

P33: AODA – Integrated Accessibility Standards Regulation (IASR) Employment

Policy

Intent

This policy is intended to meet the requirements of the Integrated Accessibility Standards Ontario Regulations for the employment standard under the *Accessibility for Ontarians with Disabilities Act, 2005*. This policy applies to the provision of accessible employment services for persons with disabilities. For further definitions on disability, please refer to P34.

All employment and volunteer accommodations provided by The Family Place shall follow the principles of dignity, independence, integration and equal opportunity without discrimination under the Human Rights Code. All staff and volunteers are provided with meaningful opportunities that is ethical, fair, and without barriers.

Recruitment, Assessment and Selection

During the recruitment process, The Family Place will notify potential applicants about the availability of accommodations. Applicants will be informed that they will need to request accommodations prior to the interview process. Successful applicants will be made aware of The Family Place AODA policies and procedures.

Duty to Accommodate

The Family Place will make adjustments or modifications to the work, or the work environment up to the point of undue hardship. The individual is encouraged during the hiring process to inform The Family Place management of any accommodations. Both parties will work together to ensure meaningful employment. If a standing employee requires accommodations, they will be informed of their rights through the AODA policies and procedures.

Accommodation Plan

- Identify the challenges for accommodation
- Determine potential barriers, look at the options for accommodations for both parties
- Create a plan
- Implement the plan
- Provide training to employees as needed
- Review and revise

Communication

The Family Place staff are committed to communicating to individuals with disabilities in a manner that regards their disabilities. Our staff is trained to offer options in communicating through face-to-face interactions, telephone, electronic communications and written documentation in large print, recorded audio and other formats. If we require more knowledge on a specific communication device, The Family Place will provide the training to the staff. This may include, for instance, captioning, alternative and augmentative communication supports, plain language, sign language, and other supports that facilitate effective communication.

The Family Place website conforms to the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, at Level AA.

Assistive devices

The Family Place welcomes individuals with disabilities. If an employee is in need of or uses assistive devices, The Family Place will consult with the employee on the best methods to support the individual.

The Family Place welcomes employees with disabilities and their service animals, guide dogs, and service dogs. Service animals are permitted on parts of our premises that are open to the public. It is the responsibility of the person with the service dog to control the animal at all times. The animal that accompanies the individual must have proof of inoculation against rabies. If a client or employee is allergic to animals, accommodations will be made for those people.

The Family Place welcomes support persons that may accompany an employee with disabilities. The individual may have access to this person at all times. Under the Child Care Early Years Act, all staff, volunteers and students must have a current Police Vulnerable Sector Check; this includes any support persons.

Workplace Emergency Response Information

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

The Family Place will implement measures for its employee(s) who are unable to follow the standard emergency plan in their Centre's work location, as a result of a permanent or temporary disability or injury. An emergency can range from an acute event that requires medical attention to an event such as fire where special evacuation procedures may be necessary.

Workplace Emergency Response Information Plan (WERI)

The Family Place will provide this information as soon as is practicable after becoming aware of the need for accommodation.

Where the employee requires assistance, The Family Place will, with the consent of the employee, provide the alternative workplace emergency response information to the person designated by the Supervisor or Designate to provide assistance to the employee in the event of an emergency.

The Family Place will review and update the individualized workplace emergency response information with the employee when the employee moves to a different location in the organization, when the employee's overall accommodation needs change, if the designated person is changed, or plans are reviewed annually.

Alternative emergency preparedness plans are stored and kept confidentially with the Executive Director/Supervisor.

See the Identification of Potential Barriers during an Emergency Response form and the Individualized Employee Emergency Response Information Form attached to this policy.

Performance Evaluations

The Family Place will take into consideration the employee's accommodations when evaluating the individual's Performance Evaluations. During the interview process, the employee and Supervisor will discuss any changes to the accommodations.

Transfers

Prior to a transfer to the other centre, both Supervisors and the employee will discuss accommodations to ensure that they can be met at the other centre. If new accommodations are required, these will be put into place prior to the employee's start date.

Redesign of Job

In some cases, The Family Place may need to accommodate the employee in another position or in a different shift. The employee and management will discuss the best method of accommodation for the employee. The position or shift may be temporary or permanent depending on the need of the individual. The Accommodation Plan will be reviewed.

Return to Work Process

Employees who have been on short-term or long-term disability will be required to meet with management to discuss the accommodations that may be needed to support the employee during their transition back to work. The steps will be taken similar to the Accommodation Plan.

This policy will be reviewed by staff, supply staff, volunteers and students upon employment and thereafter annually.

Created: January 2017

Revised:

February 2017

October 2025

See the Identification of Potential Barriers during an Emergency Response form and the Individualized Employee Emergency Response Information Form attached to this policy.

Identification of Potential Barriers during an Emergency Response

INSTRUCTIONS

The employee with a disability completes this worksheet with their Supervisor 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/she 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 Information

Name: _____

Department: _____

Telephone: _____ Mobile phone: _____ E-mail:

EMERGENCY CONTACT INFORMATION

Name: _____

Telephone: _____ Mobile phone: _____ E-mail:

Relationship: _____

WORKPLACE LOCATION

1. Where do you work?

Address: _____

Floor: _____ Room name/number: _____

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

- .. Yes
- .. No

List the addresses, floors, and room locations. (Use additional sheets, as necessary.)

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?

- .. Yes
- .. No
- .. I do not 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?

- .. Yes
- .. No
- .. I do not know

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

6. Can you talk to emergency staff?

- .. Yes

.. No

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

7. Can you use the emergency exits?

.. Yes

.. No

.. I do not 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 do not 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 do not 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 do not know

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

11. Can you get to an emergency evacuation chair by yourself?

- .. Yes
- .. No
- .. I do not 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 do not 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.)

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 INFORMATION

Name: _____

Department: _____

Telephone: _____ Mobile phone: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Telephone: _____ Mobile phone: _____ E-mail: _____

Relationship: _____

WORK LOCATION

(Repeat for other work locations)

Address: _____

Floor: _____ Room name/number: _____

EMERGENCY ALERTS

[Name of employee] will be informed of an emergency situation by:

- .. Existing alarm system
- .. Pager device
- .. Visual alarm system
- .. Co-worker
- .. Other (specify): _____

ASSISTANCE METHODS

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

Equipment Required

List any devices required, 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.

ALTERNATIVE EVACUATION ROUTE

EMERGENCY SUPPORT STAFF

The following people have been designated to help [name of employee] in an emergency.

Name	Location and/or contact information	Type of assistance

CONSENT TO SHARE EMERGENCY RESPONSE INFORMATION

I [name of employee] give consent for [name of organization] to share this individualized workplace emergency response information with the individuals listed above, who have been designated to help me in an emergency.

Employee's name

Employee's signature

Date

Form complete by (Supervisor's name)

Next review date