCHS policies for accommodating employees with disabilities. This information will also be included during the new employee's orientation.

- b. We will notify staff that supports are available for those with disabilities. We will put in place a process to develop individual accommodation plans for employees.
- c. Where needed, we will also provide customized emergency information to help an employee with a disability during an emergency.

**See Appendix B** - Identification of Potential Barriers during an Emergency Response and; **See Appendix C** - Individualized Employee Emergency Response Information Form

## **Recruitment and Assessment of Potential Candidates:**

- RCHS Informs public/applicants of the organization's accommodation policy.
- AODA Information included on all job postings, job advertisements and at initial invitation to interview
- Candidates are informed that accommodations are available upon request in relation to
  the materials or processes to be used. RCHS will consult with the applicant and arrange for
  or provide suitable accommodation in a manner that takes into account the applicant's
  accessibility needs due to the disability. See Appendix D Interview Script Guidelines.

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## **Offers of Employment:**

• During the job offer (written and verbal) candidate(s) are informed that RCHS provides both job accommodation and policies to support employees with disabilities.

- o The following is embedded in all Position Offer letters:
  - \*\*Please note: Rideau Community Health Services has an accommodation process in place and provides accommodations for employees with disabilities. If you require a specific accommodation because of a disability or a medical need, please contact [company representative's name and title] at [telephone number] or by e-mail at [e-mail address] so that arrangements can be made for the appropriate accommodations to be in place before you begin your employment."
- AODA Polices/procedures are included in the hiring/orientation package

## **Documented Individual Accommodation:**

RCHS and/or a third party disability carrier, will work with employees to develop individual accommodation and return-to-work plans for employees that have been absent due to a disability. RCHS maintains a written process for the development of documented individual accommodation plans for employees with disabilities.

Employee privacy shall be respected and adherence to RCHS privacy policies shall be maintained. Requests for information shall adhere to Privacy legislation.

Employees requesting accommodation can participate in the development of the individual accommodation plan.

The individual accommodation plan shall also indicate the means of providing the individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability.

Employees are assessed on an individual basis.

## Workplace Emergency Response Information

RCHS shall provide individualized workplace emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the employer is aware of the need for accommodation due to the employee's disability.

If an employee who receives individualized workplace emergency response information requires assistance and with the employee's consent, RCHS shall provide the workplace emergency response information to the person designated by RCHS to provide assistance to the employee.

RCHS shall provide the information as soon as practicable after the employer becomes aware of the need for accommodation due to the employee's disability.

RCHS shall review the individualized workplace emergency response information;

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- a. When the employee moves to a different location in the organization;
- b. When the employee's overall accommodations, needs or plans are reviewed;
- c. When RCHS review its general emergency response policies; and
- d. Upon change in the status of the employee or upon the request of the employee or RCHS

## Accessible Formats and Communication Supports

RCHS shall consult with the employee to provide or arrange for the provision of accessible formats and communication supports for;

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

RCHS shall consult with the employee making the request in determining the suitability of an accessible format or communication support.

RCHS can request an evaluation by an outside medical or other expert, at our expense, to assist in determining if accommodation can be achieved and, if so, how accommodation can be achieved.

Employees can request in writing or verbally the participation of a representative from the workplace to attend their accommodation meeting(s)

The individual accommodation plan will be reviewed and updated whenever there are changes to the person's ability or at the request of the employee or their assessor or at the request of the employer and at least annually. This will be completed with the employee, Human Resources, The Supervisor and a representative for the employee if requested

If an individual accommodation plan is denied there will be an in person meeting with the employee, their representative if requested, HR and Supervisor. In addition a written account of the denial shall be provided.

## Included in the accommodation plan:

If requested, information regarding accessible formats and communications supports will also be included in individual accommodation plans. In addition, the plans will include individualized workplace emergency response information (where required) and will identify any other accommodation that is to be provided. If required individualized workplace emergency response information; and other accommodation information if required.

See Appendix E – Individual Accommodation Plan Process

## **Return to Work Process:**

RCHS maintains a documented return to work process for its employees who have been absent from work due to disability and who require disability-related accommodations in order to return to work.

The return to work process outlines the steps RCHS will take to facilitate the return to work and will include documented individual accommodation plans as part of the process.

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## **See Appendix F** – Return to Work Process

## **Step 1**. Initiate the leave and stay in contact with the employee

If an employee needs to take a disability leave, s/he will inform his/her Supervisor and human resources. The employee and Supervisor will maintain regular contact, with the employee's consent, to address any problems that may arise and facilitate the return to work process.

## Step 2. Gather relevant information and assess individual needs

The employee and Supervisor will work together to share information and find the most appropriate accommodation:

## Supervisor:

- Provides the employee with return to work information
- Helps resolve any problems with treatment if requested to do so by the employee
- Maintains regular contact with the employee
- Ensures work practices are safe for returning employee
- Assists with identifying accommodations
- Assists with analyzing the demands of each job task Employee
- Gets and follows the appropriate medical treatment
- Provides updates about their progress, including information about his/her functional ability to perform the job
- Provides his/her health care provider with the return to work information

Health care provider(s), workplace representative(s) and health and safety professional(s) may also participate in the process, if needed.

## **Step 3**. Develop a return to work plan

After identifying the most appropriate accommodation, safety considerations and any transitional measures, capture the details in a written plan.

Depending on circumstances, the employee may:

- Return to the original position
- Return to the original position with accommodation(s) on a temporary or permanent basis
- Return to an alternate position on a temporary or permanent basis

The return to work plan should be attached to the employee's individual accommodation plan.

## **Step 4**. Implement, monitor and update the plan

After implementing the return to work plan, the employee and Supervisor will monitor and review the plan regularly to ensure that it remains effective. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.

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RCHS will use documented individual accommodation plans, as part of the process.

## Accessible Formats and Communication Supports

RCHS shall consult with the employee to provide or arrange for the provision of accessible formats and communication supports for;

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

RCHS shall consult with the employee making the request in determining the suitability of an accessible format or communication support.

The individual accommodation plan shall also indicate the means of providing the individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability.

## **Informing Employees of Support**

RCHS will proactively disseminating information regarding our on accommodations and accessibility.

RCHS will utilize its' Monthly Newsletter in addition to reviews at Huddles and training sessions for Management and Staff to keep staff informed and to update them on revisions to policies on an ongoing basis

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## **APPENDIX A**

## **Accessibility Poster**

Ministry Link: http://discoverability.network/wp-content/uploads/2019/01/Work-Place-Poster-ENGLISH-2.pdf

# Starting Conversations about Accessibility in the Workplace

Ministry for Seniors and Accessibility

## What you need to know

## 1 in 7 Ontarians have a disability

People with disabilities are a significant part of Ontario's workforce. A person's disability can be permanent or temporary, and it can be visible or invisible.

# It's good to talk about workplace accommodations

An employee should notify their employer if they have a need for accommodation as an important first step. Employers should also be alert to the needs of their employees.

## Accommodation is a shared responsibility

Everyone involved, including the person asking for accommodation, should look for solutions together. Confidential conversations and collaboration between employees and employers lead to the best solutions. It's a myth that accommodations are always expensive or impractical.

# Employers have a legal duty to accommodate employees with disabilities

The Ontario Human Rights Code requires employers to provide disability-related workplace accommodation up to the point of undue hardship.

# Disability accommodations are available if you need them

The Accessibility for Ontarians with Disabilities Act, 2005 requires employers like our organization to have policies to support employees with disabilities who need workplace accommodations, and to notify all employees about these policies and any changes. As a first step talk to your manager if you have any questions.

Workplaces across Ontario are becoming more accessible for employees with disabilities.

Accessibility levels the playing field, improves productivity, and makes workplaces healthier and safer for everyone.

For more information about your rights and responsibilities visit www.ohrc.on.ca and look for the elearning module Working Together: The Code and the AODA. For more information on accessibility requirements for employers visit Ontario.ca/accessibleemployment.

This document is available in an alternate format upon request.



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## **APPENDIX B**

## **Identification of Potential Barriers During an Emergency Response**

## **INSTRUCTIONS**

The employee with a disability completes this worksheet with his manager to help identify threats to the employee's safety that could arise in an emergency situation. The worksheet is also used to provide suggestions on how to overcome the identified threats.

The information collected is confidential and will be shared only with the employee's consent. He does not have to provide details of his medical condition or disability—only about the type of help he may need in an emergency.

| Date:                   |  |                          |  |
|-------------------------|--|--------------------------|--|
| EMPLOYEE INFORMA        | TION                                     |                          |  |
| Name:                   |  |                          |  |
| Department:             |  |                          |  |
| Telephone:              | Mobile phone:                            | E-mail:                  |  |
| EMERGENCY CONTAC        | CT INFORMATION                           |                          |  |
| Name:                   |  |                          |  |
| Telephone:              | Mobile phone:                            | E-mail:                  |  |
| Relationship:           |  |                          |  |
| WORKPLACE LOCATION      | ON                                       |                          |  |
| 1. Where do you work?   |  |                          |  |
| Address:                |  |                          |  |
| Floor:                  | Room name/number:                        |                          |  |
| 2. Do you work in diffe | rent places on a regular basis?          |                          |  |
| ☐ Yes                   | ,  |                          |  |
| □ No                    |  |                          |  |
| List the addresses, flo | oors, and room locations. (Use additiona | al sheets as necessary.) |  |
|                         |  |                          |  |

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## POTENTIAL EMERGENCY RESPONSE BARRIERS

| 3.Can you read/access our emergency information?  ☐ Yes ☐ No   |
|--|
| If not, what would make this information accessible to you? (Use additional sheets as necessary.)            |
|  |
| 4.Can you see or hear the fire/security alarm signal?  |
| □ No □ I don't know  |
| If not, what would help you to know the alarm was flashing or ringing? (Use additional sheets as necessary.) |
|  |
| 5.Can you activate the fire/security alarm system?  Pes No I don't know                                      |
| If not, what would help you to sound the alarm? (Use additional sheets as necessary.)                        |
|  |
| 5.Can you talk to emergency staff?  Solution Yes  No   |
| If not, what would help you to communicate with them? (Use additional sheets as necessary.)                  |
|  |

# **Policy Title: EMPLOYMENT NUMBER: GEN 224** Page 10 of 20 7. Can you use the emergency exits? □ Yes □ No ☐ I don't know If not, what would help you to exit the building? (Use additional sheets as necessary.) 8. Does your mobility device fit in the emergency waiting area? □ Yes □ No ☐ I don't know □ Not applicable If not, what would help it fit, or is there a better location? (Use additional sheets as necessary.) 9. Could you find the exit if it were smoky or dark? □ Yes □ No ☐ I don't know If not, what would help you to find the exit? (Use additional sheets as necessary.) 10. Can you exit the building by yourself? ☐ Yes □ No ☐ I don't know

If not, what would help you to exit? (Use additional sheets as necessary.)

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| 11.Can you get to an emergency evacuation chair by yourself?  Yes  No I don't know  Not applicable                    |
|---|
| If not, what help do you need? (Use additional sheets as necessary.)  |
|   |
| 12. Would you be able to evacuate during a stressful and crowded situation?  Yes  No I don't know                     |
| If not, what would help you to evacuate? (Use additional sheets as necessary.)  |
|   |
| 13. If you need help to evacuate, what instructions do people need to help you? (Use additional sheets as necessary.) |
|   |
| 14. If you need other accommodations in an emergency, please list them here. (Use additional sheets as necessary.)    |
|   |

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## **APPENDIX C**

## **Individualized Employee Emergency Response Information Form**

Use the information collected in the emergency response worksheet to create an individualized workplace emergency response for each employee with a disability. Modify this form if an employee needs different types of accommodations for different types of emergencies.

All information in this document is confidential and will be shared only with the employee's consent.

| EMPLOYEE INFORMA  | ATION  |         |
|---|--|---------|
| Name:   |  |         |
|   |  |         |
| Telephone:  | Mobile phone:  | E-mail: |
| EMERGENCY CONTA   | CT INFORMATION                                       |         |
| Name:   |  |         |
| Telephone:  | Mobile phone:  | E-mail: |
| Relationship:   |  |         |
|   | Room name/number:                                    | _       |
| EMERGENCY ALERTS  |  | _       |
|   | vill be informed of an emergency situation by:       |         |
| • Existing alarm syste                                  | em   |         |
| • Pager device  |  |         |
| <ul><li>Visual alarm system</li><li>Co-worker</li></ul> | 1  |         |
|   |  |         |
| ASSISTANCE METHO  | DDS  |         |
| List types of assistance                                | e (e.g., staff assistance or transfer instructions). |         |
|   |  |         |

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|---|-------------------------------------|---|
| Equipment Required List any devices required, where | e they are stored, and how to us    | se them.  |
| EVACUATION ROUTE AND PR                             | ROCEDURE                            |   |
| Provide a step-by-step descript                     | ion, beginning from the first sig   | gn of an emergency.   |
| ALTERNATIVE EVACUATION I                            | ROUTE                               |   |
| EMERGENCY SUPPORT STAFF                             | :                                   |   |
| The following people have been                      | n designated to help [name of e     | employee] in an emergency.  |
| Name  | Location and/or contact information | Type of assistance  |
|   |                                     |   |
|   |                                     |   |
| CONSENT TO SHARE EMERGE                             | ENCY RESPONSE INFORMATION           | ON  |
| . , ,   |                                     | to share this individualized workplace<br>ove, who have been designated to help |
| Employee's name                                     | Employee's signature                | Date  |
| Form completed by [manager's                        | name]                               | Jext review date  |

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## **APPENDIX D**

## **Interview Script Guidelines**

As one of our human resources objectives, RCHS will recruit, select, orient, develop, and promote employees based on our strategic direction and our values. We have made a commitment to address barriers in our employment processes and in job areas where we under-represent the full diversity of the skilled workforce. Our bias-free hiring initiative is one strategy we use to ensure an effective and equitable hiring process.

HR has developed these guidelines to support the process of hiring the best and most diverse workforce possible. Please contact your HR consultant if you have any questions or suggestions about the process. In keeping with the principles of our Recruitment and Selection policy, it is important that the designated staff person follow the basic format and intention of the following script when extending the invitation to interview.

- 1. Thank the candidates for their application; let them know who is calling, and which position they are calling about. Ask them if they are still interested in participating in an interview.
- 2. Let the candidates know what they can expect from the interview (e.g., duration) and that they can expect a diverse panel that will take turns asking questions. Panellists will ask a series of questions and take notes on the answers. The applicants will have an opportunity to ask questions. Let them know that they can gain some valuable information about [company name] from the organization's website, to prepare for the interview.
- 3. Ask all candidates if they require any accommodation for the interview (e.g., a scooter or wheelchair accessible space, or a sign-language interpreter). If an interviewee says yes, then ask which kind of accommodation is required. If you do not have enough information on hand to proceed, make note of the request and commit to getting back to the candidate to confirm the specifics of the interview time and location. Contact your HR consultant for support in meeting the request, if required.
- 4. Arrange the meeting time and location (unless accessibility information is pending).
- 5. Ensure that the candidates know how to get to the interview room and, if appropriate, suggest that someone can meet them at a specified location (e.g., HR reception or front lobby).
- 6. Thank the candidates and ask them if they have any questions. Provide contact information in case they have any questions before the interview. Direct the candidates, if required, to [company name]'s website where a map is available of all wheelchair and scooter accessible entrances, parking, washrooms, and meeting rooms.

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## APPENDIX E

## **Individual Accommodation Plan Process**

### Sample Individual Accommodation Plan Process

#### Rideau Community Health Services

is committed to accommodating

people with disabilities and will use the following process to identify and meet employee accommodation needs.

#### 1. Recognize the need for accommodation

Accommodation can be:

- requested by the employee
- identified by the employee's manager or hiring manager

#### 2. Gather relevant information and assess individual needs

The employee is an active participant in this step

- Information will be collected on the employee's functional abilities, not the nature of the employee's disability
  - The employee's personal information, including medical information, is kept secure and dealt with in a confidential
    manner. It will only be disclosed to individuals who need it to perform the accommodation process.
- The employee and his/her manager will work together to find the most appropriate accommodation
  - A medical or other expert may be engaged (at the company's expense) to help determine if/how the employee's needs
    can be accommodated
  - · The employee may ask a bargaining agent or other workplace representative to participate in the process

#### 3. Write an individual accommodation plan

After identifying the most appropriate accommodation(s), the details will be documented in a written plan, including:

- What accommodation(s) will be provided
- · How to make information accessible to the employee, including accessible formats and communication supports
- Employee emergency information and/or emergency response plan (if applicable)
- · When the plan will be reviewed and updated

The manager will give the employee in an accessible format (if required), a copy of the individual accommodation plan, or written reasons for denying accommodation.

#### 4. Implement, monitor and update the plan

After implementing the accommodation plan, the employee and his/her manager will monitor and review the plan to ensure that it is effective. Formal reviews and updates will take place on the mutually agreed upon, predetermined schedule in the employee's accommodation plan. If the accommodation is no longer appropriate, the employee and the manager will reassess the situation (step 2) and update the plan.

The accommodation plan will also be reviewed and updated if:

- the employee's work location or position changes
- the nature of the employee's disability changes

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## Sample Individual Accommodation Plan

| Confidential when completed  |                                       |                                       |                                     |     |
|--|---------------------------------------|---------------------------------------|-------------------------------------|-----|
| Employee Information   |                                       |                                       |                                     |     |
| Last Name  |                                       | First Name                            |                                     |     |
|  |                                       |                                       |                                     |     |
| Title / Department   |                                       |                                       |                                     |     |
|  |                                       |                                       |                                     |     |
| Manager Information  |                                       |                                       |                                     |     |
| Last Name  |                                       | First Name                            |                                     |     |
| Tille / December 1   |                                       |                                       |                                     |     |
| Title / Department   |                                       |                                       |                                     |     |
| Accommodations   |                                       | Next plan review                      |                                     |     |
|  |                                       | Next plan review<br>Date (yyyy/mm/dd) | Frequency                           |     |
| Start Date (yyyymmiod)   | ind Date (yyyyminiad)                 | Date (yyyyminida)                     | Or requestoy                        |     |
| Limitations  |                                       |                                       |                                     |     |
| List any functional limitations that the   | employee experiences how it offer     | ts different aspects of his/her inh   | and if each tack ic an eccential na | +   |
| of the role.   | employee experiences, now it affect   | as unierent aspects of his/her job t  | and it each task is an essential pa | , , |
| 1. Limitation  |                                       |                                       |                                     |     |
| i. Limitation  |                                       |                                       |                                     |     |
| Tasks / activities affected  |                                       |                                       |                                     |     |
|  |                                       |                                       |                                     |     |
| Essential job requirement?   |                                       |                                       |                                     |     |
| Yes No   |                                       |                                       |                                     |     |
| Add Limitation(+)  | Remove Limitation(-)                  |                                       |                                     |     |
| Accommodations   |                                       |                                       |                                     |     |
| Using the list of tasks from the limitation  | ions section above, identify what tyr | nes of accommodation or support v     | vould help the employee accompli    | ish |
| the task. List a strategy or tool that wil   |                                       |                                       | ,                                   |     |
| 1. Task  |                                       |                                       |                                     | _   |
|  |                                       |                                       |                                     |     |
| What must the accommodation a  | achieve?                              |                                       |                                     |     |
|  |                                       |                                       |                                     |     |
| Accommodation strategy   |                                       |                                       |                                     |     |
|  |                                       |                                       |                                     |     |
| Add Accommodation(+)   | Remove Accommodatio                   | n(-)                                  |                                     |     |
| Implementation   |                                       |                                       |                                     |     |
| List the actions required to achieve the accommodation(s) identified in the prior section. |                                       |                                       |                                     |     |
| 1. Action  |                                       |                                       |                                     | —   |
| . 70001  |                                       |                                       |                                     |     |
| Assigned to  |                                       |                                       |                                     |     |
|  |                                       |                                       |                                     |     |
| Due Date (yyyy/mm/dd)  Date Completed (yyyy/mm/dd)   |                                       |                                       |                                     |     |
|  |                                       |                                       |                                     |     |
|  | Demonstration of the column           |                                       |                                     | _   |
| Add Implementation(+)  | Remove Implementation(-)              |                                       |                                     | _   |
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| Information sources   |  |                                     |                                  |                              |
|---|--|-------------------------------------|----------------------------------|------------------------------|
| Identify and include the contact information for any experts consulted when building the plan (e.g., human resources manager, family doctor, specialists) |  |                                     |                                  |                              |
| 1.  | Last Name                                  |                                     | First Name                       |                              |
|   |  |                                     |                                  |                              |
|   | Title/Role                                 |                                     |                                  |                              |
| Email Address Telephone Number  |  |                                     | Telephone Number                 |                              |
|   | Elliali Padiless                           |                                     |                                  | ext.                         |
|   | Add Information Source(+)                  | Remove Information Sour             | ce(-)                            |                              |
| Re  | lated documents                            |                                     |                                  |                              |
| Att   | ach any additional documents required      | to support the employee.            |                                  |                              |
|   | Employee emergency plan (if applicable     | le)                                 |                                  |                              |
|   | Accessible format of the individual acco   | ommodation plan (if needed)         |                                  |                              |
|   | What type(s) of accessible formats and     | I/or communications support the     | employee needs (if requested)    |                              |
|   | Return to work plan (if applicable)        |                                     |                                  |                              |
|   | Other (specify): ▼                         |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
| Co  | omments / Notes                            |                                     |                                  |                              |
|   | e this section for any additional informat | tion (e.g. details of alternative w | ork arrangements, budget code fo | r accommodation costs, etc.) |
|   | c and section in any additional minimum    | ton (e.g. details of discribere in  | on anangements, suager oute to   |                              |
|   |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
| 6:  |  |                                     |                                  |                              |
|   | gnature<br>ployee's Signature              |                                     |                                  | Date (yyyy/mm/dd)            |
|   | poycesognature                             |                                     |                                  | Date (JJJJ/mmbaa)            |
|   | annada Sinnakan                            |                                     |                                  | Data (construented)          |
| ма  | nager's Signature                          |                                     |                                  | Date (yyyy/mm/dd)            |
| _   |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
| * This sample accommodation plan is for informational purposes only and should not be taken as legal advice. You should                                   |  |                                     |                                  |                              |
| contact a lawyer for advice for your particular set of facts or circumstances.  |  |                                     |                                  |                              |
|   |  |                                     |                                  |                              |
| Save Form Print Form Clear Form   |  |                                     |                                  |                              |
|   | Clear Form                                 |                                     |                                  |                              |
|   |  |                                     |                                  |                              |

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## APPENDIX F

## **Return to Work Process**

## Sample Return to Work Process

#### Rideau Community Health Services

is committed to supporting

employees who have been absent from work due to a disability. We will use the following process to help employees who require accommodation to return to work.\*

#### Step 1. Initiate the leave and stay in contact with the employee

If an employee needs to take a disability leave, s/he will inform his/her manager and human resources. The employee and manager will maintain regular contact, with the employee's consent, to address any problems that may arise and facilitate the return to work process.

#### Step 2. Gather relevant information and assess individual needs

The employee and manager will work together to share information and find the most appropriate accommodation, for example:

#### Manager

- Provides the employee with return to work information
- Helps resolve any problems with treatment if requested to do so by the employee
- Maintains regular contact with the employee
- · Ensures work practices are safe for returning employee
- · Assists with identifying accommodations
- Assists with analyzing the demands of each job task

#### Employee

- · Gets and follows the appropriate medical treatment
- Provides updates about their progress, including information about his/her functional ability to perform the job
- · Provides his/her health care provider with the return to work information

Health care provider(s), union/workplace representative(s) and health and safety professional(s) may also participate in the process, if needed.

#### Step 3. Develop a return to work plan

After identifying the most appropriate accommodation, safety considerations and any transitional measures, capture the details in a written plan.

Depending on circumstances, the employee may:

- · return to the original position
- return to the original position with accommodation(s) on a temporary or permanent basis
- return to an alternate position on a temporary or permanent basis

The return to work plan should be attached to the employee's individual accommodation plan.

#### Step 4. Implement, monitor and update the plan

After implementing the return to work plan, the employee and manager will monitor and review the plan regularly to ensure that it remains effective. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.

\* This return to work process does not replace or override any other return to work process created by or under any other statute. It should not be taken as legal advice. You should contact a lawyer for advice for your particular set of facts or circumstances.

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## Sample Return to Work Plan

| Confidential when completed  |  |                          |  |  |
|--|--|--------------------------|--|--|
| Employee Information   |  |                          |  |  |
| Last Name  | First Name                                     |                          |  |  |
|  |  |                          |  |  |
| Title / Department   |  |                          |  |  |
|  |  |                          |  |  |
| Manager Information  |  |                          |  |  |
| Last Name  | First Name                                     |                          |  |  |
|  |  |                          |  |  |
| Title / Department   |  |                          |  |  |
|  |  |                          |  |  |
| Return to work plan start date (yyyy/mm/dd)  | Return to work plan end date (yyyy/mm/dd)      |                          |  |  |
|  |  |                          |  |  |
| Goal   |  |                          |  |  |
| At the end of the return to work process, the employee will return to his  | her  |                          |  |  |
| Original job   |  |                          |  |  |
| Original job with modifications  |  |                          |  |  |
| Alternate job (include job description)  |  |                          |  |  |
| Accommodations and transitional measures   |  |                          |  |  |
|  | hills have it affects different annuals of his | #                        |  |  |
| List any limitations the employee experiences as a result of his/her disa<br>accommodations or safety measures required to help the employee ret | -  | -                        |  |  |
| Modified work hours/days   |  |                          |  |  |
| Modified work location   |  |                          |  |  |
| Modified job requirements  |  |                          |  |  |
| Assistive device(s)  |  |                          |  |  |
| Additional support (e.g. colleagues helping with specific tasks)   |  |                          |  |  |
| If the measures will be phased in or out, include a start/end date.  |  |                          |  |  |
| 1. Limitation  |  |                          |  |  |
|  |  |                          |  |  |
| Tasks/activities affected  |  |                          |  |  |
|  |  |                          |  |  |
| Accommodation  |  |                          |  |  |
|  |  |                          |  |  |
| Safety considerations  |  |                          |  |  |
|  |  |                          |  |  |
| Start Date (yyyy/mm/dd)  | End Date (yyyy/mm/dd)                          |                          |  |  |
|  |  |                          |  |  |
| Add limitations (+)  |  | Remove limitations ( - ) |  |  |

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| Assignment to alternate position   |                                   |
|--|-----------------------------------|
| Complete this section if the employee will not be returning to his/her original job. The assignment to an alter permanent. | nate position may be temporary or |
| Job title  | Length of assignment              |
|  |                                   |
| Describe the new position  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| List any training requirements and safety precautions  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Comments / Notes   |                                   |
| Use this section for any additional information (e.g. details of alternative work arrangements, budget code for            | r accommodation costs, etc.)      |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Signature  |                                   |
| Employee's Signature   | Date (yyyy/mm/dd)                 |
|  |                                   |
| Manager's Signature  | Date (yyyy/mm/dd)                 |
|  |                                   |
|  |                                   |
| Save Form Print Form   | Clear Form                        |

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