ACCOMMODATION FOR EMPLOYEES WITH A DISABILITY

1 PURPOSE

1. To provide personalized accommodation for employees with disabilities.

2. To outline the roles and responsibilities of individuals in the accommodation process.

3. To outline the steps involved in developing personalized accommodation plans for employees with disabilities.

2 DEFINITIONS

Disability is defined by the Ontario Human Rights Code as follows:

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.

Reasonable Accommodation for the purpose of this process, which is considered to the point of undue hardship, reasonable accommodation is the removal or alleviation of barriers that prevent an otherwise capable individual from participating equally in the workplace because of a disability. For the purpose of this document, “reasonable accommodation” and “accommodation” are used interchangeably.

Undue Hardship: The point at which, having regard to all of the relevant circumstances, providing an employee with accommodation is outweighed by financial and/or institutional costs, the impact on the employee’s health and safety considerations, and/or other relevant factors involved in providing the accommodation.
3 COMMITMENT

Matrix Solutions Inc. is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner, and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act and the Ontario Human Rights Code. It is our firm conviction that our culture values diversity and inclusivity, as it is critical to the success of our business. Our commitment involves creating and sustaining an environment wherein unique differences are valued and employees are empowered to contribute to their full potential in achieving superior business results. Our philosophy extends to all stakeholders including employees, suppliers, and customers.

4 APPROACH

4.1 General Considerations

• Each employee who requires workplace accommodation for a disability will be considered individually and on a case-by-case basis when determining reasonable accommodation measures. In order to ensure that requests are effectively responded to, there may be some variation in the extent to which each step is outlined and applied throughout this procedure.

• The principles of dignity, individualization, inclusion, and full participation will be applied throughout the entire accommodation process. All parties share in the responsibility to engage in meaningful dialogue and to work together respectfully towards accommodation solutions.

Step 1: Recognize the Need for Accommodation

The need for accommodation can be identified in a number of ways, including, but not limited to the following:

• as requested by the employee through notification to his or her Team Lead or Human Resources
• for an employee returning to work after illness or injury
• as identified by a health care provider or another qualified party

Step 2: Gather Relevant Information and Assess Needs

While Matrix does not require details about the nature of the employee’s disability, in order to provide an accommodation, we need to know what specific equipment or accommodations are required to enable the employee to perform their work. For this reason, the employee is an active participant in the information gathering and needs assessment process as follows:

• The employee and his or her Team Lead evaluate potential options to find the most appropriate measure.

• A functional capacity assessment may be required at Matrix’s expense.
• An external expert may be involved, at Matrix’s expense.

• Human Resources and/or the Health and Safety team may be required to provide input, information, support, and assistance as required throughout the accommodation process.

• Matrix will determine the most economical plan that will satisfy the employee’s requirements.

**Step 3: Agree to a Formal, Individual Accommodation Plan**

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

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

The employee’s personal information will be kept private and will be protected at all times.

If Matrix denies an accommodation, the reasons for the denial will be provided to the employee in writing.

**Step 4: Implement, Monitor, and Review Accommodation Plan**

The employee and his or her Team Lead will monitor the accommodation to ensure that it has effectively resolved the barrier to full employment.

• Formal reviews will occur on a regular schedule, annually at a minimum.

• The accommodation plan will be reviewed if the employee’s work location or position changes.

• The accommodation plan will be reviewed if the nature of the employee’s disability changes.

• Human Resources may request updated medical information on a periodic basis to support ongoing accommodations.

If the accommodation is no longer necessary, the employee and their Team Lead can work together to gather information and reassess the employee’s needs in order for Matrix to find the best accommodation measure (Step 2).

**4.2 Medical Documentation**

A request for accommodation must be supported by appropriate medical documentation. Such documentation must confirm that the employee has a disability that limits his or her ability to do their job or otherwise participate fully in the workplace, outline the specific accommodations required, and the duration of the accommodation. It is recognized that there may be some clear cases where medical documentation would not be required and Human Resources will assist with this determination.
## APPENDIX A  WORKPLACE EMERGENCY RESPONSE INFORMATION PLAN

Employee’s Name _________________________________ Date: _________________________

<table>
<thead>
<tr>
<th>Rescue Assistance</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>Do you require evacuation assistance to exit the building?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>If yes, identify what specific assistance will be required:</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Assistance (if required)</th>
<th>Name</th>
<th>Phone Number</th>
<th>Email</th>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Service Animal</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use a service animal?</td>
<td></td>
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</table>

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<tr>
<th>Other Types of Emergency Requirements</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tr>
<td>Are there any other measures that could be introduced in the event of an emergency?</td>
<td></td>
<td></td>
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<td>If yes, please identify:</td>
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I consent to have my personalized emergency workplace response information shared with the person(s) identified, __________________ to provide me with assistance in the event of an emergency.

_______________________________________  _______________________________________
Employee’s Signature  Team Lead or VP Signature
**APPENDIX B  INDIVIDUAL ACCOMMODATION PLAN**

Please attach medical documentation to support your request.

Employee’s Name ________________________________ Date: _________________________

Employee’s Title______________________________ Team Lead/VP: ____________________

<table>
<thead>
<tr>
<th>Limitations</th>
<th>Job-related tasks/activities affected by limitations</th>
<th>Is this an essential job requirement?</th>
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<tr>
<td></td>
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Comments or notes from a Medical Doctor to support the personal accommodation plan

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Accommodation measures implemented from: [enter start date] to [enter end date].

The next review of this accommodation plan will occur on [enter review date].

<table>
<thead>
<tr>
<th>Which job requirements and related tasks require accommodation?</th>
<th>What are the objectives of the accommodation (i.e. what must the accommodation do to be successful)?</th>
<th>What accommodation strategies/tools have been selected to facilitate this task/activity?</th>
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**Roles and Responsibilities**

<table>
<thead>
<tr>
<th>Outstanding actions to implement accommodation</th>
<th>Assigned to</th>
<th>Due date</th>
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_______________________________________  _______________________________________
Employee’s Signature  Team Lead or VP Signature