



**Persons With Disabilities/AODA Standards Policy**

## STATEMENT OF COMMITMENT

Nu-Brick Inc. is committed to treating all people in a manner that ensures their dignity and independence. We believe in integration and equal opportunity in all facets of our business, and we are 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 self-respect. We are dedicated to meeting the needs of people with disabilities in a timely fashion, and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act (AODA) and provincial and federal laws across Canada.

### **Objective**

To acknowledge the commitment of Nu-Brick Inc. to provide reasonable standards of service to all persons in accordance with the Accessibility for Ontarians with Disabilities Act.

### **Scope**

This policy applies to all employees, senior management and sub-contractors working for Nu-Brick Inc.

### **Policy**

Nu-Brick Inc. is committed to providing reasonable means of access in an efficient and compliant manner to persons with disabilities as defined under the Accessibility of Ontarians with Disabilities Act (AODA). Our standards of accessibility will pertain to access to goods, services and facilities under the control of u-Brick Inc.

Our company strives at all times to provide our goods and services in a way that respects the dignity and independence of people with disabilities. We are also committed to giving people with disabilities the same opportunity to access our goods and services and allowing them to benefit from the same services, in the same place and in a similar way as other customers.

Nu-Brick Inc. is committed to excellence in serving all customers inclusive of persons with disabilities; and will carry out our functions and responsibilities in the following areas:

### **Communication**

Nu-Brick Inc. will communicate with people with disabilities in ways that take into account their disability.

### **Assistive Devices and Technology**

Nu-Brick Inc. is committed to serving people with disabilities who use assistive devices or technologies, and permits the use of assistive devices and technologies designed to aid persons with disabilities while in public areas of our properties.

Any assistive technologies required by any persons with a disability will be permitted without restrictions for the use on our properties. Policy and procedural changes may be required to ensure the health and safety of all persons is protected at all times.

### **Use of Service Animals and Support Persons**

Nu-Brick Inc. is committed to welcoming people with disabilities who are accompanied by a service animal, where not excluded by law, on the parts of our premises that are open to the public and other third parties.

Nu-Brick Inc. is committed to welcoming people with disabilities who are accompanied by a support person. Any person with a disability who is accompanied by a support person will be allowed to enter Nu-Brick Inc. premises with his/her support person.

At no time will a person with a disability who is accompanied by a support person be prevented from having access to the support person while on our premises.

### **Notice of Temporary Disruption**

Nu-Brick Inc. will provide customers with notice in the event of a planned or unexpected disruption that may affect access or services usually used by people with disabilities. Reasonable measures will be taken to ensure prompt communications and corrective action as required.

Management will be responsible for providing information regarding any disruption is to staff and visitors as required. Notifications will be provided within a reasonable timeframe and must contain information including, but not limited to;

- The time, date and location of the disruption,
- The reason for the disruption of service,
- The anticipated duration of the disruption of service,
- Descriptions of temporary or alternative alternatives (where necessary or available),
- Contact information for those involved in the circumstances.

In accordance with AODA, notifications of the disruption must be posted in conspicuous areas on each floor of the buildings or properties as required. Notifications will be limited to public areas of the buildings and properties only. Senior Management will be responsible for posting notifications as required.

### **Training of Staff**

Nu-Brick Inc. will provide training to all employees, volunteers and others who deal with the public or other third parties on our behalf, and all those who are involved in the development and approvals of our policies, practices and procedures.

Training will include the following:

- Review of the purposes of the AODA.
- How to interact and communicate with people with various types of disability.
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person.
- How to use the equipment or devices that may help with the provision of goods or services to people with disabilities.
- What to do if a person with a disability is having difficulty accessing Nu-Brick Inc.'s goods and services.

Applicable staff will be trained on policies, practices and procedures that affect the way goods and services are provided to people with disabilities. Staff will also be trained on an ongoing basis when changes are made to these policies, practices and procedures. Records of training will be kept on file for each employee.

### **Feedback Process**

Nu-Brick Inc. welcomes feedback regarding the quality of service to people with disabilities in our properties. Communication, including contact phone number, mailing address, fax number and email address will be made available and posted in a conspicuous area. Senior management will review and respond to feedback within a reasonable time frame as required.

### **Format of Documents**

All documentation as required under the AODA, including all policies and procedures will be provided upon request. When providing documentation to a person with a disability, Nu-Brick Inc. will make all reasonable efforts to ensure the person's disability is taken into consideration and will provide the documentation. Documentation shall be provided in a timely manner, in a format conducive to the disability of the person receiving it.

### **Emergency Information**

The posting of notices and updated maps outlining evacuation routes and emergency exits shall be posted in conspicuous places within Nu-Brick Inc.'s premises.

- **Accessible Emergency Information**

Nu-Brick Inc. is committed to providing our customers and clients with emergency information that is both, publicly available and in an accessible way upon request.

- **Workplace Emergency Response**

When needed, Nu-Brick Inc. will provide customized individualized emergency response information to help an employee with a disability during an emergency. \*Appendix A

### **Accommodation**

Nu-Brick Inc. will take the following steps to develop and put in place a process for developing individual accommodation plans and return-to-work policies for employees that have been absent due to a disability.

- We have return-to-work policies already in place as part of our health and safety policies and procedures

### **Relevant Legislation & Applications**

*Accessibility for Ontarians with Disabilities Act, 2015, S.O. 2005, c. 11*

*Accessibility Standards for Customer Service O. Reg 429/07*

*The Ontario Human Rights Code: Policy and Guidelines on Disability and the Duty to Accommodate*

**APPENDIX A**

**Individual Emergency Evacuation Plan for Disabled Persons**

This document contains planning procedures and provisions for individuals who need assistance during an emergency.

**Instructions**

This plan is to be completed in partnership, during a meeting between the Manager or Supervisor, Employee and their Health & Safety Representative (if applicable).

Document Prepared by:		Date:	
Manager/Supervisor Signature:		Date:	
Employee Signature:		Date:	
Date this plan will be reviewed on:		Date:	

**Worker Information**

Location (Office/Factory/Jobsite):	
Employee's Name:	
Nature of assistance required: ( <b>Note:</b> does not require specific diagnosis information)	
Location of Refuge Point / Assembly Point:	
Details of additional assistance required: (Complete at the end of the assessment)	
Details of procedure individual should follow in an emergency: (Complete at the end of the assessment)	

**Workplace/Office Provisions**

Question	Answer (Please Tick)			Plan of Action
	Yes	No	N/A	
Are emergency warning devices appropriate for the individual's impairment(s) installed? (Please state this in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will warning devices ensure the individual is alerted to an emergency at all times of day in all locations while on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the individual require a device or signage, appropriate to their impairment(s), to raise the alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are any devices required to communicate with or locate the individual in an emergency? (i.e. radio,)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have the fire system and any specific provisions been serviced in line with the preservation maintenance schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a designated area provided to store or charge any special provisions? (Please state this in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a service animal required, is it familiar with the alarm and has provision been made to protect its welfare in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the individual have any personal aids or devices to evacuate themselves? (Please state this in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Means of Escape				
Question	Answer (Please Tick)			Plan of Action
	Yes	No	N/A	
Are escape routes and door frames an adequate width and height for the individual to safely use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are escape routes fitted with an adequate amount of emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are escape routes fitted with emergency exit signage that can be seen / interpreted by the individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are escape routes and exits free of anything that could obstruct or reduce the width of the route at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all exit routes lead to a place of safety inside the building (refuge point) or outside the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are travel distances to a place of safety acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are floor surfaces on escape routes and emergency staircases in good state of repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can doors and emergency exits be easily opened by the individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are handrails fitted in emergency exit staircases if required by the individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are refuge points available in the store/ mall or office that can be used? (Please state these in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can the individual be evacuated from refuge points if necessary? (Please state how in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is an evacuation elevator available to assist escape? (please note location in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the individual able to negotiate adverse external weather conditions? (i.e. snow, wind, rain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Planning				
Has the store/office emergency response plan been reviewed and updated with any recent changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the store/office contacts have up to date numbers for local contacts and emergency services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a designated meeting place been identified to wait for assistance? (Please note this in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instruction and Training				
Does the individual understand how to raise the alarm in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the individual understand where to find emergency warning device(s) / information? (Pager, braille, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the individual understand how to interpret and react to emergency sirens, beacons, device(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the individual understand how to find emergency exits and reach the assembly point from all store exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all fire wardens understand the procedures to keep the individual safe in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the staff or fire wardens require additional training? (If yes, please state this in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has this training been completed? (Please note date in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the individual require any additional training? (Please state this in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has this training been completed? (Please note the date in plan of action box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	