

 <p><b>MILLER WASTE SYSTEMS INC.</b> <b>Corporate Policies and Procedures</b></p>	<p><b>PAGES:</b> 1 of 7</p> <p><b>ISSUE DATE:</b> Aug 2016</p> <p><b>REVIEWED:</b> January 2021</p>	<p><b>POLICY NUMBER:</b> HR-20 Rev 1</p> <p><b>REPLACES POLICY:</b> N/A</p>
<p><b>SUBJECT:</b> Human Resources – Individual Accommodation Program <b>DISTRIBUTION:</b> All Locations</p>	<p><b>ISSUED AND APPROVED BY:</b> Blair McArthur, CEO</p>	

## 1. PURPOSE

At Miller Waste Systems Inc. (referred to as MWSI or the “Company”) is committed to treating all people in a way that allows them to maintain their dignity and independence. MWSI believes in integration and equal opportunity. We are committed to meeting the accommodation needs of employees with disabilities in a timely manner, and will do so by meeting accommodation requirements under the Ontario *Human Rights Code* (“Code”), by meeting accessibility requirements under the *Accessibility for Ontarians with Disabilities Act, 2005* (“AODA”), and by meeting health and safety obligations under the *Occupational Health and Safety Act* (“OHSA”).

The purpose of this policy is to set out the process for how MWSI will respond to the individual accommodation needs of each of our employees through the development of documented individual accommodation plans. This policy applies regardless of whether the employee’s disability arises as a result of a non-workplace injury or illness; however, where the employee’s disability relates to a workplace injury or illness, modified work may also be provided pursuant to the Company’s Return to Work Program.

## 2. ROLES AND RESPONSIBILITIES

### 2.1 Employees

- Informing the Company promptly, with appropriate medical documentation, once a need for accommodation arises on account of a disability
- Taking all reasonable steps to ensure that the Company promptly receives all of the necessary information from the employee’s treating physician (or other specialist) so that delays in the accommodation process can be avoided
- Providing updated medical information, on a regular and timely basis, relating to any ongoing accommodation, including any change to or lifting of medically-based restrictions
- Cooperating in all aspects of the accommodation process
- Assisting in finding suitable employment that is available and consistent with the worker’s skills and functional abilities

- Performing only those tasks that have been approved to be performed, as cited by the respective medical practitioner or health professional, and as outlined in the employee's individual accommodation plan

## 2.2 **Managers & Supervisors**

- Promptly inform Human Resources / Managers of any employee requests for accommodation on account of a disability
- Forward to Human Resources all medical documentation provided by an employee in support of a request or need for accommodation
- Ensure an employee is only tasked with and performing those tasks that have been approved and which are set out in the employee's individual accommodation plan
- Facilitate the provision of temporary modified duties, where appropriate

## 2.3 **Human Resources**

- Receiving and responding to any employee requests for accommodation on account of disability
- Ensuring the confidentiality and privacy of the worker is maintained
- Reviewing any medical information for completeness, and working with the employee to address any deficiencies
- Identifying appropriate workplace accommodation and developing an individual accommodation plan for each employee requesting accommodation
- Providing a copy of an employee's individual accommodation plan to all necessary parties, including the employee, workplace representative, supervisor and manager
- Tracking and monitoring each employee's individual accommodation plan
- Updating an employee's individual accommodation plan whenever the employee's needs or restrictions change

## 3. **MANAGEMENT REVIEW**

Miller Waste Systems Inc. will review the Individual Accommodation Program on an annual basis, to evaluate the program's effectiveness, to measure the corporate performance in managing employee accommodations, and to ensure the program continues to meet the regulatory and legislative requirements. Individual Accommodation Program evaluation will be reviewed as part of the respective Management Review(s) (see Management Review Policy). An Individual Accommodation Program self-assessment can be used as part of that review.

## 4. **CONFIDENTIALITY AND PROTECTION OF PRIVACY**

The privacy and confidentiality of the worker has to be assured at all times. Documentation and discussion(s) surrounding the issue of accommodation are to be secured and maintained in a confidential manner. All medical documentation pertaining to an employee's accommodation needs are to be securing kept by Human Resources. An employee's documented individual accommodation plan shall not include any confidential medical information (except as otherwise reasonably necessary to facilitate the employee's accommodation, and then only with the employee's consent), and shall only identify the nature of the employee's disability, the specific medically-based restrictions, and any other information reasonably necessary to effect appropriate accommodation.

## 5. PROCEDURE

The following steps are to be taken for any employee requesting or requiring accommodation on account of a disability:

### A. Employee Request for Accommodation

1. Where an employee requires accommodation on account of a disability, the employee shall bring this to the attention of the employee's supervisor, manager and/or human resources as soon as possible, and no later than:
  - (a) Immediately, where the need for accommodation comes to the employee's attention during the course of a shift; or
  - (b) At the start of the employee's next scheduled shift, where the need for accommodation comes to the employee's attention after hours.
2. Unless otherwise impractical or unreasonable to do so, all employee requests for accommodation shall be accompanied by appropriate documentation from the employee's treating physician.
3. If an employee's need for accommodation comes to the employee's attention due to a sudden event, incident or change in circumstances, such that the employee is unable to secure medical documentation from the employee's treating physician (or other specialist) before returning to work:
  - (a) The employee shall immediately (or at the start of the next shift, as appropriate) provide his or her supervisor, manager and/or human resources with any detailed information available to the employee relating to the nature and scope of the employee's medically-based restrictions. The employee should complete an *Employee Self-Report* form.
  - (b) The information shall be provided **in writing** and **shall contain sufficient details** so as to permit the Company to assess appropriate temporary modified work, including:
    - (i) Any physical or other restrictions known to the employee;
    - (ii) Date on which the restrictions first presented;
    - (iii) Date(s) on which the employee sought medical treatment, if any;
    - (iv) Most recent date on which the employee was assessed by the employee's treating physician (or other specialist) relating to the present request for accommodation; and
    - (v) Next date on which the employee anticipates being assessed by his or her treating physician (or other specialist).
  - (c) By the end of the **next business day** (regardless of whether the employee is scheduled to work), the employee shall inform Human Resources, **in writing**, of the date on which the employee is scheduled to be medically assessed by the employee's treating physician (or other specialist). All appointments must be scheduled at the earliest possible date.
4. In all other cases, the employee shall provide medical documentation from the employee's treating physician (or other specialist) at the commencement of the next scheduled shift, and before performing any work.
5. All documentation, including medical documentation, relating to an employee's request for accommodation, shall be promptly forwarded to Human Resources.

## **B. Temporary Modified Duties**

1. Upon receipt of a request for accommodation, Human Resources will determine if it is appropriate in the circumstances to provide temporary modified duties pending receipt of appropriate medical documentation from the employee's treating physician (or other specialist), or whether it is necessary to keep the employee off of work pending receipt.
2. If deemed appropriate, modified duties shall be made available to the employee for up to five (5) days without supporting medical documentation from the employee's treating physician (or other specialist). A further five (5) day extension may be provided, at the discretion of Human Resources, in exceptional circumstances.
3. Any temporary modified duties shall be appropriate to the circumstances, including:
  - (a) Nature of the restrictions identified by the employee;
  - (b) Existing individual accommodation plan, if any;
  - (c) Existing modified duties, if any;
  - (d) Nature and amount of modified duties available; and
  - (e) Any other relevant considerations.
4. To protect the health and safety of all employees, and others, and to permit the Company to maintain efficient business operations, any employee seeking accommodation on account of a disability who fails to produce appropriate medical documentation from his or her treating physician (or other specialist) within the timelines set out in this Policy, may be kept off of work until the information is provided. Human Resources maintains the discretion to extend any timelines, if appropriate in exceptional circumstances.

## **C. Medical Documentation**

1. Medical documentation provided in support of a request for accommodation shall be prepared by the employee's treating physician, or other specialist, and shall include, but is not necessarily limited to, the following:
  - (a) Brief description of the nature of the disability requiring accommodation (specific diagnosis not required);
  - (b) Full details of any and all medically-based limitations;
  - (c) Expected duration of each limitation;
  - (d) Prognosis for recovery, including estimated date (if there is one) on which each limitation is expected to be lifted or adjusted;
  - (e) Confirmation of whether the employee is undergoing a treatment plan, and whether any material changes to the treatment plan have been made or are anticipated (specific details of the treatment plan are not required, unless otherwise needed in order to provide appropriate accommodation); and
  - (f) Next scheduled date on which the employee will be re-assessed by their treating physician (or other specialist).
2. Any medical documentation provided in support of an accommodation request shall be reviewed by Human Resources to ensure its sufficiency and completeness. Any deficiencies in the medical information will be brought to the attention of the employee.
3. It is the employee's responsibility to ensure the Company has all of the information necessary to permit a meaningful search for appropriate accommodation.
4. In the event Human Resources determines that evaluation by an outside medical or other expert is required in order to assist the Company in determining if accommodation can be achieved and/or how accommodation might be achieved, the employee shall first be provided with the opportunity to obtain the requisite information from the employee's

treating physician (or other specialist). If an outside medical or other expert is engaged at the Company's request, this shall be at the Company's expense.

5. All medical documentation pertaining to an employee's accommodation needs shall be securely kept by Human Resources.

#### **D. Development of Individual Accommodation Plan**

1. Human Resources will identify all of the medically-based restrictions and limitations by reviewing the medical documentation provided by the employee's treating physician (or other specialist), as well as any other medical information provided by an outside medical or other expert.
2. Human Resources, in conjunction with the employee's Supervisor, Manager and other members of senior management (e.g. Operations Manager), as appropriate, will review the Company's operations to determine what accommodations may be available which would satisfy the identified restrictions. In conducting this assessment, priority will be given to accommodating the employee into their **existing position**, with or without modifications, including job assistance (such as having an employee assist with certain tasks), removing or modifying certain duties, and/or doing an ergonomic assessment.
3. If it is determined that reasonable accommodation is not available in the employee's existing position, consideration will be given to the following, in order of priority (and with or without modifications):
  - (a) Similar positions within the same department;
  - (b) Other positions within the same department / at the same or similar rate of pay;
  - (c) Other positions on the same shift;
  - (d) Other Departments within the same Division;
  - (e) Any other available positions at Miller Waste Systems Inc and associated companies.
4. Employee requests for accommodation will be dealt with on an individual basis, having regarding to:
  - (a) Medical documentation and other relevant information on file;
  - (b) Present position; duties and responsibilities; and terms and conditions of employment;
  - (c) Employee's skill set; and
  - (d) Work that the employee might be able to perform, within their medical restrictions, with a reasonable level of training.
5. Upon identification by Human Resources, in conjunction with Management, of a position understood to be suitable and reasonable accommodation of the known medically-based restrictions and limitations, Human Resources will prepare, in writing, a proposed *Individual Accommodation Plan* specific to the employee, which will contain the following information:
  - (a) Employee name, contact information and employee number
  - (b) Date
  - (c) Detailed list of all medically-based limitations identified in the documentation provided by the treating physician or other specialist(s)
  - (d) Identification of any existing accommodations (medical or otherwise) or any modified duties, if any
  - (e) Identification of the proposed position, shift, department, supervisor/manager, including the wage rate and/or other notable aspects of the remuneration package
  - (f) Detailed list of all adjustments required to be made of the proposed position in order to provide suitable and reasonable accommodation

- (g) Next date on which the employee is scheduled to be re-assessed by the employee's treating physician or other specialist, if known. Or, alternatively, if no date scheduled (or known), the next date on which the employee is expected to provide the Company with an update on the employee's restrictions/limitations
  - (h) Date of next review
6. The employee's documented individual accommodation plan shall **not** include any other personal or confidential medical or other information (such as specific diagnosis or treatment information), unless reasonably required to effect the accommodation.

#### **E. Consultation with Employee / Workplace Representation**

1. Once suitable reasonable accommodation has been identified, Human Resources will meet with the employee to review the proposed individual accommodation plan.
2. Prior to the plan being finalized, non-union employees shall be entitled to consult with a workplace representative from the Employee Committee. Union employees shall be entitled to consult with a union representative.
3. The employee (and workplace representative, if applicable) shall have the opportunity to identify any errors, omissions or adjustments which may need to be made to the plan.
4. Although consideration will be given to any suggestions provided by the employee (or workplace representative) as to alternative ways in which the employee might be accommodated, the Company will make the final determination regarding the accommodation to be provided, so long as the accommodation is appropriate given the known medically-based restrictions/limitations.

#### **F. Implementing Individual Accommodation Plan**

1. Once finalized, the employee's individual accommodation plan shall be signed by both Human Resources and the employee. Copies of the individual accommodation plan shall be provided to the employee, the employee's supervisor / manager, and placed in the employee's file.
2. The employee shall receive a copy of their individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability.
3. Where an employee is accommodated outside of the employee's regular unit, the employee's wages and other benefits are charged back to the original unit. All day-to-day directions, scheduling, discipline and other related matters fall to the managers and supervisors of the accommodated unit.
4. Human Resources shall regularly review each employee's individual accommodation plan, by the date set out in each employee's plan, and in any event at least once per year.
5. It is expected that the employee will provide updated medical information from the employee's treating physician (or other specialist) promptly upon any of the following trigger events (even if the information merely confirms the existing limitations):
  - (a) Employee's medically-based restrictions or limitations change, whether the change is an improvement to or worsening of existing limitations, or new limitations being added;
  - (b) Employee seeks to add or remove any limitations or restrictions, or otherwise amend the individual accommodation plan;
  - (c) Employee's medical condition and/or restrictions are reassessed by his or her treating physician (or other specialist);
  - (d) Employee goes off work for medical reasons related to the disability being accommodated;

- (e) Employee submits a claim for STD, LTD, WSIB or EI disability benefits; or
  - (f) Date for employee to provide update, as set out in the individual accommodation plan, is reached.
6. In the event the employee's restrictions, limitations or medical needs change following the implementation of the individual accommodation plan, the employee shall promptly bring this information to the attention of the Company as contemplated under this Policy, and all of the necessary steps shall be followed with a view to preparing an amended individual accommodation plan.
  7. Any failure by the employee to: provide timely and adequate medical information regarding any request or amended request for accommodation; cooperate in the accommodation process; only work within the employee's stated medical restrictions; or otherwise comply with the employee's obligations under this policy may give rise to discipline, up to and including dismissal.
  8. If an employee's request for accommodation is denied for any reason, the employee shall be informed of the reason(s) for the denial. Reason(s) shall be provided in writing, or in an appropriate alternative format if needed to account for the employee's accessibility needs on account of their disability,

**6. ACCESSIBLE FORMATS**

Accessible formats of an employee's Individual Accommodation Plan are available, upon request, in a manner that takes into account an employee's needs on the basis of disability.

	<b>ACCOMMODATION REQUEST EMPLOYEE SELF REPORT</b>	<b>FORM NUMBER:</b> HR – 20/1
	<b>HUMAN RESOURCES FORM</b> <b>DISTRIBUTION:</b> All Locations	<b>PAGES:</b> 1 <b>REVISION DATE:</b> January 2021

Timely employee requested accommodation helps injured employees return to suitable job tasks as part of their recovery and rehabilitation. An Employee Self - Report Accommodation Request allows employees to request accommodation when they have not yet had reasonable opportunity to a get medical analysis from a treating physician.

Date of Request:		
<b>Employee Information</b>		
Last Name:	First Name:	Middle Initials:
Title:	Division:	Phone :
Any physical or other restrictions known to the employee:		Date on which the restrictions first presented:
		Date(s) on which employee sought medical treatment, if any:
Most recent date on which the employee was assessed by the employee's treating physician (or other specialist) relating to the present request for accommodation;		
Next date on which the employee anticipates being assessed by his or her treating physician (or other specialist).		

**Signatures (Employee, Supervisor and Other Participants – as applicable)**

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Name (please print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Other Name (please print)

\_\_\_\_\_  
Other Signature

	<h1>LETTER TO PHYSICIAN</h1>	<b>FORM NUMBER:</b> HR – 20/2
	<b>HUMAN RESOURCES FORM</b> <b>DISTRIBUTION:</b> All Locations	<b>PAGES:</b> 2 <b>REVISION DATE:</b> January 2021

Timely Physician letters help injured employees return to suitable job tasks as part of their recovery and rehabilitation. A completed physician or specialist letter progresses employees back to their regular duties in a specified time frame. The primary focus is safe and timely return to work.

Date of Letter:		
<b>Employee Information</b>		
Last Name:	First Name:	Middle Initials:
Title:	Division:	Phone :
<b>Physician/ Specialist</b>		
Name & Title:	Address:	Phone:
Brief description of the nature of the disability requiring accommodation:		
Full details of any and all medically-based limitations:		
Prognosis for recovery, including estimated date on which each limitation is expected to be lifted or adjusted:		
Confirmation of whether the employee is undergoing a treatment plan:		
If employee is undergoing a treatment plan have any material changes to the treatment plan been made or are anticipated? (specific details of the treatment plan are not required, unless otherwise needed in order to provide appropriate accommodation)		

Next scheduled date on which the employee will be re-assessed by treating physician (or other specialist):

**Signatures (Physician and Employee)**

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

	<h1>INDIVIDUAL ACCOMMODATION PLAN</h1>	<b>FORM NUMBER:</b> HR – 20/3
	<b>HUMAN RESOURCES FORM</b> <b>DISTRIBUTION:</b> All Locations	<b>PAGES:</b> 4 <b>REVISION DATE:</b> January 2021

Timely individual accommodation helps injured employees return to suitable job tasks as part of their recovery and rehabilitation. An Individual Accommodation Plan progresses employees back to their regular duties in a specified time frame. The primary focus is safe and timely return to work.

Date of Plan:		
<b>Employee Information</b>		
Last Name:	First Name:	Middle Initials:
Title:	Division:	Phone :
Essential job duties:		Non-essential job duties:
Detailed list of all medically-based limitations identified in the documentation provided by the treating physician or other specialist(s):		
Identification of any existing accommodations (medical or otherwise) or any modified duties, if any:		
Proposed position:		Shift:
Department:		Supervisor / Manager:
Wage Rate:	Hours of Work:	Location:
Detailed list of all adjustments required to be made of the proposed position in order to provide suitable and reasonable accommodation:		

Next scheduled re-assessment date, if known:	If no date scheduled, the next date on which the employee is expected to provide the Company with an update on the employee's restrictions/limitations:
Other information (personal, confidential, medical) <b>reasonably required</b> to effect the accommodation:	
Date of next review:	

Date of Plan:		
<b>Employee Information</b>		
Last Name:	First Name:	Middle Initials:
Title:	Division:	Phone :
Detailed list of all medically-based limitations identified in the documentation provided by the treating physician or other specialist(s):		
Identification of any existing accommodations (medical or otherwise) or any modified duties, if any:		
Next scheduled re-assessment date, if known:	If no date scheduled, the next date on which the employee is expected to provide the Company with an update on the employee's restrictions/limitations:	
Other information (personal, confidential, medical) <b>reasonably required</b> to effect the accommodation:		
Date of next review:		
Is reasonable accommodation available after reviewing job, department, division, company, position, and hours of work?		
Yes <input type="checkbox"/> No <input type="checkbox"/> (If No was selected proceed to next box)		
Based on present limitations, and our discussions with you, it would appear that the Company is not presently in a position to provide suitable accommodations to keep you actively employed...		
<ul style="list-style-type: none"> <li>(i) Leave of absence</li> <li>(ii) Review dates &amp; provide updated medical if any changes</li> <li>(iii) If leave reaches ____ weeks, you may be eligible for LTD, if covered</li> <li>(iv) EI disability benefits</li> <li>(v) Use of sick days / vacation days</li> <li>(vi) WSIB for any portion related to workplace injury / illness</li> </ul>		

<b>List of Job Tasks</b>	<b>Limitations/Restrictions and Accommodation (if indicated)</b>

## Expectations and Special Instructions

This plan will guide you in returning to your regular job activities by gradually increasing your duties as you recover from your injury. For example:

- At the End of Each Day – Check in with your Supervisor (or first aid attendant) to let them know how you are progressing with the Individual Accommodation Plan.
- Immediately – Contact your Supervisor if you are not progressing as per your Individual Accommodation Plan, or if you have any concerns, or are asked to perform duties not included in this Plan.

**Progression Plan:** This will detail the week-to-week progression. Note any changes in hours, duties or other accommodation for each week.

<b>Week #</b>	<b>Start Date</b> dd/mm/yyyy	<b>Additional Duties, Hours, Progression</b>	<b>Follow-Up Date</b> dd/mm/yyyy
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			

## Signatures (Employee, Supervisor and other Participants)

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Other Name (please print)

\_\_\_\_\_  
Other Signature