



### Statement and Purpose

Indeka is committed to providing an environment in which employees are treated equitably. Employees may require a permanent or indefinite accommodation in order to receive an equal opportunity to fulfill the essential duties of a position. This policy serves to provide fair and consistent employment accommodation in accordance with the Ontario Human Rights Code (the Code).

Accommodation is a means of adjusting or modifying the work environment or the method of doing work in order to address individual needs of employees who are protected from discrimination under the Ontario Human Rights Code.

The intent of this process is to address the accommodation requests of Indeka employees. The process may be used to accommodate any request for accommodation involving protected Ontario Human Rights grounds.

In doing so Indeka is committed to preventing and/or removing barriers to people with disabilities, to accommodate persons with disabilities to the point of undue hardship and to establish a process by which persons with disabilities may request accommodation.

### Scope

This policy applies to all employees of Indeka, including but not limited to regular, temporary, contract, students, volunteers and interns.

### Definitions

“Accommodation”, change, adaptation, or adjustment to an employee’s work and/or workplace environment to enable the employee to perform the regular duties of a job in a healthy and safe manner.

“Disability”, as per the Ontarian Human Rights Code, 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; (“handicap”)

## Procedure

### 1. Guiding Principles:

In providing accommodation for the individual needs of our employees, Indeka will adhere to the following guiding principles:

a). Partnership: the accommodation process is a partnership process requiring active participation of both Indeka and the employee.

b). Individualization: the accommodation process, while consistently applied, is most successful when its solutions are individually tailored to each unique situation and the employee they function to assist.

c). Confidentiality: throughout this process an employee’s personal information will remain protected and confidential. Personal information concerning an employee’s disability cannot be released without the prior written consent of the individual. Where the accommodation process requires the release of confidential information to a third party (such as an external resource group), the third party, and any person or department delegated by that third party, will be required to ensure that confidentiality is protected, that the information obtained is kept in a secure location, and used solely for the purpose that the release required.

All accommodations are subject to the limit of causing undue hardship.

### 2. Accommodation Overview:

#### Step 1. Recognize the Need for Accommodation

The need for accommodation can be:

- Requested by the employee in writing through their manager, or through human resources; or
- Identified by the employee’s manager or the hiring manager; or
- Requested by a prospective employee to the Indeka employee coordinating the recruitment process.

#### Step 2. Gather Relevant Information and Assess Needs

To ensure a timely resolution of the accommodation request, the employee must provide the required documentation within a reasonable time frame as determined by Indeka. As an active participant in this process, the employee may be asked to provide documentation (medical or other) to substantiate the need for accommodation.

In the case of a disability related accommodation request, Indeka does not require details on the specific diagnosis of the employee. However, if needed, Indeka may require information about how an employee’s functional abilities are impacted.

Once all required information has been collected, the HR and Healthy Committee at Workplaces will work with the employee and their manager to evaluate potential options for accommodation. An external expert may be involved at the expense and discretion of Indeka.

Although the employee and management are partners in the accommodation process, the final decision(s) regarding accommodation will be determined by Indeka.

### Step 3. Formalize an Individual Accommodation Plan

Once the appropriate accommodation has been identified, the accommodation details are documented in a formal plan. Details may include Employee emergency information worksheet, Individualized Workplace Emergency Response Plan, scheduling information, communication supports etc. The accommodation plan is provided to the employee in a format respecting any accessibility needs, as appropriate.

In the event that an accommodation request is denied, the HR and Healthy Committee at Workplace will provide the employee with a reason for the denial in an accessible format.

Where an employee is dissatisfied with an identified accommodation, a review of the substantive content can be undertaken by the HR and Healthy Committee at Workplace. To request a review, the employee must provide in writing a rationale for the review and/or any new relevant information.

### Step 4. Implement, Monitor & Review the Accommodation Plan

The employee and their manager monitor the accommodation plan to ensure that it is effective. Formal reviews will be conducted by the HR and Healthy Committee at Workplace on an annual basis to ensure the accommodation remains effective and relevant.

Reviews to the existing accommodation plan will also be conducted in the event of any of the following:

- the employee's work location or position changes
- the nature of the employee's status under the Code changes and the accommodation is based upon that change
- the employee or Indeka has determined that the accommodation is no longer appropriate

### 3. Formalize an Individualized Workplace Emergency Response Plan

The content of individualized emergency response information will depend on the emergency information, systems and features of an organization as well as the employee's individual needs. There is no one-size-fits-all solution.

The information is important to help provide for the safety, security and well-being of an employee with a disability in a variety of emergency situations that may occur in the workplace.

Understanding how an individual's disability, as well as the physical nature of the workplace, may create special challenges in emergency situations is essential to developing individualized emergency response information.

Determine the employee's specific needs. It is important not to make assumptions. Although there is no one way to determine your employee's emergency response information needs, you could consider any of the following approaches:

- Meet with the employee who has a disability to gather information on their needs and to discuss emergency scenarios and to identify possible barriers in general emergency plans.
- Let the employee know what emergency systems, features and information are currently available. Provide your organization's emergency information to the employee and request feedback from them.

In some cases, an employee with a disability may require assistance from others in an emergency situation. In such instances, and with the consent of an employee, Indeka will support individual with the employee's individualized emergency response information

#### 4. Responsibilities

Employee responsibilities:

1. To communicate the need for an accommodation;
2. To co-operate with the accommodation process and relevant activities; and
3. To cooperate with "reasonable accommodation" initiatives identified by Indeka.

Indeka responsibilities:

1. To acknowledge a request within 3 business days and identify an approximate response time frame regarding next steps in the accommodation process commensurate with the complexity of the case. This may be conducted by whichever party is first notified (i.e., Managers, Human Resource Portfolio Managers, or the Health Committee as Workplace);
2. To provide reasonable accommodation solutions in as timely a manner as the complexity of the request permits; and
3. To communicate accommodation plans in a format accessible to the requesting party and review them as appropriate.

#### 5. Related Documentation (Procedures/Additional Policies/Forms)

Employee Accommodation Plan Form  
Accessibility Policy  
Return to Work Policy  
Harassment and Discrimination Policy

## **Appendix A**

### **Employee Emergency Information Worksheet**

Indeka is committed to ensuring employees' individual needs due to a disability are met in the event of an emergency.

This worksheet can help employers and employees identify barriers that could arise in an emergency situation. This information should be used to determine the best way to provide or modify emergency information for employees with disabilities.

All information in this worksheet is confidential and will be shared only with people who are identified as part of the employee's individualized emergency response information, with their consent. Please note that employees do not have to provide details of a medical condition or disability they may have, only a description of the type of help they might need in an emergency.

## Appendix A

### Template: Employee emergency information worksheet

#### Employee Information

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

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Cell/mobile: \_\_\_\_\_

#### Emergency Contact Information

Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Cell/mobile: \_\_\_\_\_

## Appendix A

### Template: Employee emergency information worksheet

#### Workplace Location Information

Identify the location of your primary workplace:

Building: \_\_\_\_\_

Floor: \_\_\_\_\_ Room Name/Number: \_\_\_\_\_

Do you routinely work in more than one location? \_\_\_\_ Yes \_\_\_\_ No

If you feel it is necessary, provide further details below (list the buildings, floors and room locations):

## Appendix A

### Template: Employee emergency information worksheet

#### Potential Emergency Response Barriers

The following questions will help you identify potential barriers that may arise in an emergency situation and assist with the development of appropriate accommodations.

Is emergency information available in a format that is accessible to you? \_\_\_ Yes \_\_\_ No

If no, indicate how your needs might be met: \_\_\_\_\_

Are you able to see a fire/security alarm signal? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

If no, indicate how your needs might be met: \_\_\_\_\_

Are you able to hear a fire/security alarm signal? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

If no, indicate how your needs might be met: \_\_\_\_\_

Are you able to activate the fire/security alarm system? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

If no, indicate how your needs might be met: \_\_\_\_\_

Are you able to communicate verbally with emergency personnel? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

If no, indicate how your needs might be met: \_\_\_\_\_

Are the emergency exit routes and designated areas accessible to you? \_\_\_ Yes \_\_\_ No \_\_\_ Do not know

If no, indicate how your needs might be met: \_\_\_\_\_

Will areas of rescue assistance accommodate your mobility device? \_\_\_ Yes \_\_\_ No \_\_\_ Do not know

If no, indicate how your needs might be met: \_\_\_\_\_

Are you able to independently use exit routes and/or areas of rescue assistance? \_\_\_ Yes \_\_\_ No

If no, indicate how your needs might be met: \_\_\_\_\_

Would you be able to navigate to an exit if vision was reduced by limited light or smoke? \_\_\_ Yes \_\_\_ No

If no, indicate how your needs might be met: \_\_\_\_\_



Would you be able to transfer to an emergency evacuation chair independently?  Yes  No  Do not know

If no, indicate how your needs might be met: \_\_\_\_\_

Are there specific instructions for people who would assist you or things they should avoid?  Yes  No

If no, indicate how your needs might be met: \_\_\_\_\_

Are there other accommodations you might require in an emergency?  Yes  No

If no, indicate how your needs might be met: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
[Name of Employee]

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
[Name of Manager]

## Appendix B

### Employee individualized emergency response information

Indeka is committed to ensuring that our employees' individual needs due to a disability are met in the event of an emergency.

All information in this document is confidential and will be shared only with people who are identified below as part of your emergency response information, with your consent. Please note that you do not have to provide details of a medical condition or disability, only a description of the type of help you might need in an emergency.

Individualized Workplace Emergency Response Information for \_\_\_\_\_  
[Employee Name]

#### Employee Information

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

Department: \_\_\_\_\_

## Appendix B

### Emergency Contact Information

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Cell/mobile: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Cell/mobile: \_\_\_\_\_

### Workplace Location Information

Note: Prepare separate information, as necessary, for other workplace locations

Primary workplace:

Building: \_\_\_\_\_

Floor: \_\_\_\_\_ Room Name/Number: \_\_\_\_\_

Emergency Information For: (Type of emergency situation)

Note: Prepare separate information, as necessary, for other workplace emergency situations

### Awareness of Emergency Situation

\_\_\_\_\_ (Name of employee) will be informed of an emergency situation by:

Existing alarm system: \_\_\_\_\_

Pager device: \_\_\_\_\_

Visual alarm system: \_\_\_\_\_

Co-worker Designated to Provide Assistance: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Methods of Assistance (e.g. transfer procedures, method of guidance, etc.) \_\_\_\_\_

If applicable, indicate types and methods of assistance that will be provided

Equipment Provided (including means of communication)

If applicable, indicate equipment that will be provided

**Evacuation Procedure** (A step-by-step account beginning from the first alarm):

Safe Evacuation Routes (Identify primary and secondary routes. If applicable, indicate equipment that will be provided.)

**Person(s) Designated to Provide Assistance**

The following people have been designated to give me assistance to evacuate the building in an emergency:

Name \_\_\_\_\_

Location and/or Contact Information \_\_\_\_\_

Type of Assistance \_\_\_\_\_

**Consent to share individualized emergency response information**

I \_\_\_\_\_ [Employee Name] give consent to Indeka to share this individualized emergency response information with the individuals listed above who have been designated to provide assistance to me in the event of an emergency.

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

**Periodic review and updating of information**

Indeka and \_\_\_\_\_ [Employee Name] will jointly review this individualized workplace information:

- If I change workplace location within the organization
- When my overall accommodations are reviewed
- When the organization reviews its general emergency response policies

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

[Manager responsible for development and maintenance of the information]

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

[Name of Employee]

Signed: \_\_\_\_\_

Paul Papadopoulos, President and COO