



The Corporation of the Town of Thessalon Accessible Employment Policy

Accessibility for Ontarians with Disabilities Act (AODA 2005)

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**The Corporation of the
Town of Thessalon**

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Purpose

The Accessibility for Ontarians with Disabilities Act, 2005 is Provincial legislation that sets out Standards of compliance to ensure that services provided to Ontarians with disabilities is accessible and provided in a manner that uses reasonable efforts consistent with the core principles of:

Dignity – services are provided in a respectful manner consistent with the needs of the individual.

Independence – services for persons with disabilities shall support their independence while respecting their right to safety and personal privacy.

Integration – allow people with disabilities to fully benefit from the same service, in the same place and in a similar way.

Equality of Opportunity – persons with disabilities are given the same opportunity to benefit from the services provided as other clients.

Scope

The Employment Standard, under the Integrated Accessibility Standards Regulation, requires employers to provide for accessibility across all stages of the employment cycle. It is a framework for integrating accessibility into regular workplace processes.

The Municipality of Thessalon (hereinafter referred to as the “Municipality”) will help to create a workplace that is accessible and will allow employees to reach their full potential.

The Employment Standard applies to paid employees, including, but not limited to, full time, part time, paid apprenticeships and seasonal employment.

Definitions and Accompanying Policy

Person with a Disability:

The definition of disability under the AODA is the same as the definition of disability in the Ontario Human Rights Code.

Accessibility for Ontarians with Disabilities Act (AODA) Section 2 states that "Disability" means;

- a) any degree of physical disability, 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 impediment, deafness or hearing impediment, muteness or speech impediment, or 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.

Recruitment General

This section of the Integrated Accessibility Standards Regulation for Employment is a specific requirement that all employers will notify internal and external job applicants that, where needed, accommodations for disabilities will be provided, on request, to support their participation in all aspects of the recruitment process.

Requirement as Stated in the Regulation:

- Every employer shall notify its employees and the public about the availability of accommodation for applications with disabilities in its recruitment processes.

Policy

When the Municipality advertises for a job posting it will state that accommodations for disabilities will be provided, on request. This will include internal and external job postings that may be advertised in the newspaper or on the Municipality's website at www.thessalon.ca.

Recruitment, Assessment or Selection Process

Requirement as Stated in the Regulation:

- During a recruitment process, an employer shall notify job applicants, when they are individually selected to participate in an assessment or selection process, that accommodations are available upon request in relation to the materials or processes to be used.
- If a selected applicant requests an accommodation, the employer 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 due to disability.

Policy

When job applicants are contacted by the Municipality to participate in a job interview the applicant will be informed that recruitment-related accommodations for disabilities are available on request. If an applicant with a disability requests accommodations during the recruitment process, the Municipality will provide or arrange suitable accommodations. The Municipality will consult with the applicant to understand and take into account the individual's needs so that the accommodations that are provided are effective.

Notice to Successful Applicants

Requirement as Stated in the Regulation:

- Every employer shall, when making offers of employment, notify the successful applicants of its policies for accommodating employees with disabilities.

Policy

When the Municipality makes an offer of employment the successful applicant will be informed of the Municipality's policies for accommodating employees with disabilities. This will be included during any form of communication with the successful applicant and the offer letter.

Informing Employees of Supports

Requirement as Stated in the Regulation:

- Every employer shall inform its employees of its policies used to support its employees with disabilities, including, but not limited to, policies on the

provision of job accommodations that take into account an employee's accessibility needs due to disability.

- Employers shall provide the information required under this section to new employees as soon as practicable after they begin their employment.
- Employers shall provide updated information to its employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability.

Policy

All current employees will be provided with a letter that outlines the Municipality's commitment to providing support to employees with disabilities. The opportunity will be available for the development of an individualized job accommodation plan that will take into account an employee's needs related to accessibility.

All new employees will be provided with the letter during orientation.

Whenever there is a change to the Municipality's policies for supporting employees with disabilities, the employees will be notified by a memo to be included with their pay statement.

The employee will notify the Municipality if any change occurs to their existing disability or they acquire a disability, which may require employment-related accommodations.

Accessible Formats and Communication Supports for Employees

Requirement as Stated in the Regulation:

- In addition to its obligations under section 12 (Accessible Formats and Communication Supports), where an employee with a disability so requests it, every employer 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. O. Reg 191/11, s. 26(1).
- The employer shall consult with the employee making the request in determining the suitability of an accessible format or communication support.

Some examples of accessible formats and communication supports are:

- Reading written information to a person directly
- Large print
- Information written in plain language
- An electronic document formatted to be accessible for use with a screen reader

This requirement applies to information that employees with disabilities need to perform their jobs effectively. This also applies to information that is generally available in the workplace, such as newsletters, bulletins about Municipal policies and fact sheets on health and safety information for employees.

Policy

On request, the Municipality will consult with an employee with a disability to determine which accessible formats or communication supports they require. Once the needs have been determined, the Municipality will work out how to accommodate the employee. This will depend on the needs of the employee and the capacity of the Municipality to provide the support.

If an employee has an individual accommodation plan, then the accessible formats and/or communication supports that will be provided to the employee will be included in the plan.

Workplace Emergency Response Information for Employees with Disabilities

This section of the Integrated Accessibility Standards Regulation for Employment is a specific requirement to provide a plan to help an employee with a disability during an emergency, or emergency information that is formatted so an employee with a disability can understand it.

Requirement as Stated in the Regulation:

- Every employer 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, the employer shall provide the workplace emergency response information to the person designated by the employer to provide assistance to the employee.

- Employers shall provide the information required under this section as soon as practicable after the employer becomes aware of the need for accommodation due to the employee's disability.
- Every employer shall review the individualized workplace emergency response information,
 - (a) when the employee moves to a different location in the organization;
 - b) when the employee's overall accommodations needs or plans are reviewed; and
 - c) when the employer reviews its general emergency response policies.

Policy

When an employee with a disability requires assistance during an emergency, the Municipality of Thessalon will respond in a manner that takes into account the person's disability.

All current employees will be provided with a letter that outlines the opportunity available for the development of an individualized emergency response information plan that will meet the employee's needs if he/she has a disability, whether permanent or temporary. (See Appendix A)

All new employees will be provided with the letter during orientation.

If an employee expresses the need for assistance he/she will be asked to complete an Employee Emergency Information Worksheet (See Appendix B) which will help identify barriers that could arise in an emergency situation and provide suggestions on how to overcome them. This input will help the Municipality provide the employee with an individualized emergency plan. The information collected is confidential and will only be shared with the employee's consent. The employee is not required to provide details of his/her medical condition or disability, only the type of help he/she may need in an emergency.

The Municipality will use the information collected to complete the Employee Emergency Response Information Template (See Appendix C) outlining the individualized emergency response plan for the employee. This plan will be reviewed with the employee and will be signed by the employee and the employee's supervisor. The Municipality will review the information if the employee moves to a different location, the employee's accommodation needs change or the emergency policies and procedures are reviewed.

Documented Individual Accommodation Plans

Requirement as Stated in the Regulation:

- Employers, other than employers that are small organizations, shall develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities.
- The process for the development of documented individual accommodation plans shall include the following elements:
 1. The manner in which an employee requesting accommodation can participate in the development of the individual accommodation plan.
 2. The means by which the employee is assessed on an individual basis.
 3. The manner in which the employer can request an evaluation by an outside medical or other expert, at the employer's expense, to determine if and how accommodation can be achieved.
 4. The manner in which the employee can request the participation of a representative from their bargaining agent, where the employee is represented by a bargaining agent, or other representative from the workplace, where the employee is not represented by a bargaining agent, in the development of the accommodation plan.
 5. The steps taken to protect the privacy of the employee's personal information.
 6. The frequency with which the individual accommodation plan will be reviewed and updated and the manner in which it will be done.
 7. If an individual accommodation plan is denied, the manner in which the reasons for the denial will be provided to the employee.
 8. The means of providing the individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability.
- Individual accommodation plans shall,
 - a) if requested, include any information regarding accessible formats and communication supports provided, as described in section 26;

- b) if requested, include individualized workplace emergency response information, as described in section 27; and
- c) identify any other accommodation that is to be provided.

Policy

The Municipality will develop individual accommodation plans for employees with disabilities of which they are made aware. These plans are a formal way of recording and reviewing the workplace-related accommodations that an employer will provide to the employee. When an employee with a disability requests an accommodation, the following process will be followed:

Step 1. Recognize the Need for Accommodation

The need for accommodation can be:

- requested by the employee through his/her supervisor; or
- identified by the employee's supervisor.

Step 2. Gather Relevant Information and Assess Needs

The employee is an active participant in this step:

- The Municipality does not require details on the nature of the employee's disability to provide an accommodation; it needs to know only about the employee's functional abilities.
- The supervisor may ask for a functional capacity assessment at the Municipality's expense. (See Appendix D - Functional Capacity Assessment Form)
- The employee and his/her supervisor evaluate potential options to find the most appropriate measure.
- An external expert may be involved, at the Municipality's expense.
- The employee can request the participation of a representative from his/her bargaining agent or, if there is no bargaining agent, from a different representative from the workplace.

Step 3. Write a Formal, Individual Accommodation Plan

Once the most appropriate accommodation has been identified, the accommodation details are written down in a formal plan, including:

- accessible formats and communication supports, if requested;
- workplace emergency response information, if required;
- any other accommodation that is to be provided.

(See Appendix E - Sample Individual Accommodation Plan)

The accommodation plan is provided to the employee in a format that takes into account his/her accessibility needs due to his/her disability:

- The employee's personal information is protected at all times.
- If an individual accommodation is denied, the manager provides the employee with the reason for the denial, in an accessible format.

Step 4. Implement, Monitor, and Review the Accommodation Plan

The employee and his/her supervisor monitor the accommodation to ensure that it has effectively resolved the challenge:

- Formal reviews are conducted at a predetermined frequency.
- The accommodation plan is reviewed if the employee's work location or position changes.
- The accommodation is reviewed if the nature of the employee's disability changes.

If the accommodation is no longer appropriate, the employee and his/her supervisor work together to gather relevant information and reassess the employee's needs in order for the employer to find the best accommodation measure (Step 2).

Return to Work Process

Requirement as Stated in the Regulation:

- Every employer, other than an employer that is a small organization,
 - a) shall develop and have in place a return to work process for its employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work;
 - b) shall document the process.
- The return to work process shall
 - a) outline the steps the employer will take to facilitate the return to work of employees who were absent because their disability required them to be away from work; and
 - b) use individual documented accommodations plans, as described in section 28 (Documented Individual Accommodation Plans), as part of the process.
- The return to work process referenced in this section does not replace or override any other return to work process created by or under any other statute.

Policy

The Municipality will develop a documented process for employees who return to work after being away for reasons related to their disabilities.

If an individual's illness or injury is covered by the return to work provisions of the Workplace Safety and Insurance Act, then that Act's return to work process would apply.

To effectively return to work, the Municipality will develop an individual accommodation plan for that employee as outlined in the previous section.

The following steps will be completed to develop a Return to Work (RTW) plan:

Step 1: Initiate the Return to Work Process

- The employee reports his/her need for a disability leave to her supervisor.

Step 2: Make and Maintain Contact with the Employee on Leave

Supervisor:

- Maintains regular contact with the employee, with the employee's consent
- Provides the employee with RTW information
- Helps resolve any problems with treatment, if asked to by the employee
- Monitors the employee's progress until he/she is fit for work

Employee:

- Gets and follows the appropriate medical treatment
- Updates the supervisor about his/her progress
- Gives the health care provider the RTW information

Health Care Provider:

- Provides appropriate and effective treatment to the employee
- Provides required information on the employee's functional abilities, if requested (See Appendix D – Functional Capacity Assessment Form)

Step 3: Develop a Return to Work Plan

- The employee, the supervisor, and the health care provider (if needed) collaborate to develop a formal RTW plan, which is included in the employee's individual accommodation plan, if applicable:
 - if the employee has no residual functional limitations, he/she returns to his/her regular position with no accommodation required
 - if the employee has temporary functional limitations, he/she returns to a temporary modified work environment with accommodation, or to an alternative transitional position
 - if the employee has lasting functional limitations, he/she returns to work with permanent accommodations or is permanently reassigned to another position

(See Appendix F – Job Task Analysis Form)

Step 4: Monitor and Evaluate the Return to Work Process

- The employee and supervisor review the RTW process regularly until it has been completed
- If the employee encounters challenges, the RTW plan is modified to overcome these challenges

(See Appendix G - Sample Return to Work Plan)

Timeline for Training

Training will be provided as a priority for new hires and included in a new employee's orientation package. New employees will be required to complete the Accessible Employment online training module at www.accessforward.ca as part of new employee orientation.

Training will also be provided with any changes to the Municipality's policies, procedures and practices governing the provision of services to persons with disabilities.

Training Records

The Municipality will keep records of all Accessible Employment training, to include dates and content of training provided to each employee.

Modifications to this and future policies

The Municipality is committed to developing accessibility policies that respect and promote the dignity and independence of people with disabilities.

Therefore, any changes made to this policy will consider the needs of people with disabilities.

Any policy of the Municipality that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.

Appendix A: Letter to Employee

(Date)

To: All Employees

Subject: Accessibility Standard for Employment

The Accessibility for Ontarians with Disabilities Act requires that organizations comply with all standards including the Ontario's Accessibility Standard for Employment. The Town of Thessalon 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 your supervisor.

This standard also requires that a plan be in place to help an employee with a disability during an emergency. If you have a disability, whether permanent or temporary, and may need assistance during an emergency please, let me know. You will be asked to complete a self-assessment form and then I will work with you to develop an individualized emergency response information plan that will meet your needs in an emergency.

Please note that you do not have to disclose the details of your medical condition or disability, only the kind of assistance you may need. The information provided will be kept confidential and only shared with your consent.

If you have any questions please let me know.

Thank you.

MaryKaye Karhi
Administrative Assistant

Appendix B: Employee Emergency Information Worksheet

Employee Emergency Information Worksheet

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

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

Date:

Employee Information

Name:	
Department:	
Telephone:	Email:
Cell Phone:	

Emergency Contact Information

Name:	
Department:	
Telephone:	Email:
Cell Phone:	

Workplace Location

1. Where do you work?

Address:

2. Do you work in different places on a regular basis? Yes___ No___

If yes, list the addresses.

Potential Emergency Response Barriers

3. Can you see or hear the fire/security alarm signal? Yes___ No___ Don't know___

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

4. Can you activate the fire/security alarm system? Yes___ No___ Don't know___

If no, what would help you to sound the alarm?

5. Can you talk to emergency staff? Yes___ No___

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

6. Can you use the emergency exits? Yes___ No___ Don't know___

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

7. Does your mobility device fit in the emergency waiting area? Yes___ No___ Don't know___ N/A___

If no, what would help it fit, or is there a better location?

8. Could you find the exit if it was smoky or dark? Yes___ No___

If no, what would help you find the exit?

9. Can you exit the building by yourself? Yes___ No___

If no, what would help you to get out?

10. Can you get into an emergency evacuation chair by yourself? Yes___ No___ Don't know___ N/A___

If no, what help do you need?

11. Would you be able to evacuate during a stressful and crowded situation? Yes___ No___

If no, what would help you to evacuate?

12. Can you read/access our emergency information? Yes___ No___

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

13. If you need other accommodations in an emergency, please list them here.

Accommodations: (Use additional sheets as necessary)

Appendix C: Employee Emergency Response Information Template

Employee Emergency Response Information Template

The information collected from the Employee Emergency Information Worksheet is used to create individualized responses for each employee with a disability. Modify the form if an employee needs different types of accommodations for different types of emergencies.

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

Date:

Individualized Workplace Emergency Response Information for

Name:
Department:

Emergency Contact Information

Name:	
Telephone:	Email:
Cell Phone:	
Relationship:	

Workplace Location

(Repeat for other work locations)

Address:

Emergency Alerts

_____ will be informed of an emergency situation by:
(Employee Name)

Existing alarm system: _____

Pager device: _____

Visual alarm system: _____

Co-worker: _____

Other (specify): _____

Assistance Methods

List types of assistance (e.g. staff assistance, transfer instructions, etc.)

Equipment Provided

List any devices, where they are stored, and how to use them.

Evacuation Route and Procedure

Provide a step-by-step description, beginning from the first sign of an emergency.

Alternate Evacuation Route

Emergency Support Staff

The following people have been designated to help _____ in an emergency.
(Employee Name)

Name	Location and/or Contact Information	Type of Assistance

Consent to share individualized emergency response information

I _____ give consent to the Corporation of the Town of Thessalon to share
(Employee Name)
this individualized emergency response information with the individuals listed above, who have been
designated to help me in an emergency.

Signature: _____

Date: _____

Form Completed by: _____
(Supervisor Signature)

Date: _____

Form Reviewed by: _____
(Employee Signature)

Date: _____

Next Review Date: _____

Appendix D: Functional Capacity Assessment Form

RELEASE OF INFORMATION

I, _____, authorize _____
(Name of Employee) (Name of Health Care Provider)
to supply written information to my employer, The Town of Thessalon, regarding my residual functional capacity; any limitations or restrictions on my ability to perform the functions of my position; and any devices, equipment, or accommodations I require to enable me to perform these functions.

Employee's signature _____ Date: _____

FUNCTIONAL CAPACITY ASSESSMENT

Employee's name: _____

Health care provider: Please answer only the elements that are pertinent to the employee's ability to perform the essential functions of his or her job. Explain any response in more detail in Section C.

Date of assessment: _____

Please check one of the following:

- Employee is capable of returning to work with no restrictions.
- Employee is capable of returning to work with restrictions. Complete sections A, B, and C.
- Employee is physically or mentally unable to return to work at this time. Complete Section C.

Section A. Physical Functional Capacity Assessment

1. Please indicate *abilities* that apply. Include additional details in Section C.

Walking

- Full abilities
- Fewer than 100 metres
- 100–200 metres
- Other (please specify)

Standing

- Full abilities
- Fewer than 2 hours
- At least 2 hours
- About 6 hours
- Other (please specify)

Sitting

- Full abilities
- Fewer than 30 minutes
- 30 minutes–1 hour
- Other (please specify)

Lifting—floor to waist

- Full abilities
- Fewer than 5 kilograms
- 5–10 kilograms
- Other (please specify)

Lifting—waist to shoulder

- Full abilities
- Fewer than 5 kilograms

Stair climbing

- Full abilities
- Fewer than 5 steps
- 5–10 steps

Ladder climbing

- Full abilities
- 1–3 steps
- 4–6 steps

Travel to work

- | | |
|-----------------------------|--|
| Able to use public transit: | Able to drive a car:
<input type="checkbox"/> Yes |
|-----------------------------|--|

-
- 5–10 kilograms
 Other (please specify)
 Other (please specify)
 Yes
 No
 Other (please specify)

 No

2. Please indicate *restrictions* that apply. Include additional details in Section C.

- Bending/twisting
 Repetitive movement of (please specify)
 Capacity to work at or above shoulder

-
- Chemical exposure to _____

 Environmental exposure to (e.g., heat, cold, noise, or scents) _____

 Operating motorized equipment (e.g., forklift)

-
- Limited use of hand(s)
 Left Right
 Gripping
 Pinching
 Other
- Limited pushing/pulling with
 Left arm
 Right arm
 Other (please specify)

- Potential side effects from medications (please specify). Do not include the names of medications.

-
- Exposure to vibration
 Whole body
 Hand/arm
 Other (please specify)

- Visual/communicative
 Acuity (depth, colour, or field)
 Hearing
 Speaking
 Other (please specify)

Section B. Mental Functional Capacity Assessment

	No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess
1. Understanding and memory					
a. The ability to remember locations and work-like procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The ability to understand and remember very short and simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The ability to understand and remember detailed instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess
2. Sustained concentration and persistence					
a. The ability to carry out very short and simple instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The ability to carry out detailed instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The ability to maintain attention and concentration for extended periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The ability to sustain an ordinary routine without special supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The ability to work in coordination with, or proximity to, others without being distracted by them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The ability to make simple work-related decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. The ability to complete a normal workday without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Social interaction

a. The ability to interact appropriately with the general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The ability to ask simple questions or request assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The ability to accept instructions and respond appropriately to criticism from supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The ability to get along with co-workers without exhibiting behavioural extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The ability to maintain appropriate behaviour and to adhere to standards of cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No limitation	Not significantly limited	Moderately limited	Markedly limited	Not able to assess

4. Adaptation

a. The ability to respond appropriately to changes at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The ability to be aware of normal hazards and take appropriate precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The ability to travel in unfamiliar places or use public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The ability to set realistic goals or make plans independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Additional Comments on Abilities and/or Restrictions

From the date of this assessment, the above will apply for approximately:

- 1–2 days 8–14 days
- 3–7 days More than 14 days

Have you discussed return to work with your patient?

- Yes
- No

Recommendations for work hours and start date:

- Regular full-time hours Modified hours Graduated hours

Start date of return to work: _____

Date of next appointment to review abilities and/or restrictions: _____

I have provided this completed Functional Capacity Assessment Form to (check both if applicable):

- Employee Employer

Health care provider's signature Telephone Date

Appendix E: Sample Individual Accommodation Plan

Employee's name: _____ Date: _____

Employee's title/department: _____ Manager: _____

Limitations	Job-related tasks/activities affected by limitations	Is this an essential job requirement?

Sources of expert input into the individual accommodation plan (e.g., human resources manager, family doctor, specialists):

Accommodation measures are to be implemented from [start date] to [end date].

If no end date is expected, the next review of this accommodation plan will occur on [review date].

(The accommodation measure(s) should be reviewed annually, at a minimum.)

Description of Accommodation Measure(s)

Which job requirements and related tasks require accommodation?	What are the objectives of the accommodation (i.e., what must the accommodation do to be successful)?	What accommodation strategies/tools have been selected to facilitate this task/activity?

Roles and Responsibilities

Outstanding actions to implement accommodation	Assigned to	Due date

Appendix F - Job Task Analysis Form

STEP 1: IDENTIFY AND EVALUATE TASKS

- a. Develop a comprehensive list of tasks that define the job:
 - include the list of duties and responsibilities from the job description;
 - add any new tasks that could be considered;
 - delete any tasks that are no longer part of the job.
- b. List the tasks in the table below.
- c. Have the work team discuss each task and come to a consensus about the importance and frequency of the task.
- d. When all values have been assigned, have the work team consider deleting tasks that receive low scores for importance.

Job Analysis Worksheet for Tasks

Task description	Importance*	Frequency**
1.		
2.		
3.		
4.		
5.		
6.		

*Importance scale

How important is this task to the job?

- 0 = Not performed
- 1 = Not important
- 2 = Somewhat important
- 3 = Important
- 4 = Very important
- 5 = Extremely important

**Frequency scale

How often is the task performed?

- 0 = Not performed
- 1 = Every few months to yearly
- 2 = Every few weeks to monthly
- 3 = Every few days to weekly
- 4 = Every few hours to daily
- 5 = Hourly to many times each hour

STEP 2. IDENTIFY AND EVALUATE COMPETENCIES

A competency is a measurable pattern of knowledge, skills, abilities, behaviours, and other characteristics that an individual needs in order to perform his or her work roles or occupational functions successfully.

- Identify the competencies directly related to performance on the job.
- List the competencies in the table below.
- Have the work team discuss, as a group, each competency. Have them come to a consensus about the importance of the competency and when it is needed for effective job performance.
- When all values have been assigned, have the work team consider deleting competencies that receive low scores for importance.

Job Analysis Worksheet for Competencies

Competency	Importance*	Need at entry**
1.		
2.		
3.		
4.		
5.		
6.		

*Importance scale

How important is this competency for effective job performance?

- 1 = Not important
- 2 = Somewhat important
- 3 = Important
- 4 = Very important
- 5 = Extremely important

**Need at entry scale

When is this competency needed for effective job performance?

- 1 = Prior to qualification
- 2 = The first day
- 3 = Within the first three months
- 4 = Within the first four to six months
- 5 = After the first six months

STEP 3. EVALUATE THE LINKS BETWEEN TASKS AND COMPETENCIES

This step demonstrates that there is a clear relationship between the tasks performed on the job and the competencies required to perform them.

- a. Evaluate each competency for its importance in the effective performance of each task.
- b. When finished, verify that each competency is important to the performance of at least one task.

Job Analysis Worksheet Linking Tasks and Competencies

Task number	Competency letter					
	A.	B.	C.	D.	E.	F.
1.						
2.						
3.						
4.						
5.						
6.						

Linkage scale

How important is this competency for effective task performance?

- 1 = Not important
- 2 = Somewhat important
- 3 = Important
- 4 = Very important
- 5 = Extremely important
- n.a. = Not applicable

Note: The return to work (RTW) coordinator can look at this worksheet when determining whether an employee returning to work from a disability leave can perform the necessary tasks of his job safely. If not, the RTW coordinator can look at whether the employee should be reassigned temporarily (or permanently) to a different position, the job can be modified, or other alternatives should be considered.

Appendix G: Return to Work Plan

Employee's name: _____

Start date: _____ End date: _____

Job title: _____ Annual salary: _____

Goal of RTW process: _____

	Functional limitations	Workdays per week	Work hours per day	Job tasks	Accommodation	Safety considerations
Week 1						
Week 2						
Week 3						
Week 4						

Does the RTW plan involve a temporary assignment to a different position?

- Yes (Please answer the questions below.)
- No

What is the new position? _____

What is the length of assignment (if known)? _____

What training is required? _____

What safety precautions are being taken during training? _____

Employee's signature

Manager's signature

Date