

# **Accessibility Plan**

# **Hôtel-Dieu Grace Healthcare**

**October 1, 2013 – September 2017**

This publication is available our Web site at [www.hdgh.org](http://www.hdgh.org)

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# 1.0 Executive Summary

## 1.1 Preamble

The Ontario government's goal is a fully accessible Ontario within 20 years. In 2001, The Ontarians with Disabilities Act (ODA) was passed. This was followed in 2005 by The Accessibility for Ontarians with Disabilities Act (AODA) and most recently by the Accessibility Standard for Customer Service, Ontario Regulation 429/07 (see Appendix 1). This Law came into force on January 1, 2008. This Ontario law is the first accessibility standard created under the authority of the AODA 2005, which the Province of Ontario had enacted on June 2005, to require the provincial government to work with the public and private sectors and the disabled community to jointly develop standards to be achieved in stages of 5 years or less. The preceding Ontarians with Disabilities Act, (ODA 2001) however remains in force until repealed. The purpose of this Act was to "improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province." This Act mandated hospitals and other identified public sector organizations to write, approve, endorse, submit, publish and communicate their accessibility plans.

Hôtel-Dieu Grace Healthcare's Accessibility Plan will cover the period from October 1, 2013 to September 30, 2016. This plan is developed with references to the Accessibility for Ontarians with Disabilities Act (AODA 2005), which builds on the ODA and whose purpose is to create an accessible Ontario by 2025 through the development of standards and enforcement mechanisms. Compliance reporting on the Customer Service Standard was completed in 2010, as required by law, and ongoing customer service standard initiatives continue. Legislated standards in the areas of Information and Communications, Employment and Transportation are combined in the Integrated Accessibility Standards Regulation (2011), and the phased-in nature of the IASR is reflected in the targets and timelines in the current multi-year plan. Finally, a preliminary plan to implement the Design of Public Spaces Standard, released in draft form by the Province of Ontario in August 2012, is included in summary form within the multi-year plan, in anticipation of this standard also becoming law in 2013.

Effective October 1, 2013, Hôtel-Dieu Grace Hospital realigned its programs and services. As of this date the corporation now named *Hôtel-Dieu Grace Healthcare* (HDGH) is responsible for post-acute care services and is currently located at 1453 Prince Road (formerly Windsor Regional Hospital – Tayfour Campus). As a result, HDGH is no longer responsible for acute care.

This is the seventh annual plan that HDGH has prepared pursuant to the Ontarians with Disabilities Act, 2001, which requires hospitals to publish such plans each year. In addition, HDGH as a designated public sector organization has the obligation to record all training including the dates on which the training is provided and the number of individuals to whom it is provided. This plan has been developed with input from staff and persons/family members with disabilities. HDGH has noted a great deal of structural improvements to address the needs of persons with disabilities. During the upcoming year, HDGH will conduct its own assessment to ensure continuing improvements and ongoing compliance. Each year, HDGH also reports on initiatives to remove and prevent barriers to persons with disabilities. An overview of these activities is provided in section 7.

## 2.0 Aim

To identify, remove and prevent barriers to people with disabilities who live, work in or use the organization, including patients and their families, staff, health care practitioners, volunteers and members of the community. This plan documents the measures Hôtel-Dieu Grace Hospital has taken during 2008-09 and describes the measures Hôtel-Dieu Grace Healthcare plans to take in 2014.

### 3.0 Definition

A “barrier” is defined as anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.<sup>1</sup>

**Architectural** and **physical** barriers are features of buildings or spaces that cause problems for people with disabilities. Examples are:

- hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker
- counters that are too high for a person of short stature
- poor lighting for people with low vision
- doorknobs that are difficult for people with arthritis to grasp
- parking spaces that are too narrow for a driver who uses a wheelchair
- telephones that are not equipped with telecommunications devices for people who are Deaf, deafened or hard of hearing

Information or **communications** barriers occur when a person can't easily understand information. Examples are:

- print is too small to read
- websites that can't be accessed by people who do are not able to use a mouse
- signs that are not clear or easily understood
- a person who talks loudly when addressing a person with a hearing impairment

**Attitudinal** barriers are those that discriminate against persons with disabilities. Examples are:

- thinking that persons with disabilities are inferior
- assuming that a person who has a speech impairment can't understand you
- a receptionist who ignores a customer in a wheelchair

**Technological** barriers occur when a technology can't be modified to support various assistive devices. An example is:

- a website that doesn't support screen-reading software

**Organizational** barriers are an organization's **policies, practices or procedures** that discriminate against persons with disabilities. Examples are:

- a hiring process that is not open to persons with disabilities
- a practice of announcing important messages over an intercom that persons with hearing impairments cannot hear clearly<sup>2</sup>

**Disability is:**

- 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

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<sup>1</sup> A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, <http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>, p. 8

<sup>2</sup> Ministry of Community and Social Services website -

[http://www.mcsc.gov.on.ca/en/mcss/programs/accessibility/understand\\_accessibility/what\\_barriers.aspx](http://www.mcsc.gov.on.ca/en/mcss/programs/accessibility/understand_accessibility/what_barriers.aspx)

- 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.<sup>3</sup>

## 4.0 Description of Hôtel-Dieu Grace Healthcare

Hôtel-Dieu Grace Healthcare, located in Windsor Ontario, plays a unique role in Windsor-Essex County as a 313 bed regional provider of non-acute care services. This includes all programs and services located at the former Windsor Regional Hospital-Tayfour Campus and includes complex continuing care, palliative care, regional rehabilitation, cardiac wellness, bariatric services, specialized mental health and addictions, and children's mental health.

Currently the hospital employs approximately 1,000 staff and more than 80 physicians have privileges at Hôtel-Dieu Grace Healthcare. The organization has approximately 200 volunteers who serve in a variety of roles. Together they proudly serve the community of Windsor-Essex County.

### *Commitment to Our Patients*

1. We respect all persons as unique and dignified regardless of race, creed or religion.
2. We are driven by the love of our neighbor to respond with empathy to each person's needs.
3. We behave in ways that generate trust, build confidence and enhance performance.
4. We manage the affairs and resources of Hôtel-Dieu Grace Hospital ethically, creatively and with accountability to achieve outstanding operational and financial performance.
5. We are valued and active partners in advancing integrated health services across the region.
6. We strive for service excellence in hospital operations and patient services through the implementation of best practices

## 5.0 Establishment of Group & Membership

Hôtel-Dieu Grace Hospital established The Accessibility Working Group (AWG) in 2002 and is committed to the philosophy of the AODA and ODA and to fulfilling the obligations under the Acts. The members of the group are drawn from a cross-section of the organization. The group reports to senior management. This group will be restructured in 2014 consistent with the realignment of programs and services that occurred October 1, 2014. The terms of reference are attached as 'Appendix 2'

The group was created to:

- a) Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities.
- b) Identify barriers that will be removed or prevented in coming year;

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<sup>3</sup>A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, <http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>, p. 8

- c) Describe how these barriers will be removed or prevented; and
- d) Prepare a plan on these activities, and after it's approved by the Chief Executive Officer, make the plan available to the public.

#### Areas Represented on the Accessibility Working Group

- Human Resources
- Program Representation
- Physical Plant
- Patient Advocacy
- Occupational Health and Safety
- Spiritual Care
- Administration
- Partnerships, Planning, Communications and Development
- Community Representation (persons with disabilities or family members)

## 6.0 Commitment to Accessibility Planning

Hôtel-Dieu Grace Healthcare is committed to building a diverse, accessible and inclusive organization that takes into account the principles of dignity, independence, integration and equality of opportunity to ensure that policies, procedures, practices, programs and services respect the rights and needs of persons with disabilities, and to doing so in close collaboration with persons with disabilities through:

- the continual improvement of access to the facilities, policies, programs, practices, and services for patients and their families, staff, health care practitioners, volunteers and members of the community
- the participation of people with disabilities in the development and/or review of its annual accessibility plans;
- ensuring hospital by-laws and policies are consistent with principles of accessibility
- the establishment/presence of an accessibility working group at the hospital

The CEO has authorized the preparation of the accessibility plan that will enable Hôtel-Dieu Grace Healthcare to meet these commitments.

It is the mission and tradition of Hôtel-Dieu Grace Healthcare to provide compassionate care in a welcoming environment, respecting the many diverse needs of our community.

## 7.0 Barrier Identification Methodologies

HDGH continues to assess and implement processes and initiatives to ensure access for persons with disabilities. The following are consulted/considered in the process:

- Patient and visitor feedback
- Employee input
- Accessibility surveys
- Consultation with representatives from community groups to ensure solutions are as sensitive as possible to their needs
- Impact of architectural and building system elements on accessibility / current building code requirements

## 7.1 Progress and Recommendations

While at the Ouellette site prior to October 1, 2013, Hôtel-Dieu Grace Hospital addressed any barriers throughout the organization focusing on:

- 1) The provision of quality services to all patients and their family members and members of the community with disabilities
- 2) The continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, physicians, volunteers and members of the community with disabilities
- 3) The participation of persons with disabilities in the development and review of its Plan The fundamental foundation for ensuring the development of an accessible environment is the development of a culture that supports barrier-free access to care and services and the establishment of corporate policies and strategies that set and maintain clear expectations and resources for barrier identification and removal.

This foundation provides the basis as we move forward as Hôtel-Grace Healthcare's new focus on post-acute care at a new location. As barriers are identified they will be prioritized and improvements to the facility will be made where technically feasible and fiscally practical. All new capital construction and renovation projects in the planning stage or currently underway will reflect HDGH'S commitment to the removal of current barriers and the prevention of future barriers.

The following identifies the methodology to be undertaken to identify/assess and prioritize barriers within HDGH:

<b>Barrier Identification methodology</b>		
<b>Methodology</b>	<b>Description</b>	<b>Status</b>
Working Group	Working Group members meet to monitor and update the Plan. They provide recommendations to Senior Management regarding processes/procedures and structural changes that may be required.	Issues are brought to the Accessibility Working Group for information and follow-up
Feedback Management System	HDGH invites feedback on accessibility through our public website through email and faxing or directly contacting the Patient Advocate. HDGH manages and documents feedback from patients, families and visitors for quality improvement purposes, including feedback about accessibility. Feedback is directed to the appropriate leader for review	Websites monitored, emails acknowledged and forwarded to most appropriate person / department for follow-up
Walk About	Initiate a tour of the facilities with staff members to identify barriers that exist through the hospital. One staff member was wheelchair bound the other had a physical disability that makes walking difficult.	Conducted annually
Internet Research	Research the web sites of groups working with persons with disabilities and the barriers that their clients face. Looked for these barriers within the hospital environment.	Ongoing
Brainstorming Exercise and Accessibility Audit	Conduct/review audit with HDGH	Conducted annually

## 7.2 Barriers Addressed since 2009

The following barriers have been addressed since 2009 up until September 30, 2013 at the Hospital on Ouellette Avenue (HDGH is no longer located at this site)

Type of Barrier	Description of Barrier	Strategy for Removal /Prevention
Physical	Revolving door - door is often out of order, requiring use of alternate door, more difficult for physically challenged clients	New main door installed with a side door for barrier free access
Physical	Renal patients have to step up or roll up a steep incline to access the weigh scale.	The weigh scale in the main Dialysis Unit has been converted to an in floor scale which is barrier free. A handrail has been provided to assist patients who are unsteady.
Physical	Renal Clinic does not have an accessible washroom	Accessible washroom within the suite is now available
Communication	Way finding is difficult and incomplete	A line has been added to direct people from the entrance to the main elevators. Additional temporary large print signs have been located throughout the facility with directions to most used locations.
Communication	Fire alarms are audible only so that hearing impaired clients are not aware of them	Investigate feasibility of installing visual alarms throughout building. As areas are renovated, install visual signals for fire alarms.
Physical	Gift shop aisle ways are too narrow for most wheelchairs	The gift shop has been relocated. The aisles are wider and the access to the cashier is barrier free.
Physical	Information desk is tall and makes it difficult to see the clerk. Its location makes it hard to find.	The information desk has been re-designed and relocated. It is not in the path of travel for easy locating plus it is lower and more accessible
Physical	Cysto preparation area is not easy to move around in and there is no barrier free washroom on the whole floor.	Cysto prep area has been enlarged and a barrier free washroom has been added
Physical	Angioplasty prep room does not have an accessible washroom.	Angioplasty prep area has been rebuilt with a barrier free washroom.
Physical	The CCU entrance doors are wide, heavy and difficult to open	The CCU entrance doors have been equipped with an electric door opener for ease of access
Physical	Admitting Area not wheelchair accessible	The new admitting area has been built barrier free and located nearer the main entrance for ease of access to patients
Physical	Change areas in mammography suite restrictive and unable to be used comfortably by those in wheelchairs or with walkers	Mammography Suite has been enlarged with new waiting room, exam room, and barrier-free change room.

Type of Barrier	Description of Barrier	Strategy for Removal /Prevention
Physical	No area for family meeting/waiting room ; need accessible space for those with disabilities etc.	A new family waiting room was built for 2 North family members that is accessible to PWD. As each area of the hospital is rebuilt the rooms are completed with accessible showers and /or washrooms. The issue is addressed in the renovation master plan.
Physical	The number of available accessible parking spots are limited and, at peak times, not enough.	Study of availability of accessible parking spots to be completed. "Staff permit parking spots" may be designated (for staff/volunteers that require proximity to crosswalk) to relieve usage of accessible parking spots for those requiring these fully accessible parking spots. The hospital parking exceeds the legal requirement for Handicap designated spaces.
Communication	Elevators do not have auditory indicators for floors for those with visual challenges	Investigate if the auditory indicators can be added to new elevators.
Communication	Public phones were not TTY accessible in lobbies/public areas	Contacted Bell Canada and had TTY devices installed at all public phone areas with appropriate signage
Communication	Patient rooms did not have access to TTY devices for those with hearing impairments	3 TTY phones were purchased and are stored in Pastoral Services where they are accessible to all patients/staff

### 7.3 Accessibility Improvement Plan 2014

As HDGH continues to provide services at a new location, staff will re-initiate processes at its new location and conduct a number of assessments to continue to work previously done by Windsor Regional Hospital at its Tayfour Campus.

Legend:			
<b>AWG</b>	Accessibility Working Group	<b>OD</b>	Organizational Development
<b>HR</b>	Human Resources	<b>OHS</b>	Occupational Health and Safety
<b>IT/CHIS</b>	Information Technology		

#### Part I – General Requirements

<b>AODA/IASR 191/11 Section 7 Compliance: Jan 1, 2014</b>	<b>ACTION PLAN</b>	<b>Timeline and Responsibility</b>
<b>7.1</b> Provide training on IASR accessibility standards and Human Rights Code  All employees, volunteers, persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization, receive training	Redevelop e-learning Training to include IASR requirements  Re-launch e-learning training to all staff  Collaborate with Volunteers to re-launch Accessibility Training using alternate methods (no access to e-learning)  Develop and launch Accessibility Communications Strategy across the organization  Re-launch Accessibility Guide Book to departments. This document will be posted on the intranet.  New employees receive 30 minutes of disability awareness education during orientation.	<b>2014 - OD</b>  <b>2014 or ASAP - OD</b>  <b>2014 or ASAP - AWG, Volunteer Services</b>  <b>2013-2017 AWG</b>  <b>2013-2017 AWG, Communications</b>  <b>2014 - OD</b>
<b>7.3</b> <b>Deliver training as soon as practicable</b>	Education activities to begin as soon as module is available and continue ongoing as required	<b>2013-2104 - OD, other</b>

7.5 Record of training	Keep current record of all training activities	2013-2014 – OD
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Part II – Information and Communication Standards

AODA/IASR 191/11 Section 11 Compliance: Jan 1, 2014	ACTION PLAN	Timeline and Responsibility
11.1 Ensure feedback processes are accessible by accessible formats and/or communication supports upon request	<p>A wide variety of options are available for people to provide feedback on accessibility</p> <ul style="list-style-type: none"> <li>• Clarify existing channels of communication for accessibility feedback, confirm contact information and streamline where possible</li> <li>• Consolidate accessibility feedback to present to accessibility AWG, track and report as required</li> <li>• Solicit feedback on accessibility through multiple channels – direct patient/family input, on line, by phone or fax, email etc</li> <li>• Consider development of an online form for persons to complete</li> </ul>	<p>2013 and ongoing</p> <p>Accessibility lead Patient Advocate Communication Other</p>
11.3 Notify the public about the availability of accessible formats and communication supports	Insert statement regarding availability of alternate formats in all communications regarding feedback processes	2014 Communications, AWG
	Audit for way finding	2014 AWG
AODA/IASR 191/11 Section 12 Compliance: Jan 1, 2014		
12.1 Provide accessible formats and communication supports for information Information in accessible formats and/or using communication supports provided: - In a timely manner that takes into account the persons accessibility needs	<p>Accessible PDFs with WCAG 2.0 Accessible PDF forms with WCAG 2.0</p> <p>Testing Phase to begin with the Accessibility guide and then to roll out to other forms</p> <p>Create a standard process for requesting</p>	<p>2014 – Communications</p> <p>2014-2015 - Communications</p> <p>2014 – AWG</p>

<p><b>due to disability and</b></p> <ul style="list-style-type: none"> <li>- <b>At a cost that is no more than the regular cost charged to other persons</b></li> </ul>	<p>alternate format, request form, online request form etc. for patients and staff</p> <p>Convert patient information and forms to Accessibility Compliant PDF format that can be used by screen readers, Braille machines; and large print formats (where feasible)</p> <p>Investigate accessibility options for non-print formats of communications (e.g. text for hearing impaired, captioning, audio captioning etc)</p>	<p>2014-2016</p> <p>2014-2017 AWG, Communications</p>
<p><b>12.2</b> <b>Consult with person requesting alternate format</b></p>	<p>Integrate consultation with the requestor into the standard process for requesting alternate format</p>	<p>Ongoing</p>
<p><b>12.3</b> <b>Notify public of availability of alternatives as they become available</b> <b>Post notices of the availability of alternate formats and communication supports on :</b></p> <ul style="list-style-type: none"> <li>- <b>Internal and External website</b></li> <li>- <b>Patient Services Directory</b></li> <li>- <b>Volunteers</b></li> <li>- <b>Signage</b></li> <li>- <b>Pamphlets</b></li> </ul>	<p>Develop messaging and integrate appropriate wording/statement for website, signage, patient services guide and other means for communication</p>	<p>2014, ASAP as developed</p>
<p><b>AODA/IASR 191/11</b> <b>Section 14</b> <b>Compliance: Jan 1, 2014 (Level A)</b> <b>Compliance: January 1, 2021 (Level AA)</b></p>		
<p><b>14.1</b> <b>Ensure Internet and Intranet websites and web content conform to WCAG 2.0 guidelines (Web Content Accessibility Guidelines at the following levels:</b></p> <ul style="list-style-type: none"> <li>- <b>New websites and web content to Level A by January 1, 2014 (14.4)</b></li> <li>- <b>All websites and web content to Level AA by January 1, 2021 (other than live captions and</b></li> </ul>	<p>Consult with external consultant for web services re WCAG compliance</p> <p>Conduct GAP analysis of current external website by evaluating current status relative to CAP 2.0 level A</p> <p>Develop ongoing plan to make any necessary changes or upgrades to ensure level A as new</p>	<p>completed</p> <p>2014 – Communications</p> <p>ongoing – Communications</p>

<b>audio descriptions (14.4)</b>	webpages are created	
	Develop plan to ensure guidelines are met while redesigning the internal website	2014
	Conduct end stage evaluation of internal and external websites once redesigned to ensure compliance	ongoing
	Determine necessary upgrades for Level AA compliance and create plan	2015-2017

Part III - Employment Standards

<b>AODA/IASR 191/11 Section 22*24, 26, and 32 Compliance: January 1, 2014 Employment Standards</b>	<b>ACTION PLAN</b>	<b>Timeline and Responsibility</b>
<p><b>Ensure availability of accommodations in recruitment, selection, hiring processes</b></p> <p><b>Consult with individual on determining necessary accommodations</b></p> <p><b>Include accessibility considerations in redeployment processes</b></p> <p><b>Provide accessible formats and communication supports for job or workplace information upon request</b></p>	<p>Develop strategy for integrating recruitment, selection and hiring processes with information concerning accommodations</p> <p>Develop process/policy for involving individual in determination of necessary accommodations</p> <p>Develop strategy for addressing accessibility considerations in redeployment processes</p> <p>Develop process for the request of workplace information in alternate format and/or with communication supports and implement</p>	2013 – ongoing - HR
<p><b>AODA/IASR 191/11 Section 25 Compliance: January 1, 2014</b></p>		

<b>25.1</b> <b>Inform employees of policies supporting employees with disabilities</b>	Develop method of informing employees of policies supporting employees with disabilities	2013 – OHS
<b>25.2</b> <b>Provide this information to new employees as soon as practicable after hiring</b>	Updated corporate orientation OHS presentation Add basic information on accommodation and return to work during orientation or through e-learning module	2013 – OHS
<b>25.3</b> <b>Provide updated information on accommodations policies to employees when changes occur</b>	Accommodation and return to work policies posted as required	2014 – OHS
<b>AODA/IASR 191/11</b> <b>Section 28</b> <b>Compliance: January 1, 2014</b>		
<b>28.1</b> <b>Develop written process for documented individual accommodation plans</b>	Review and update procedures for accommodations	2013 and ongoing – OHS
<b>28.2</b> <b>Include prescribed elements in process</b>	The above process is to include all prescribed elements	2013 and ongoing – OHS
<b>28.3</b> <b>Individual accommodations plans shall:</b> - Include an information regarding accessible formats and communications supports provided, if requested - Include individualized workplace emergency response information is required - Identify any other accommodation that is to be provided	As prescribed elements will be included as required by individual	2013 and ongoing – OHS
<b>AODA/IASR 191/11</b> <b>Section 29</b> <b>Compliance: January 1, 2014</b>		
<b>29.1</b> <b>Develop a documented return to work process</b>	Review/update return to work policy and processes as required	2013 and ongoing – OHS

<p><b>29.2</b>  <b>Include steps the employer will take to facilitate return to work and use documented individual accommodation plans</b></p>	<p>Update policy and processes as required for work and non-work return to work programs</p>	<p>2013 and ongoing – OHS</p>
<p><b>AODA/IASR 191/11</b>  <b>Section 30</b>  <b>Compliance: January 1, 2014</b></p>	<p><b>ACTION PLAN</b></p>	<p><b>Timeline and Responsibility</b></p>
<p><b>30,1</b>  <b>Include accessibility considerations in performance management processes</b></p> <p><b>The use of the performance management processes takes into account the accessibility needs of employees with disabilities, including existing accommodation plans</b></p>	<p>Review performance process and identify opportunities for integration of accessibility criteria</p> <p>Ensure that the performance tools will be available in alternate formats and/or communication support, upon request</p> <p>Develop questions(s) that ensure accessibility needs are identified and addressed in the process</p> <p>Integrate questions into the performance management tool  Integrate question into the probationary assessment</p> <p>Educate managers and supervisory around the rationale for including these questions, obligations of the employer, and articulation with accommodations pans through Occupational Health</p>	<p>October 2013 and ongoing – AWR, HR</p> <p>2014 – HR</p> <p>2013 – HR</p> <p>2014 – HR</p> <p>2013 - HR</p>
<p><b>AODA/IASR 191/11</b>  <b>Section 31</b>  <b>Compliance: January 1, 2014</b></p>		
<p><b>31.1</b>  <b>include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current</b></p>	<p>Review process and identify opportunities for integration of accessibility criteria within career development section</p>	<p>2013 and ongoing, HR</p>

<p><b>position</b></p> <p><b>The use of the performance tool will identify any barriers due to disability relative to career development and prompts discussion o accommodation or supports needed</b></p>	<p>Develop question(s) that ensure accessibility needs are identified relative to career development, including additional responsibilities/opportunities within current position</p> <p>Integrate questions into performance management tool</p>	<p>Ongoing – HR</p> <p>2014 - HR</p>
<p><b>AODA DRAFT Design of Public Spaces Standard (not yet legislated)</b></p>		
<p><b>S. 80I16, 80.22, 80.33, 80.37, 80.39-80.42</b></p> <p><b>Technical requirements outlined in the AODA Built Environment Standards (Design o Public Spaces) are met in all new construction and/r renovation, in all relevant areas including:</b></p> <ul style="list-style-type: none"> <li>- <b>Accessible parking</b></li> <li>- <b>exterior paths or travel</b></li> <li>- <b>outdoor public use eating areas</b></li> <li>- <b>service counters</b></li> <li>- <b>fixed queuing guides</b></li> <li>- <b>waiting areas maintenance</b></li> </ul>	<p>Identify stakeholders involved in development, redevelopment, design, renovation and maintenance of public spaces and share information on status of built Environment standards</p> <p>Identify and inform relevant stakeholders of proposed new standards for Accessible Parking</p> <p>New standards implemented as they are made law</p> <p>Identify current maintenance schedules for interior and exterior spaces</p> <p>Identify the need to add new maintenance as per requirements of AODA, once proposed standards are legislated</p>	<p>2012-2017 AWG</p>

## **8.0 Barriers / Processes to be addressed in 2014**

- 1) Conduct an Audit for continued identification of barriers.
- 2) Review all program areas to ensure barrier-free washrooms in all patient rooms and access to a barrier-free shower. Audit of nursing stations to ensure a two-height transaction top to service all patients.
- 3) Re-launch with mandatory e-learning program to ensure staff understand the needs of persons with disabilities.
- 4) Revise Guidebook and recirculate to staff/programs
- 5) Review web contact for compliance with WACG Level A compliance
- 6) Renew Advisory Group at new location
- 7) Review/Audit signage for way-finding to ensure accessibility requirements are met

## **9.0 Review and Monitoring Process**

Accessibility planning is an important means of improving both the safety and quality of service delivery to the populations we serve, of attracting and retaining employees, and of increasing efficiency of our operations. The Accessibility Working Group through the office of the Vice-President, of Integrated Support Services and Clinical Programs, will assume responsibility for the monitoring and evaluation of current plans and for the development of subsequent annual plans. Specifically, AWG will:

- Evaluate the previous year's results against the identified targets
- Ensure the inventory of new barriers is updated and prioritized
- Ensure implementation strategies are identified and carried out
- Ensure the plans are endorsed by Senior Management and that funds are allocated appropriately

The AWG will liaise directly with programs and departments to achieve these objectives when appropriate. The AWG will provide updates to Senior Management on a semi-annual basis. Information will be prepared and posted annually on the organization's web site for use by internal and external stakeholders where appropriate. All accessibility planning documentation and reporting will be available in alternate formats and/or with communication support, upon request.

The multi-year plan was developed for the period 2013-2017. HDGH is committed to revising the plan to include the period up to 2021 when all regulations/legislation are to be fully implemented.

## **10.0 Communication of the Plan**

The 2013-17 multi-year accessibility plan will be posted on the Internal and External websites of HDGH to:

- To publicly communicate the Accessibility Plan as required by the Ontarians with Disabilities Act.
- To share the progress the hospital is making to improve access for people with disabilities.

The multi-year accessibility plan has been produced using formatting that will facilitate conversion to alternate formats such as large font. The plan will be made available in alternate format and/or with communication support, upon request.

## ***10.1 Theme and Key messages***

### **Theme**

Hôtel-Dieu Grace Healthcare has responded to *The Ontarians with Disabilities Act* by developing its seventh Accessibility Plan. The identification and removal of barriers, be they attitudinal, physical, architectural, informational, communicational, technological, a policy or a practice is the first step in the journey of making our facility more accessible to staff, patients and the community-at-large. Accessibility for all our stakeholders is an integral part of our vision, and our values of compassion, respect for the individual, working together and of commitment to quality.

### **Key Messages**

- Accessibility Working Group has been mandated, by the Ontario Government, through the *Ontarians with Disabilities Act*, to prepare accessibility plans in consultation with people with disabilities and others, and make them public.
- An Accessibility working group has been created to identify and coordinate the removal of barriers and develop the Accessibility Plan.
- Accessibility plans will allow our organization to integrate accessibility planning into other planning cycles.
- HDGH is committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for people with disabilities.

The removal of barriers means that:

- Services, policies and procedures will meet the needs of more people
- All people, including the elderly will be better served
- More people will have access to information resources

## 11.0 Compliance with Customer Service Standards

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
1. Establish policies, practices and procedures on providing goods or services to people with disabilities.	Accomplished as laid out in the mission statements of the organization	Ongoing.
2. Set a policy on allowing people to use their own personal assistive devices to access your goods and use your services and about any other measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.	This standard is met except in certain circumstances where there may be interference with medical monitoring equipment, e.g. heart monitors and cell phones. The Accessibility Guide: Tips on interacting with people with disabilities was created in Aug. 2009	A policy directly stating that persons with a disability (PWD), need and use personal devices to access, and benefit from our services must be developed and publicized throughout HDGH by 2010.
3. Use reasonable efforts to ensure that your policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.	Accessibility awareness is improving - new employees receive 30 minutes of disability awareness education during orientation. In addition new managers receive sessions during their orientation regarding accessibility.	Education is ongoing. All employees are required to complete a mandatory e-learning module from the Accessibility Directorate of Ontario – Serve-ability Website.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.	Accessibility Guide developed to support communications	Education is ongoing. Alternative formats for information to give to PWD are being developed in areas where required to meet the individual's needs.
5. Train staff, volunteers, contractors and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.	As described above, e-learning modules and accessibility guide	Education is ongoing.

6. Train staff, volunteers, contractors and any other people who are involved in developing your policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service	As described above, e-learning modules and accessibility guide	Education is ongoing.
7. Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public, unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.	100% compliance and to be formalized in a policy	Policy has been developed
8. Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.	100% compliance	Achieved
9. Where admission fees are charged, provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.	Not applicable to our sector.	N/A
10. Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.	Education and orientation sessions support this	Education is ongoing. Policies developed that ensures when usual plans are not operating, (e.g. elevators, parking lot closures etc.) then accessible alternatives are well publicized and marked.

<p>11. Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.9</p>	<p>Website is monitored daily and questions and feedback are acknowledged and forwarded to the required individuals, departments and services. NCR Picker surveys have included questions on accessibility. Departmental surveys and feedback forms have been developed and will be distributed widely and the information is shared appropriately.</p>	<p>Ongoing</p>
<p>12. Document in writing all your policies, practices and procedures for providing accessible customer service and meet other document requirements set out in the standard.</p>	<p>ongoing review and revision</p>	<p>Completed – annual review occurs.</p>
<p>13. Notify customers that documents required under the customer service standard are available upon request.</p>	<p>This information is printed on the front page of the accessibility plan and as posted on the Web site.</p>	<p>Ongoing</p>
<p>14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person’s disability</p>	<p>Education sessions/e-learning on disability awareness and accessibility improve these outcomes.</p>	<p>Ongoing</p>

# Appendix 1

## CUSTOMER SERVICE STANDARDS

The Customer Service standard requirements that apply to all providers are as follows:

1. Establish policies, practices and procedures on providing goods or services to people with disabilities.
2. Set a policy on allowing people to use their own personal assistive devices to access your goods and use your services and about any other measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.
3. Use reasonable efforts to ensure that your policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.
5. Train staff, volunteers, contractors and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.
6. Train staff, volunteers, contractors and any other people who are involved in developing your policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.
7. Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public, unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.
8. Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.
9. Where admission fees are charged, [provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.
10. Provide notice when facilities, good or services used by people with disabilities are temporarily disrupted.
11. Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.<sup>3</sup>

***Public sector organizations and providers with 20 or more employees are further required to:***

12. Document in writing all your policies, practices and procedures that govern accessible customer service and meet other document requirements set out in the standard.

13. Notify customers that documents required under the customer service standard are available upon request.

14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person's disability.

A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001,

<http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>,

[http://www.mcsc.gov.on.ca/mcss/english/pillars/accessibilityOntario/what/AODA\\_guide.htm](http://www.mcsc.gov.on.ca/mcss/english/pillars/accessibilityOntario/what/AODA_guide.htm)

<http://209.167.40.96/page.asp?unit=cust-serv-reg&doc=guide&lang=en>

# Appendix 2

## The Accessibility Working Group Terms of Reference - Draft

### **Purpose:**

To oversee the development, review, implementation and evaluation of the organizations' Accessibility Plan

### **Functions:**

1. The Working Group will have an understanding of the organizations' facilities, by-laws, legislation, policies, programs, practices and services
2. The Working Group will have an understanding of the barriers to access issues for people with disabilities
3. The Working Group will:
  - a) Review recent initiatives and successes in identifying, removing and preventing barriers.
  - b) Identify (list or categorize) barriers that may be addressed in the coming year.
  - c) Set priorities and develop strategies to address barrier removal and prevention.
  - d) Specify how and when progress is to be monitored.
  - e) Write, approve (seek board approval), endorse, submit, publish and communicate the plan.
  - f) Review and monitor the plan.

### **Membership:**

Representation from:

- Human Resources
- Program Representation
- Physical Plant
- Patient Advocacy
- Occupational Health and Safety
- Spiritual Care
- Volunteer Services
- Administration
- Partnerships, Planning, Communications and Development
- Community Representation (persons with disabilities or family members)

Input from:

- Staff and Volunteers work groups as required
- Community members with disabilities
- Community Groups as required

**Meeting frequency:** Quarterly or at call of the Chair

**Reports to:** The Quality Council

# Appendix 3 –

## POLICY

<b>Title: ACCESSIBILITY</b>	
<b>Effective Date: January 1, 2014</b>	
<b>Last Review Date: December 4, 2013</b>	

**Note:** A printed copy of this document may not reflect the current, electronic version of Hôtel-Dieu Grace Healthcare’s Policy/Procedure. Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.

### 1. Definitions:

#### 1.1 Accessibility:

- a) The extent to which a consumer or user can obtain a good or service at the time it is needed
- b) The ease with which a facility or location can be reached from other locations
- c) The ease of contact with a person or organization.
- d) Authorization, opportunity or right to access records or retrieve information from an archive, computer system or website

#### 1.2 Barrier:

Anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, technological barrier, a policy or a practice.

#### 1.3 Disability:

- a) Any degree of physical infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limit 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 impairment, 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
- 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*.

#### 1.4 Guide Dog

Guide dog is defined in section 1 of the Blind Persons’ Rights Act and means a dog trained as a guide for a blind person and having the qualifications prescribed by the regulation.

#### 1.5 Service Animal:

An animal described in subsection 4(9) of the Accessibility Standards for Customer Service. An animal is a service animal for a person with a disability:

- a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or

- b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

#### 1.6 Support Person:

In relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods and services.

#### 1.7 Accessible Formats

Formats that may include but are not limited to large print, recorded audio and electronic formats, Braille and other formats usable by persons with disabilities

#### 1.8 Communication Supports

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.

#### 1.9 Kiosk

An interactive electronic terminal, including a point-of-sale device, intended for public use that allows users to access one or more services or products or both.

### **2.0 Purpose:**

2.1 Under the *Accessibility for Ontarians with Disabilities Act, 2005* all public sector organizations including Hôtel-Dieu Grace Healthcare (HDGH) must meet the requirements of accessibility standards established by regulation. This policy establishes the accessibility standards for customer service for HDGH, in accordance with Ontario Regulation 429/07. This policy applies to all employees, volunteers and any individual or organization that provides goods, services or facilities to the public or other third parties on behalf of HDGH.

### **3.0 Procedure:**

Hôtel-Dieu Grace Healthcare is committed to providing accessible service for its customers and patients. Health care and services will be provided in a manner that respects the dignity and independence to all patients, clients, residents and visitors. The provision of services to persons with disabilities will be integrated wherever possible. Persons with disabilities will be given an opportunity equal to that given to others, to obtain, use or benefit from the goods and services provided by and on behalf of the organization.

Documentation that describes this policy and its requirements shall be maintained on the Hôtel-Dieu Grace Healthcare's website and provided to individuals upon request in an appropriate format or with communication support.

### **4.0 Requirements:**

#### 4.1 Use of Service Animals and Support Persons at Hôtel-Dieu Grace Hospital

- a) If a person with a disability is accompanied by a guide dog or other service animal, Hôtel-Dieu Grace Healthcare will ensure that the person is permitted to enter our facility with the animal and keep the animal with him or her unless the animal is otherwise excluded. Where a service animal is excluded, HDGH will ensure that other measures are available to enable the person with a disability to obtain, use and benefit from HDGH's care and services. The Patient Advocate will assist with facilitating a mutually agreeable solution where service animals may be excluded for Health and Safety reasons.

**Note:** Refer to Appendix A for additional detail on *Service Animal Description*.

- b) If a person with a disability is accompanied by a support person, HDGH will ensure that both persons are permitted to enter the facility, and that the person with a disability is not prevented from having access to the support person. Hôtel-Dieu Grace Healthcare may require a person with a disability to

be accompanied by a support person when in the facility, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others in the facility. The office of the Patient Advocate will assist with facilitating a mutually agreeable solution where a support person may be excluded for Health and Safety reasons.

**Note:** Refer to Appendix B for additional detail on *Support Service Description*.

#### 4.2 Notice of Temporary Disruptions

- a) Hôtel-Dieu Grace Healthcare will provide notice of temporary disruptions. The notice will include information about the reason for the disruption, its anticipated duration, and a description of any alternative services. Notice will be made conspicuous and may be displayed at the location of the disruption, on the website, by telephone, in a mailing or in a pamphlet.

**Note:** Refer to Appendix C for additional detail and the “*AODA Compliance Document – Temporary Disruption Description*”.

#### 4.3 Procurement of goods, services, self-service kiosks or facilities

- a) When procuring goods, services, self-service kiosks or facilities, HDGH shall incorporate accessibility criteria and features, unless it is not feasible (practicable). If not practicable, the hospital shall provide an explanation, upon request

### 5 Information and Communication Standards Procedures

#### 5.1 Accessible Formats and Communication Supports

Except as otherwise provided by the AODA, the HDGH shall, upon request, and in consultation with the person making the request, provide or make arrangements to provide accessible formats and communication supports for persons with disabilities in accordance with the schedule set out in the AODA Integrated Standards Regulation. Accessible formats and communication supports shall be provided in a timely manner, taking into account the person’s accessibility needs and at a cost that is no more than the regular cost charged to other persons

#### 5.2 Accessible Websites and Web Content

Internet websites and web content controlled directly by the Ottawa Hospital or through a contractual relationship that allows for modification of the product shall conform to the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, at Level A and AA in accordance with the schedule set out in the AODA Integrated Accessibility Standards.

#### 5.3 Emergency Procedures, Plans and Information

Hôtel-Dieu Grace Healthcare shall provide all existing public emergency procedures, plans and public safety information, upon request in an accessible format or with appropriate communication supports in a timely manner.

### 6 Accessibility Training Policy

6.1 Every person who deals with members of the public or who participates in developing Hôtel-Dieu Grace Healthcare’s policies, practices and procedures governing the provision of goods and services to the public; including organization staff, volunteers, agents, contractors and others who provide service on behalf of the organization will receive training regarding the provision of goods and services to persons with disabilities.

6.2 The training will include the following information

- a) The purposes of the Accessibility for Ontarians with Disabilities Act
- b) How to interact and communicate with persons with various types of disabilities
- c) How to interact with persons with disabilities who use an assistive device, or require the assistance of a service animal or support person

- d) How to use equipment made available by the organization to help people with disabilities to access goods and services
- e) What to do if a person with a disability is having difficulty accessing the organization's goods and services
- f) Training will be provided to each person according to his or her needs and duties and as is practicable after he or she is assigned to the applicable duties. Training will be provided on an ongoing basis in connection with changes to policies, practices and procedures governing the provision of goods or services to persons with disabilities. A record of the dates on which training is provided and the number of individuals to whom it is provided will be maintained.

## **7 Feedback Process**

Hôtel-Dieu Grace Healthcare has a feedback process through which people with disabilities are encouraged to provide information and feedback about the goods and services they receive. Feedback can be received in a variety of ways, in person, by mail or email, by telephone, fax or otherwise.

The feedback process is promoted on the website and through other printed outreach methods. A copy of the feedback process and feedback form is available as requested.

Note: Refer to Appendix B for the *Feedback Form and Record of Accessibility Feedback Form*

## **8 Notice of availability of documents**

Hôtel-Dieu Grace Healthcare will provide the public notice of the availability of the documents, required by the Accessibility Standards for Customer Service, (O. Reg. 429/07) upon request. Notice of availability will be provided on the website and through other printed methods.

## **9 Format of documents**

Hôtel-Dieu Grace Healthcare is required, by the Accessibility for Ontarians with Disabilities Act, 2005, to give a copy of a document to a person with a disability, the organization will take into account the person's ability to access the information and will provide the document or information contained in the document in a format that meets those needs as agreed upon with the person

## **10 Employment Standards**

### **10.1 Recruitment**

Hôtel-Dieu Grace Healthcare shall post information about the availability of accommodations for applicants with disabilities in its recruitment process. Job applicants who are individually selected for an interview and/or testing shall be notified that accommodations for material to be used in the process are available, upon request. HDGH shall consult with any applicant who requests an accommodation in a manner that takes into account the applicant's disability. Successful applicants shall be notified about the hospital's policies for accommodating employees with disabilities as part of their offer of employment.

### **10.2 Employee Supports**

Hôtel-Dieu Grace Healthcare will inform employees of the policies used to support employees with disabilities, including policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability. HDGH will provide this information to new employees as soon as practicable after they begin their employment and provide updated information to all employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability.

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

Upon an employee's request, HDGH shall consult with the employee to provide or arrange for the provision of accessible formats and communication supports for: a) information that is needed in

order to perform the employee's job; and b) information that is generally available to employees in the workplace.

HDGH will consult with the employee making the request in determining the suitability of an accessible format or communication support.

#### 10.4 Workplace Emergency Response Information

If an employee's disability is such that workplace emergency response information is necessary and HDGH is aware of the need for accommodation, this information shall be provided to employees. In addition, this information shall be provided, with the employee's consent, to the person designated to provide assistance. The information shall undergo review when the employee moves to a different location, when the employee's overall accommodation needs or plans are reviewed and when HDGH reviews its general emergency response plan.

#### 10.5 Documented Individual Accommodation Plans

A written process for the development and maintenance of documented individual accommodation plans shall be developed for employees with disabilities. If requested, these plans shall include information regarding accessible formats and communications supports. If requested, the plans shall include individualized workplace emergency response information.

#### 10.6 Return to Work Process

Hôtel-Dieu Grace Healthcare shall have in place a documented return to work process for employees returning to work due to disability and requiring disability-related accommodations. This return to work process shall outline the steps that the hospital shall take to facilitate the return to work.

### 11 Responsibility and Monitoring

HDGH will assign accountability to appropriate staff for reviewing this policy annually and recommending amendments to ensure on-going compliance with regulated accessibility standards and legislated obligations.

Managers and Directors shall ensure that they and their staff are familiar with and comply with this policy.

- 12 The failure to comply with the AODA regulations can result in enforcement measures and/or financial penalties levied by the Province of Ontario. Managers and Directors shall monitor current practices to ensure compliance.

### 13 References:

Accessibility for Ontarians with Disabilities Act, 2005

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_05a11\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm)

Accessibility for Ontarians with Disabilities Act, 2005 Customer Service Standard 429/07

[http://www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws\\_src\\_regs\\_r07429\\_e.htm](http://www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07429_e.htm)

Accessibility for Ontarians with Disabilities Act, 2005. Taking a close look at the Standards: Impact and Implications. Ontario Hospital Association Conference November 17, 2008. Toronto, ON

Blind Persons' Rights Act. R.S., c. 40, s. 1

<http://www.gov.ns.ca/legislature/legc/statutes/blindper.htm>

Accessibility for Ontarians with Disabilities Act, 2005. Training Resource: Customer Service Standard 429/07.

February, 2009 <http://mcss.gov.on.ca/mcss/english/pillars/accessibilityOntario/accesson/>

## APPENDIX 1 – Service Animals Description

Service animals are used by people with many different kinds of disabilities. Examples of service animals include dogs used by people who are blind, hearing alert animals for people who are deaf, deafened or hard of hearing, and animals trained to alert an individual to an oncoming seizure and lead them to safety.

### **Purpose:**

Under the *Accessibility for Ontarians with Disabilities Act, 2005* all public sector organizations including Hôtel-Dieu Grace Healthcare must meet the requirements of accessibility standards established by regulation. This policy establishes the accessibility standards for customer service for HDGH, in accordance with Ontario Regulation 429/07. Appendix 1 applies to all employees, volunteers and contracted staff of Hôtel-Dieu Grace Healthcare.

### **Procedure:**

The requirements of the standard only apply to those areas of the premises where the public or third parties customarily have access. Service animals therefore may be denied access into places or areas where the public does not have access such as areas where food is prepared (kitchens).

If a person with a disability is accompanied by a guide dog or other service animal, Hôtel-Dieu Grace Healthcare will make every reasonable effort to ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law from the premises. The person accompanied by a service animal will be held responsible for that animal while in the facility.

The customer service standard requires a provider to ensure that a person is permitted to be accompanied by his or her guide dog or other service animal in the areas of their premises that are open to the public or to third parties. This means that HDGH will allow the animal onto their premises and allow the person with a disability to be accompanied by the animal.

There is an exception to the requirement on allowing service animals under the customer service standard and that is when another law specifically states animals must be excluded or when, by operation of another law, the animal is excluded. Below are examples of laws that exclude animals. These are meant to be examples and do not necessarily cover every situation where an animal would be excluded by law. The provision of “otherwise excluded by law” applies only to this section of the customer service standard.

i) Where food is prepared, stored or sold

Two examples of laws that specifically exclude animals are regulations under the *Health Protection and Promotion Act and the Food Safety and Quality Act, 2001*.

Ontario Regulation 56 under the Health Protection and Promotion act States that animals are not allowed in places where food is manufactured, prepared, processed, handled, served, displayed, stored, sold or offered for sale. Other types of service animals are not included in this exception.

ii) Health and safety requirements

There may be rare circumstances where, for the reasons of health and safety of another person, allowing a person with a disability to enter a premises and be accompanied by their service animal needs to be considered. In the rare situation where another person’s health and safety could be seriously impacted by the presence of a service animal on premises open to the public, the Patient Advocate will analyze all options for safely allowing the service animal. In general, people with allergies to animals are affected if they touch the animal or are in very close proximity for a lengthy period of time. Some of the options to consider may be creating distance between two individuals, eliminating in-person contact, using air purifiers and any other measures that would allow the person to use their service animal on the premises. Hôtel-

Dieu Grace Healthcare will consider all relevant actors and option in trying to find a solution that meets the needs of both individuals.

### **How do I serve someone if their animal is excluded by law?**

If a service animal is excluded by law from the premises, Hôtel-Dieu Grace Healthcare will ensure that other measures are available to enable the person with a disability to obtain, use or benefit from the healthcare provider.

The Patient Advocate may be contacted in order to assist in coming to a mutually agreeable solution that will allow the person with a disability to attain the desired outcome while respecting HDGH's goals related to safety and well-being of others.

Where an animal is excluded by law from the premises, HDGH will still take steps to make sure that healthcare services can be provided to the person with a disability. The Patient Advocate will explain to the individual why the animal is excluded and see what other arrangements can be made to provide them with healthcare or services

If the person with the service animal agrees, this might mean leaving the animal in a secure area where it is permitted by law. It might also mean offering to serve the person outside or in another location where the animal is permitted. The needs of the person with a disability must be addressed if his or her service animal is excluded.

### **How are service animals and guide dogs defined?**

Customer Service Standard – *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*

Section 4(8) – “guide dog” means a guide dog as defined in section 1 of the *Blind Persons’ Rights Act*; (“chien-guide”)

“service animal” means an animal described in subsection (9); (“animal d’assistance”)

Section 4(9) For the purposes of this section, an animal is a service animal for a person with a disability, (a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability or (b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability

*Blind Persons’ Rights Act* Section 1(1) “guide dog” means a dog trained as a guide for a blind person and having the qualifications prescribed by the regulations

A guide dog is a dog that has been trained at one of the facilities listed in Ontario Regulation 58 under the *Blind Persons’ rights Act* to act as a guide dog for people who are blind

The customer service standard’s provisions also apply to other service animals, including animals used by people with autism, mental health disabilities, those with physical or dexterity disabilities as well as others. To be considered a service animal under the standard, it must be readily apparent that the animal is being used because of a person’s disability or the person with a disability must be prepared to show a letter from a doctor or nurse confirming that it is required for reasons relating to his or her disability.

#### **i) Readily apparent**

It is “readily apparent” that an animal is a service animal when it is obvious by its appearance or by what it is doing. For example, it may be readily apparent that an animal is a service animal if it is: wearing a harness, saddle bags, a sign that identifies it as a service animal or has a certificate or identification card from a service animal training school or an identification card from the Attorney General of Ontario. It may also be readily apparent if a person is using the animal to assist him or her in doing things, such as opening doors or retrieving items.

ii) A letter from a doctor or nurse

Where an animal is not a trained guide dog and it is not readily apparent to an average, informed person that the animal is a service animal, the most responsible person may ask the person using the service animal for a letter from a doctor or nurse that says the animal is needed because of a disability. The letter need only explain that the animal is required because of a disability and does not need to identify the disability, why the animal is needed or how it is used.

If HDGH maintains a copy of the letter, it should only be kept for as long as necessary and HDGH will be mindful of the privacy issues that may arise from collecting this information and obligations it has with respect to this type of information under other applicable laws (for example, *Freedom of Information and Protection of Privacy Act*, the *Municipal Freedom of Information and Protection of Privacy Act*, the *Personal Health Information Protection Act, 2004*).

## APPENDIX 2 – Support Person Description

A support person is an individual hired or chosen by a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or with access to goods or services. Personal care needs may include, but are not limited to: physically transferring an individual from one location to another, or assisting an individual with eating or using the washroom or facilitation communication where an individual may have speech impairment. Medical needs may include, but are not limited to: monitoring an individual's health or providing medical support by being available in the event of a seizure

A support person may be a paid professional, a volunteer, a family member or a friend of the person with a disability. He or she does not necessarily need to have special training or qualifications.

### **Purpose:**

Under the *Accessibility for Ontarians with Disabilities Act, 2005* all public sector organizations including Hôtel-Dieu Grace Healthcare must meet the requirements of accessibility standards established by regulation. This policy established the accessibility standards for customer service for HDGH, in accordance with the Ontario regulation 429/07. Appendix 2 applies to all employees, volunteers and contracted staff of Hôtel-Dieu Grace Healthcare.

### **Description:**

The requirements of the standard only apply to those areas of the premises where the public or third parties customarily have access. Support persons therefore may be denied access into places or areas where the public does not have access.

Customer Service Standard – *Accessibility for Ontarians with Disabilities Act, 2005* (AODA)

*4(4) If a person with a disability is accompanied by a support person, the provider of goods or services shall ensure that both persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on the premises.*

Hôtel-Dieu Grace Hospital must allow a person with a disability to be accompanied by his or her support person while in those areas of the premises that are open to the public or other third parties.

In some cases a support person may have to agree to rules or requirements that are specific to the kinds of services provided. Where confidentiality is important because of the kinds of information discussed, the support person may be required to sign a confidentiality agreement.

Customer Service Standard – *Accessibility for Ontarians with Disabilities Act, 2005* (AODA)

*4(5) The provider of goods or services may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.*

Most providers will not encounter situations where they would require a person with a disability to be accompanied by a support person. However, in certain situations it may be necessary. This would only occur where, after consultation with the person with the disability, requiring a support person is the only means available to allow the person to be on the premises and, at the same time, fulfill the provider's obligations to protect the health or safety of the person with a disability or of others on the premises.

- (i) Accepting personal risk

People with disabilities are free to accept a reasonable risk of injury to themselves, just as others do. Different individuals will have a different tolerance for risk. Risk should be weighed against any benefit for the person with the disability

(ii) What is a health and safety risk that would require a support person?

It is not enough that the support person might help to protect health and safety; a support person must be necessary or essential to protect health and safety before you can require one, such that the risk cannot be eliminated or reduced by other means.

Any considerations on protecting health or safety should be based on specific factors and not on assumptions. Just because someone has a disability does not mean they are not capable of meeting health and safety requirements.

## **APPENDIX 3 – AODA Compliance Document – Temporary Disruption**

Customer Service Standard – *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*

*5(1) If, an order to obtain, use or benefit from a providers goods or services, persons with disabilities usually use particular facilities or services of the provider and if there is a temporary disruption in those facilities or services in whole or in part, the provider shall give notice of the disruption to the public.*

*5(2) Notice of the disruption must include information about the reason for the disruption, its anticipated duration and a description of alternatives facilities or services, if any, that are available.*

*5(3) Notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider of goods or services, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.*

### **Procedure**

Hôtel-Dieu Grace Healthcare shall provide public notice when services are temporarily unavailable or if services are expected to be temporarily unavailable in the near future. These may include, but are not limited to: elevators, accessible washrooms, amplification systems, and TTY services.

HDGH shall provide notice of all disruptions, even those that are not expected. If HDGH knows in advance that a disruption will occur, a notice must be made available in a reasonable time in advance. When a disruption occurs unexpectedly, notice must still be provided as soon as possible. Notice can be at the point of the disruption.

The notice should identify the reason for the disruption, how long it is expected to last, and what alternative facilities or services exist to allow people with disabilities to access healthcare during the disruption. If it is too difficult to post a notice on the website during an unexpected disruption, it may be handled with signs and or HDGH employees, security guards, volunteers etc. who will provide alternate directions as required. The person providing the alternative directions should be able to communicate the nature of the outage and expected duration, whenever possible. HDGH will endeavor to ensure that planned multiple accessible service disruptions do not occur at the same time.

## APPENDIX 4 – Feedback Form

### Feedback Form

We are working to improve accessibility at Hôtel-Dieu Grace Healthcare

Your feedback is important to us. Please help us continue to improve our accessibility at Hôtel-Dieu Grace Healthcare so that we may better serve our patients, clients and family members with disabilities.

1. Please tell us the date and location of your visit:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

2. When accessing our goods and services, do you use:

- a support person
- a service animal
- assistive devices (e.g. wheelchair, scooter, hearing aid, communication board, cane, etc.)
- other

3. What difficulties did you experience accessing our goods and services?

Please type or write content below.

4. What suggestions do you have to help us improve accessibility?

Please type or write content below.

5.  If you would like us to contact you to facilitate the completion of this form, please check the box and provide your contact information so that we are able to reach you.

6. Name and Contact Details (optional)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number where you can be reached (optional)

\_\_\_\_\_

# AODA Compliance Document – Hôtel-Dieu Grace Healthcare Record of Accessibility Feedback

Feedback Given To: \_\_\_\_\_

Date Feedback Received: \_\_\_\_\_

Name of Patient (Optional): \_\_\_\_\_

Issue Identified: \_\_\_\_\_

1. Patient/Family/Complainant has received a response from HDGH:

Yes  No

\_\_\_\_\_

2. Forward to the appropriate person/department within the organization:

- Quality & Patient Safety
- Risk Management
- Patient Advocate
- Communications
- Facilities Management
- Clinical Directors/Managers/Staff
- Information Services
- Volunteers
- Senior Administration
- Other

3. Summary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_