



# POLICY

<b>POLICY SECTION</b> Organization	<b>POLICY NAME</b> Integrated Accessibility	<b>POLICY SECTION</b> L-ORG203
<b>SUBSECTION</b> General Policies	<b>RESPONSIBILITY</b> Chief Administrative Officer	<b>APPROVED BY</b> CEO And Chair of the Board
<b>EFFECTIVE/REVISED DATE</b> June 2020	<b>LAST DATE REVIEWED:</b> June 2021	<b>NEXT REVIEW DATE</b> June 2022

## POLICY

Lumenus Community Services (“Lumenus”) is committed to ensuring equal access and participation for people with disabilities. We are committed to treating people with disabilities in a way that allows them to maintain their dignity and independence. We believe in integration and we are committed to meeting the needs of people with disabilities in a timely manner. We will do so by removing and preventing barriers to accessibility and by meeting our accessibility requirements under the Accessibility for Ontarians with Disabilities Act and Ontario’s accessibility legislation.

## PROCEDURE

These procedures apply to all members of the public and to workers at Lumenus including employees, students, volunteers and contractors.

### Documentation to be Made Available

This Policy shall be made available upon request. Notification of same shall be posted on Lumenus website and at a conspicuous place at each premise to which this Policy applies.

### Information & Communications

Lumenus will strive to communicate with all persons in a manner that is accessible and that takes a disability into account. Upon request, Lumenus will provide communications in accessible formats to individuals with disabilities. This commitment applies to any materials or documents produced by Lumenus or on behalf of Lumenus for release to the public or to the person to whom the information pertains.

It does not apply to unconvertible information or information that Lumenus does not control directly or indirectly through a contractual relationship.

We will also meet internationally-recognized web content accessibility requirements in accordance with Ontario’s accessibility laws.



Requests for an accessible format or communication support can be received by any staff in person, by telephone, in writing, or via email. Upon receipt of a request, staff will complete the **request form (Appendix A)** which is to be forwarded to Human Resources for record-keeping purposes only. The person's request is to be responded to by the appropriate staff, who will consult with them to provide or make arrangements to provide accessible formats and communication supports:

- In a timely manner;
- In a manner that takes into account the person's accessibility needs; and
- At a cost that is no more than the regular cost charged to other persons.

If a staff member determines that information is unconvertible, they shall, in consultation with Human Resources, provide the person requesting the information or communication with:

- A written explanation as to why the information or communications are unconvertible; and,
- A summary of the unconvertible information or communication.

The timeframe for the conversion process of a document into an accessible format, or the provision of a communication support, can vary depending on the media chosen, the size, complexity, quality of source documents and the number of documents to be converted. The information requested shall be provided in a timely manner depending on the factors noted above.

## **Assistive Devices**

*Persons with a disability are permitted, where possible, to use their own Assistive Device when on our premises for the purposes of obtaining, using or benefiting from our services. If there is a physical, technological or other type of barrier that prevents the use of an Assistive Device on our premises we will first endeavour to remove that barrier. If we are not able to remove the barrier we will ask the person how they can be accommodated and what alternative methods of service would be more accessible to them. Lumenus will make reasonable best efforts to provide an alternative means of assistance to the person with a disability.*

## **Service Animals**

*Persons with a disability may enter premises owned and/or operated by Lumenus accompanied by a Service Animal, and keep the Service Animal with them, if the public has access to such premises and the Service Animal is not otherwise excluded by law. If a service animal must be excluded, we explain to our client/customer why this is the case and explore alternative ways to meet the customer's needs.*

## **Support Persons**

A person with a disability may enter premises owned and/or operated by Lumenus with a Support Person and have access to the Support Person while on the premises, if the public has access to such premises. Lumenus may require a person with a disability to be accompanied by a Support Person where it is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.



## **Notice of Temporary Disruptions**

If there is a planned or unexpected disruption of a facility or service, Lumenus will post a notice at the entrance of the applicable premises and on the home page of the Lumenus website. The notice will include the following information:

- That a facility or service is unavailable;
- The anticipated duration of the disruption;
- The reason for the disruption;
- Alternative facilities or services, if available.

## **Design of Public Spaces**

Lumenus is committed to providing programs and services that are accessible to persons with disabilities. We will meet accessibility laws when building or making major changes to our public spaces.

## **Procurement**

Lumenus will incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities. If it is not possible and practical to do so, we will provide an explanation upon request.

## **Training**

Lumenus will provide training for its employees, volunteers, students and contractors regarding the Ontario's accessibility laws and the [Ontario Human Rights Code](#) as they pertain to individuals with disabilities. Training will also be provided to individuals who are responsible for developing Lumenus' policies, and all other persons who provide goods, services or facilities on behalf of Lumenus.

Training will be provided on an ongoing basis to new employees and as changes to Lumenus' accessibility policies occur.

HR will maintain records on the training provided, when it was provided and the number of employees that were trained.

## **Recruitment, Assessment and Selection**

Lumenus will include accessibility statements on its website, job postings and employment letters to make employees and the public aware of the availability of accommodation for job applicants who have disabilities. The statements will inform applicants that these accommodations are available, upon request, for the interview process and for other candidate selection methods. Where an accommodation is requested, Lumenus will consult with the applicant and provide or arrange for suitable accommodation wherever possible.



Successful applicants will be made aware of Lumenus' policies and supports for accommodating people with disabilities.

### **Accessible Formats and Communication Supports for Employees**

Lumenus will ensure that employees are aware of our policies for employees with disabilities and any changes to these policies as they occur. If an employee with a disability requests it, Lumenus will provide or arrange for the provision of accessible formats and communication supports for the following:

- Information needed in order to perform their job; and
- Information that is generally available to all employees in the workplace.

Lumenus will consult with the employee making the request to determine the best way to provide the accessible format or communication support.

### **Performance Management and Career Development and Advancement**

Lumenus will consider the accessibility needs of employees with disabilities when implementing performance management processes, or when offering career development or advancement opportunities.

### **Workplace Emergency Response Information**

Where required, Lumenus will create individual workplace emergency response information for employees with disabilities. This information will take into account the unique challenges created by the individual's disability and the physical nature of the workplace, and will be created in consultation with the employee.

This information will be reviewed when:

- The employee moves to a different physical location in the organization;
- The employee's overall accommodation needs or plans are reviewed; and/or
- Lumenus reviews general emergency response policies.

Reference: Individual Emergency Plan Form (Appendix B)

### **Documented Individual Accommodation Plans**

Lumenus has a process for documenting individual accommodation plans for employees with disabilities and a policy on Accommodation as well as a Request for Accommodation form. The Individual Medical Accommodation Plan is in Appendix C.

### **Return to Work**

Lumenus has a return to work process for employees who are absent from work due to a disability and require disability-related accommodation(s) in order to return to work. The Accommodation policy and Request for Accommodation form are available to all staff on the L drive.



## Redeployment

The accessibility needs of employees with disabilities will be taken into account in the event of redeployment.

## Receiving and Responding to Feedback

Lumenus welcomes and appreciates receiving and responding to feedback regarding this policy and its implementation. Feedback can be provided by telephone, electronically via email, in writing or in person to any supervisor or manager who, in turn, will review the feedback and any required changes with the Strategic Director of HR. The supervisor/manager and the Strategic Director of HR will review the feedback and determine the response which is to be communicated back to the individual within 10 business days. The Strategic Director of HR will ensure that the feedback and response is documented and that records are maintained for 12 months.

## DEFINITIONS

**Accessible Formats:** May include, but are not limited to, large print, recorded audio and electronic formats, braille and other formats usable by persons with disabilities.

**Career Development and Advancement:** Includes providing additional responsibilities within an employee's current position and the movement of an employee from one job to another in an organization that may be higher in pay, provide greater responsibility or be at a higher level in the organization or any combination of them and, for both additional responsibilities and employee movement, is usually based on merit or seniority, or a combination of them.

**Communication Supports:** May include, but are not limited to, captioning, alternative and augmentative communication supports, plain language, sign language and other supports that facilitate effective communications.

**Disability:** 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 coordination, 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.

A condition of mental impairment or a developmental disability.

A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language.

A mental disorder.

An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.



**Appendix A**

**Request for Lumenus Documentation in an Accessible Format or with Communication Support**

*To be completed by the requester*

Personal Information	
FIRST NAME	
LAST NAME	

Address	
STREET	
CITY	
POSTAL CODE	

Contact Information	
PHONE NUMBER	
EMAIL ADDRESS	
COMMUNICATION PREFERRED	English <input type="checkbox"/> French <input type="checkbox"/> <i>(check one)</i>

Document Information	
NAME OF DOCUMENT or	
NAME AND DATE OF EVENT	

Description of Accessible Format or Communication Support being requested

Office use only	
Request Submitted to (name)	
Request received on (date)	
To be responded to by (date)	



## Appendix B

### Workplace Emergency Response Plan – Request for Assistance *To be completed by the requester*

Personal Information	
FIRST NAME	
LAST NAME	
TITLE	

Workplace Address	
STREET ADDRESS	
TYPE OF WORK LOCATION (eg, school classroom, office)	
OTHER DETAILS (eg, elevators, stairs, accessibility information)	

Contact Information	
PHONE NUMBER	
EMAIL ADDRESS	
COMMUNICATION PREFERRED IN	English <input type="checkbox"/> French <input type="checkbox"/> <i>(check one)</i>

Description of Assistance Required in the Event of an Emergency

Details of Planned Assistance in the Event of an Emergency:

Office use only	
Request Submitted to (name)	
Request received on (date)	
To be responded to by (date)	



## Appendix C

### Individual Medical Accommodation Plan

This form is intended to be used in conjunction with the Accommodation Policy to accommodate an employee in returning to their full duties and/or in developing a plan to support an employee's medical accommodation requirements.

This Plan should be completed by the employee and their Manager, in conjunction with Human Resources.

<b>DATE:</b>	
<b>EMPLOYEE NAME:</b>	
<b>POSITION/PROGRAM:</b>	
<b>WORK LOCATION:</b>	
<b>SUPERVISOR/MANAGER:</b>	

#### Description of Accommodation Requested:

#### Has medical documentation been supplied? (eg, note from medical professional, Functional Abilities Form, etc)

#### Estimated Timeframe for Requested Accommodation:

#### Details of Agreed-Upon Plan to Accommodate Employee:

#### Next Review Date:





**ACKNOWLEDGEMENT:**

This plan is intended to accommodate the employee's medical accommodation requirements and will be reviewed regularly and amended as necessary to ensure a progressive and safe return to full duties.

Signature: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Supervisor/Manager: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_  
HR Manager: \_\_\_\_\_ Date \_\_\_\_\_

