

**THE PROTESTANT SEPARATE SCHOOL BOARD
OF THE TOWN OF PENETANGUISHENE**

POLICY MANUAL

POLICY TITLE:

SECTION/CODE:

Accommodation of Staff with Disabilities

Personnel A – 10

APPROVAL DATE:

SUPERSEDES:

NUMBER OF PAGES:

REVIEW DATE:

March 3, 2025

New

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February 2026

POLICY STATEMENT

The Protestant Separate School Board of the Town of Penetanguishene (PSSBP) recognizes the valuable contribution that employees of differing abilities can make to education and is committed to compliance with the Ontario Human Rights Code and relevant legislation, including the [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#). The Board will make every reasonable effort to arrange meaningful and appropriate accommodation for any employees with disabilities. Accommodation programs will be individualized, based on physical, emotional, or intellectual abilities in a manner that respects the individual employee's dignity and that maximizes the employee's integration and participation in the workplace. This policy is to be reviewed annually with all staff.

PURPOSE

To articulate the board's process to ensuring the identification, removal, and prevention of barriers for all employees.

3.0 DEFINITIONS

Accommodation means an adjustment made to policies, procedures, programs, guidelines, or practices, including adjustments to physical settings and various types of criteria, that ensures fair and equitable, access, service and treatment for individuals to participate equally and perform to the best of their ability in the workplace or an educational setting. Accommodation is considered appropriate if it results in equal opportunity to enjoy the same level of benefits and privileges experienced by others, or if it is proposed or adopted to achieve equal opportunity, and meets the individual's needs. The most appropriate accommodation is the one that, respects dignity (including autonomy, comfort and confidentiality), responds to a person's individualized needs and allows for integration and full participation; short of undue hardship. Accommodations are provided so that individuals are not disadvantaged or discriminated against on the basis of the prohibited grounds of discrimination identified in the Ontario Human Rights Code or other factors. (Adapted from the Ontario Human Rights Commission's

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against on the basis of the prohibited grounds of discrimination identified in the Ontario Human Rights Code or other factors. (Adapted from the Ontario Human Rights Commission)

1. Recognize the need for accommodation

Accommodation can be:

- Requested by the employee
- Identified by the employee's Principal/Supervisor/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 Principal/Supervisor/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

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3. Write an individual accommodation plan

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

- What accommodations(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 Principal/Supervisor/Manager will give the employee in an accessible format (if required), a copy of the individual accommodation plan, or written reasons for denying accommodation.

See Appendix A – Individual Accommodation Plan Form

4. Individual Emergency Response Plan

After completing the Individual Accommodation Plan, further discussion between the employee and their immediate Supervisor is needed to determine if an Individual Emergency Response Plan is required.

See Appendix B - Employee Individual Emergency Response Plan

1. Implement, monitor and update the plan

After implementing the accommodation plan, the employee and his/her Principal/Supervisor/Manager will monitor and review the plan to ensure that it is effective. Formal review and updates will take place on the mutually agreed upon, predetermined schedule in the employee's accommodation plan. If the accommodation is no longer

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appropriate, the employee and the Principal/Supervisor/Manager will reassess the situation (step 2) and update the plan.

The accommodation plan will also be reviewed and updated if:

- The employee's position changes
- The nature of the employee's disability changes

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APPENDIX A

Individual Accommodation Plan Form (Confidential when completed)

Employee Information

Last Name

First Name

Title/Department

Principal/Manager/Employee Services Information

Last Name

First Name

Title/Department

Accommodations

Next plan review

Start Date (yyyy/mm/dd)

End Date (yyyy/mm/dd)

Start Date (yyyy/mm/dd)

End Date (yyyy/mm/dd)

Limitations

List any functional limitations that the employee experiences, how it affects different aspects of his/her job and if each task is an essential part of the role.

1. Limitation

Tasks/activities affected

Essential Job requirement?

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Accommodations

Using the list of tasks from the limitations section above, identify what types of accommodation or support would help the employee accomplish the task. List a strategy or tool that will provide that accommodation.

1. Task

What must the accommodation achieve?

Accommodation strategy

Implementation

List the actions required to achieve the accommodation(s) identified in the prior section.

1.Action

Assigned to

Due Date (yyyy/mm/dd)

Date Completed (yyyy/mm/dd)

Information sources

Identify and include the contact information for any experts consulted when building the plan (e.g., Employee Services, family doctor, specialists)

Last Name

First Name

Title/Role

Email Address

Telephone Number

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Related documents

Attach any additional documents required to support the employee

Employee emergency plan (if applicable)

Accessible format of the individual accommodation plan (if needed)

What type(s) of accessible formats and/or communications support the employee needs (if requested)

Return to work plan (if applicable)

Other (specify)

Comments/Notes

Use this section for any additional information (e.g. details of alternative work arrangements, etc.)

Signature (Receipt of this document)

Employee's Signature

Date (yyyy/mm/dd)

Principal/Supervisor/Manager Signature

Date (yyyy/mm/dd)

Required Distribution: Employee Principal/Supervisor/Manager

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APPENDIX B

EMPLOYEE INDIVIDUAL EMERGENCY RESPONSE PLAN

EMPLOYEE WORKPLACE INFORMATION

Name:

Position:

Email:

Telephone:

School/Department:

Principal/Manager:

Principal/Manager contact information:

Location of classroom/work location:

Other work location(s):

EMERGENCY CONTACT INFORMATION

Last Name:

First Name:

Relationship:

Primary Phone No.:

Secondary Phone No.:

Email:

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EMERGENCY EVACUATION ASSESSMENT

1. Identify any temporary or long-term medical restrictions (optional identification: condition(s) or disabilities that may affect your well-being and safety during an emergency.

2. Do you experience any of the following that could impede your ability to quickly evacuate from your workplace?

- a) Mobility limitations/restrictions, interference with walking, using stairs, joint pain, and/or the use of mobility device (e.g., wheelchair, scooter, cane, crutches, walker).
- b) Identify Specific Devices (indicate where they are stored and how to use them):
- c) Vision Impairments/loss: yes no
- d) Hearing impairment/loss: yes no
- e) Other (please specify, e.g. anxiety in stressful situations):

3. Please describe the emergency assistance you may require.

COMMUNICATION NEEDS & ACCOMMODATIONS

Select your preferred method of communication in an emergency situation:

- Existing alarm system
- Pager device
- Visual alarm system

- Co-worker
- Other (specify)

List specific assistive communication devices and/or accommodations required (e.g., a person with a hearing impairment may require phone or pager to receive emergency evacuation information via text message).

PERSONAL EMERGENCY KIT

Do you have a personal emergency preparedness kit? yes no

If yes, please list contents and important information or instructions (e.g., emergency supply of medication, food for specific dietary needs, personal assistive equipment and batteries, emergency health and contact information, etc.):

Location of personal emergency preparedness kit:

EMERGENCY EVACUATION ROUTES

Please provide a step-by-step description of the **primary** accessible evacuation route for your workplace, noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan, and identify meeting location.

Describe an **alternative** evacuation route/Area of Safe Refuge (AOSR) at your workplace noting any accessibility accommodations required. Where applicable, attach site map/fire safety plan and identify meeting location.

EMERGENCY ASSISTANCE NETWORK

A minimum of 2 people are recommended for the Emergency Assistance Network as well as back up alternates. An employee requiring an emergency response plan should be involved in selecting those who will be notified to assist during an emergency.

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

Name:

School/Dept:

Contact Info:

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ACKNOWLEDGEMENT AND AUTHORIZATION

Reason for review: new hire change in workplace location change in employee's condition

Principal/Manager Signature

Date

I acknowledge that the information contained on this form is accurate and hereby authorize The Protestant Separate School Board of the Town of Penetanguishene to release applicable personal information contained within my Employee Individual Emergency Response Plan to designated individuals within my Emergency Assistance Network and to emergency/first responders in the event of a workplace emergency.

Employee Signature

Date

Important: Attach a copy of this completed form to the School's Emergency Evacuation Plan.

Notice of Collection

All personal information collected on this form and on any attachments will be used only for emergency purposes and will remain confidential subject to the *Municipal Freedom of Information and Protection of Privacy Act*.