



Carleton Place & District Memorial Hospital



Accessibility Plan 2009-2016



Prepared By *"The Ontarians With
Disabilities Act"* Committee

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ONTARIANS WITH DISABILITIES ACT COMMITTEE

Providing Access for People With Disabilities Policy

1. *Executive Summary*

The purpose of the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* is 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 province. To this end, the AODA requires each hospital to prepare a multiyear accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

Carleton Place and District Memorial Hospital (CPDMH) as part of the West Ottawa Valley Network formally constituted the Accessibility Working Group in 2003. Each Network partner established a site-specific workgroup to:

- Create an annual work plan to identify measures that the hospital will take during the fiscal 12 month period to identify, remove and prevent barriers.
- Implement the approved recommendations of the Plan.
- Monitor implementation progress and report periodically to Hospital / management.
- Receive additional recommendations through employee surveys, public comment cards and other processes during the year and integrate these into the Plan.

This working group reconstituted as an individual hospital working group in 2007 and was renamed the Accessibility Committee in 2009. The plan describes: (1) the measures that CPDMH has taken in the past, and (2) the measures that CPDMH will take to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of CPDMH, including patients and their family members, staff, health care practitioners, volunteers and members of the community. In addition, it will address the requirements of the Customer Service Regulation 429/07 of the AODA.

Carleton Place & District Memorial Hospital committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of persons with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

The Accessibility Committee has identified greater than 20 accessibility barriers in which Hospital staff had significantly improved accessibility through creative adjustments to existing processes, maintenance practices and through recent renovation programs. In addition, the committee is removing and preventing barriers related to Customer Service Standards, Transportation Standards, Employment Standards, Built Environment, Information and Communication Standards and General Integrated Standards.

Opportunities for further improvement remain. Many of these require long term planning and capital development or funding opportunities will be addressed through the Hospital's planned redevelopment program.

2. Hospital Commitment to Accessibility Planning

Carleton Place and District Memorial Hospital is committed to:

- Our values of Accessible Services
- An accessibility policy implemented to affirm and protect the right to health care and treatment that is compassionate, accessible, consistent and respectful
- The establishment of an Accessibility Committee at the hospital
- Ensuring hospital by-laws and policies are compliant with accessibility standards
- The continuous improvement of access to facilities, policies, programs, practice and services for patients and their family members, staff, health care practitioners, volunteers and members of the community regardless of disability
- Continuous improvement of its accessibility plan through comprehensive annual reviews, periodic staff and patient surveys and the participation of people with disabilities through individual review of the Plan

The purpose of the *Accessibility for Ontarians with Disabilities Act (AODA)* is 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 (AODA 2005) “. The purpose of the AODA is accessibility for all by 2025 through the development of standards and enforcement mechanisms.

To fulfill this purpose, Carleton Place and District Memorial Hospital has created a multiyear Accessibility Plan to improve access to patient care in a consistent manner throughout the organization and to ensure compliance with legislation.

3. Goals

This plan describes the measures that Carleton Place and District Memorial Hospital has taken in the past and the measures the hospital will take during each year to:

- Identify, remove and prevent barriers to people with disabilities who live, who work in or use the Hospital, including patients and their family members, staff, health care providers, volunteers and members of the community.
- Respond to a core value of accessibility and dignity by ensuring that accessibility is integrated throughout all operational plans, policies and practices so that the needs of individuals with disabilities will be advocated and accommodated.
- Address accessibility by integrating accessibility criteria into annual capital planning and future Redevelopment Plans (contingent upon Ministry of Health & Long Term Care funding).
- Continuously improve accessibility plans through annual reviews, periodic staff and client surveys and the engagement of people with disabilities in the planning process.

4. Definitions

Within this document, the term:

“Barrier” means:

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 altitude or a communication barrier, a policy or practice.

“Disability” means:

- 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 coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a service 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, (“handicap”).

5. Objectives

This Plan:

- 1. Describes the process by which the CPDMH will identify current barriers to people with disabilities.
- 2. Reviews recent successful efforts to remove and prevent barriers to people with disabilities.
- 3. Lists the by-laws, policies, programs, practices and services that CPDMH will review in the coming year to improve accessibility for people with disabilities.
- 4. Describes the measures the Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- 5. Details a multiyear plan
- 6. Describes how the Hospital will make this accessibility plan available to the public.
- 7. Will be reviewed and revised at least once every 5 years.

6. Description of Carleton Place and District Memorial Hospital Services

The Carleton Place and District Memorial Hospital is a 22 bed community hospital providing primary emergency, surgical, diagnostic, ambulatory and inpatient services to the community of Carleton Place and surrounding areas of Lanark County.

More than 300 dedicated and skilled health care professionals, volunteers and staff provide care to this rapidly growing community. The hospital ensures regional quality staff and patient care services through partnership with regional health care sectors and in alignment with Champlain LHIN strategic

planning.



Our Vision

Shaping a healthy future for our communities through caring, quality and innovation

Our Mission

To deliver the highest level of health care by:

- Connecting patients to responsive, integrated services
- Leading the way in quality and safety
- Being the kind of hospital that patients recommend to family and friends

At Carleton Place & District Memorial Hospital, we



Compassionate, consistent, courteous and confidential



Advocates for delivering accessible and accountable services



Respectful and encouraging of decisions based on individual rights and community resources



Efficient, equitable, dedicated to a safe environment and excellence

carletonplacehospital.ca

7. Barrier Identification Methodologies

Public Consultation and Consultation with Members of the Disabled Community

To ensure that the Hospital's Accessibility Plan is based upon an informed understanding of issues, standards and best practices, the Accessibility Committee integrates a variety of consultation strategies into its processes including:

- a) Patient and staff surveys, analysis of complaints process and feedback forms
- b) Joint planning, standards definition, priority criteria and report format
- c) Direct consultation with agencies representing prominent groups within the disabled community including the CNIB and Ontario Hearing Society
- d) Direct consultation with agencies representing the disabled community in general including the Disabled Persons Resource Centre
- e) Detailed review of the Committee's adopted standards by experts within the Disabled Persons Resource Centre
- f) Adoption of recognized standards (incl. CSA standards developed through extensive public consultation with the disabled community) into the Committee's standards
- g) Integration of recommendations from agencies representing the disabled into the Committee's standards
- h) Research of municipal bylaws & peer hospital processes

8. Priority Planning

Barrier identification and consultation recommendations will be assigned priority within this Plan on the basis of the following ranking criteria:

- a) immediate requirements of authorities or legislative standards
- b) opportunities identified to reduce patient, staff or public safety risk
- c) barriers which may be remedied within existing financial resources, with minimum disruption to service, may be remedied in a timely period and which currently render areas or services inaccessible for many.
- d) Barriers which can be remedied, but require additional funding, involve significant disruption to existing services or are best remedied through future redevelopment plan

9. Committee Structure, Review and Monitoring

The Carleton Place and District Memorial Hospital (CPDMH) Accessibility Working Group formally constituted as a member of the West Ottawa Valley Health Network is reconstituted as an Accessibility Committee in 2009 to provide a forum to meet the hospital's mandate as set out in the *Accessibility for Ontarians with Disabilities Act, 2005*. The committee will ensure the overall goals and objectives of the plan are fulfilled and the annual work plan is completed. The committee will also respond to emerging accessibility concerns throughout the year, adjusting the work of the committee as required.

Terms of Reference, Authority and reporting relationships for the committee, which is directly accountable to Senior Management, are attached in **Appendix 1**.

Hospital-specific reports will form part of the Plan and shall be available to the public on request.

Accessibility Plan

The 2014-2019 Integrated Accessibility Plan will include the following:

Customer Service Standards (see Appendix 2)

Carleton Place and District Memorial Hospital shall use reasonable efforts to ensure that its policies, practices and procedures are consistent with the following principles:

- Goods or services will be provided in a manner that respects the dignity and independence of persons with disabilities.
- Persons with disabilities will be given an opportunity equal to that given to others to obtain, use and benefit from the goods and services.
- The hospital will communicate with people with disabilities in ways that take into account their disability including accessible notifications and respond to questions.
- The hospital staff will be trained to communicate, provide appropriate assistance and services in a manner that takes into account the person's disability.
- Where fees for goods and services are advertised or promoted by the hospital, it will provide advance notice of the amount payable, if any, in respect of the support person.

Information and Communication

The hospital is committed to meeting the communication needs of people with disabilities. We will:

- make our websites and web content accessible according to the World Wide Web Consortium's Web Content Accessibility Guidelines (WCAG) 2.0.
- provide accessible formats and communications supports as quickly as possible and at no additional cost when a person with a disability asks for them
- make feedback processes accessible by providing accessible formats and communications supports when requested.
- make public emergency information accessible when requested.
- provide educational and training resources and materials in accessible formats upon request.

Employment Standards

Carleton Place hospital is committed to fair and accessible employment practices. We will take steps notify the public and staff that, when requested, the hospital will accommodate people with disabilities during the recruitment and assessment processes.

We will:

- let job applicants know that recruitment and hiring processes will be modified to accommodate their disabilities, if requested.
- build the accessibility needs of employees into their human resources practices.
- create a written process for developing and documenting individual accommodation plans for employees with disabilities.
- help employees stay safe in an emergency by providing them with individualized emergency response information when necessary.

Design of Public Spaces

We will ensure accessibility when planning for new construction of only major changes to the following:

- Recreational trails/beach access routes
- Outdoor public eating areas like rest stops or picnic areas
- Outdoor play spaces, like playgrounds in provincial parks and local communities
- Outdoor paths of travel, like sidewalks, ramps, stairs, curb ramps, rest areas and accessible pedestrian signals
- Accessible parking (on and off street)
- Service-related elements like service counters, fixed queuing lines and waiting areas
- Maintenance and restoration of public spaces

Communication of the Plan

The Hospital Board's Commitment Statement will be posted on the Hospital's website and in public waiting areas. Access to copies of the Accessibility Plan will be available on request from the CEO's office. On request, the plan can be made available in alternative formats, such as computer disk in electronic text, in large print or in Braille. The goals of the Plan will also be included as content within the Hospital orientation package to new staff.

Appendix 1

Accessibility Committee Terms of Reference

COMMITTEE: Accessibility for Ontarians with Disabilities Planning Committee

REPORTS TO: Senior Administration

MEMBERSHIP: Interdisciplinary members from patient care and support services where accessibility issues may be identified. Will also include a community member with a disability.

CHAIR: Chair position will rotate annually among membership

PURPOSE: The committee exists to provide a forum to meet Carleton Place and District Memorial Hospital's (CPDMH) mandate as set out in the *Accessibility for Ontarians with Disabilities Act, 2005*. This includes:

1. Identify, remove and prevent barriers to people with disabilities who live, work in or use the Hospital including all staff, hospital patients, volunteers, students, foundation staff, researchers, physicians and contractors; and to members of the public.
2. Create an annual work plan identifying measures that Carleton Place and District Memorial Hospital (CPDMH) will endeavour to implement during the 12 month period to identify, remove and prevent barriers.
3. Establish, review and update accessibility plans in consultation with persons with disabilities.
4. Revise and update the accessibility plan at least once every 5 years.
5. Ensure that the work plan is available to the public.
6. Respond to emerging accessibility concerns identified through various mechanisms such as other committees as well as staff, hospital patients, volunteers, students, foundation staff, physicians, and members of the public.
7. Monitor changes to the legislation and adjust work of the committee appropriately as standards are developed.
8. Present the plan for approval to the CEO and Board of Trustees and make the plan available to the public.

AUTHORITY/REPORTING RELATIONSHIP:

1. CEO, Senior Administration
2. Information sharing will occur with operational committees

COMPOSITION:

- CNO/Outpatient Manager, CFO
- Physiotherapist
- Occupational Health & Safety Staff
- Community Relations
- President of the Auxiliary
- Construction Project Coordinator –ad hoc
- Department Managers
- Nursing Representative
- Members of the disabled community
- Educator

Advisory members from agencies representing the disability community will be consulted at the call of the Chair.

RESPONSIBILITIES OF MEMBERS:

1. Review the agenda and previous minutes, and come prepared to participate
2. Bring forward any relevant outstanding issues to the chair
3. Critically review circulation materials
4. Participate in the fulfillment of the committee's objectives
5. Assume responsibilities of the Chair when requested
6. Disseminate information to appropriate forums.

QUORUM:

50% of members.

MEETING SCHEDULE:

The committee will meet the first Thursday of the month in January, March, May, and October at 2:00 p.m. in the Board Room.

The Recording Secretary shall be appointed annually.

The Minutes shall be distributed to all committee members and stored in Administration.

Approved: January 2010

Reviewed/Revised: Jan 2011, Jan 2012, Jan 2013, Jan 2014, Sept 2014

Appendix 2

Accessibility – Customer Service Policy & Procedure

Accessibility - Customer Service Policy

The Carleton Place and District Memorial Hospital is committed to providing service in a manner that protects the dignity and independence of persons with disabilities. The hospital is committed to giving people with disabilities the same opportunity to access our services and allow them to benefit from the same service as people without disabilities.

Purpose:

Through the *Accessibility for Ontarians with Disabilities Act, 2005*, Ontario is working to make the province fully accessible to people with disabilities by 2025. Under the Act, the province is developing five (5) accessibility standards that organizations will be required to follow to identify, remove and prevent barriers to accessibility.

The Accessibility Standards for Customer Service (Ontario Regulation 429/07) came into force on January 1, 2008. The compliance date for this standard is January 1, 2010. The standard sets requirements in a number of key areas and will be reviewed provincially at least every five (5) years.

Scope

The Carleton Place and District Memorial Hospital is committed to excellence in service delivery to persons with disabilities. This policy applies to all staff, physicians, students, volunteers and contractors.

Definition

“Alternative Service” means a service generally intended to be temporary that approaches the desired result until such time as the barrier is removed or an equivalent service is put in place.

“Assistive Device” means an auxiliary aid such as communication aids, cognition aids, personal mobility aids and medical aids (ie. Canes, crutches, wheelchairs or hearing aids).

“Contractor” means a company or person with a formal or informal contract to do a specific job on behalf of the hospital.

“Customer” means any person who receives or seeks to receive goods or services from the hospital. Customer includes persons who involuntarily receive service imposed by an external authority.

“Equivalent” means having similar effects.

“Service Animal” means any animal that is individually trained to do work or perform tasks for the benefit of a person with a disability as defined in Ontario Regulation 429/07.

“Support Person” means any person whether a paid professional, volunteer, family member or friend who accompanies a person with a disability in order to help with communications, personal care or medical needs or with access to goods and services.

Establishment of Policies, Practices and Procedures:

Carleton Place and District Memorial Hospital shall use reasonable efforts to ensure that its policies, practices and procedures are consistent with the following principles:

Goods or services will be provided in a manner that respects the dignity and independence of persons with disabilities.

Persons with disabilities will be given an opportunity equal to that given to others to obtain, use and benefit from the goods and services.

The hospital will communicate with people with disabilities in ways that take into account their disability including accessible notifications and respond to questions.

The hospital staff will be trained to communicate, provide appropriate assistance and services in a manner that takes into account the person’s disability.

Where fees for goods and services are advertised or promoted by the hospital, it will provide advance notice of the amount payable, if any, in respect of the support person.

Procedures:

Communication:

The Carleton Place & District Memorial Hospital shall:

- Communicate with people with disabilities in ways that take into account their disability;
- Train staff and volunteers on how to interact and communicate with people with various types of disabilities;
- Provide accessible notifications to all of our patients, visitors, staff in the following formats upon request: e-mail, large print, hard copy;
- Answer any questions people with disabilities may have about the content of the communication in person, by telephone, e-mail or in writing.

Telephone Services:

The Carleton Place & District Memorial Hospital shall:

- Train staff to communicate with customers over the telephone in clear and plain language and to speak clearly and slowly and;
- Offer to communicate with customers by e-mail, in writing, in person, or by relay service if telephone communication is not suitable to their communication needs or is not available.

Assistive Devices:

The Carleton Place & District Memorial Hospital shall:

- Ensure that appropriate staff are trained and familiar with various assistive devices that may be used by people with disabilities while accessing our goods or services; and

- That appropriate staff know how to use the following assistive devices available at the Hospital for people with disabilities (see Appendix 7 for list of assistive devices)
 - ▶ overhead paging system
 - ▶ automatic doors
 - ▶ wheelchairs

Use of Service Animals & Support Persons

Service animals – When a person with a disability is accompanied by a guide dog or other service animal, the Hospital will permit the person to enter the premises with the animal and keep it with him or her, unless the animal is otherwise excluded by law from the premises.

Should the service animal or guide dog be excluded by law from the premises, the Hospital will look to other available measures to enable the person with the disability to obtain, use or benefit from the Hospital's Services. See Appendix 6 – Service Animals.

Service animals are excluded from the operating room.

Support Person

When a person with a disability is accompanied by a support person, they are permitted to enter the premises together and are not prevented from having access to each other while on the premises. The Hospital may require a person with a disability to be accompanied by a support person while on its premises, but only if a support person is necessary to protect the health and safety of the person with the disability or the health or safety of others on the premises.

Where fees for goods and services are advertised or promoted by the Hospital it will provide advance notice of the amount payable, if any, in respect of the support person, otherwise a support person shall not be subject to a charge/fee.

Billing

We are committed to providing accessible invoices to all of our customers. For this reason, invoices can be provided in alternate formats upon request: for example, hard copy, large print, etc.

We will answer any questions customers may have about the content of the invoice in person, by telephone or e-mail.

Notice of Temporary Disruption

The Hospital will provide patients with disabilities notice in the event of a planned or unexpected disruption in the facilities or services usually used by the people with disabilities.

This notice will include information about the reason for disruption, its anticipated duration, and a description of alternative facilities or services, if available.

The notice will be placed at appropriate public entrances and service counters on our premises, and where deemed applicable, on our website www.carletonplacehospital.ca.

If the disruption is anticipated, the Hospital will provide a reasonable amount of advance notice of the disruption. If the disruption is unexpected, notice will be provided as soon as possible. See Appendix 7 Templates for Disruption of Service.

Training

Training will be provided to staff, volunteers, physicians, consultants and agents and will be comprised of the following components:

Staff, Department Managers, Volunteers

Training will include viewing the Ministry of Community and Social Services web site <http://www.mcgs.gov.on.ca/mcss/serveability/splash.html> and www.oha/discovercampus.com.

Training for all staff will include an accessibility customer service guide book.

Contractors and Agents

Contractors and agents will be required to provide documentation that contractors working on behalf of the Hospital received accessibility training and read the guide book.

Covering Letter and Compliance Sign Off Sheet

Each departmental manager will initially receive a letter regarding training for their department. Training for Customer Service Accessibility will be recorded as part of the Health and Safety training data base. A Compliance Sign Off Sheet will be included with the covering letter which is to be completed and returned to the educator. See Appendix 8.

Staff/volunteers will be trained on an ongoing basis when changes are made to the policies, practices and procedures.

The educational Human Resources department will keep records of the training provided, including date training is provided and the number of persons trained. Initial training of this standard will be completed by December 31, 2009.

For every new person hired, training will be provided within 6 months after a staff person commences their duties.

Training may cover the following:

- The purposes of the *Accessibility for Ontarians with Disabilities Act (AODA)*, 2005 and the requirements of the customer service standard;
- Information on Carleton Place & District Memorial Hospital's policies, practices and procedures dealing with AODA,
- How to provide goods and services in a manner that respects the dignity and independence of persons with disabilities;

- How to interact and communicate with persons in a manner that takes into account their disabilities;
- The process for people to provide feedback to Carleton Place & District Memorial Hospital about its provision of goods to persons with disabilities, and how the Carleton Place and District Memorial Hospital responds to the feedback and takes action on any complaint;
- How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog, service animal or a support person to access goods and services;
- How to use equipment or devices available on the Hospital premises or provided by the Hospital that may help with the provision of goods and services. This training will be specific to each department;
- What to do if a person with a disability is having difficulty accessing the Hospital's goods and services.

Feedback Process

To assist the Hospital in ensuring that the delivery of goods and services to those with disabilities is provided in an effective and timely manner, individuals are invited to provide their feedback as follows:

In writing, in person, e-mail or telephone, addressed to:

Carleton Place & District Memorial Hospital
 Attention: Chair of Accessibility Committee
 211 Lake Avenue East
 Carleton Place, Ontario
 K7C 1J4
info@carletonplacehosp.com

The Chair will respond either in writing, in person, e-mail or by telephone acknowledging receipt of feedback and will set out the action to be taken in response to any complaints. A response will be provided within twenty one calendar days.

Information about the feedback process will be posted and on the website
www.carletonplacehospital.ca

Modifications to This or Other Procedures

The Hospital is committed to developing customer service practices and procedures that respect and promote the dignity and independence of people with disabilities. Therefore, changes may be made from time to time to the procedures resulting from the feedback received and improvements to customer service for people with disabilities.

APPENDIX 3

Barrier Removal Initiatives

Barrier	Description of Barrier	Removal and prevention Strategy	Timing
Communication based	Signage inconsistent and difficult to read	Replaced with new signage/ consistent and easy to read with visual contrast (international and universal symbols and tactile signage) throughout hospital	2003 completed
Architectural	Main entrance difficult to access for people with disabilities	Main entrance renovations incorporated accessible design features, including appropriate ramps, sidewalks, handicapped parking, and automatic doors	1999 completed
Architectural	Patient Registration not barrier free	Triage renovations along with patient registration incorporated in its design lower desk and appropriate waiting rooms to accommodate people with disabilities	2001 completed
Physical	Bedside tables are old and are very hard to access for people with poor upper-body mobility	Replaced with new tables, which have large handles that are easy to grasp.	2003 completed
Physical	Lower level washroom not suitable for people with disabilities	Replaced lavatory with lever-style faucet, replaced door knob with lever style, and improved lighting with photo switch	2004 completed
Physical	Handrails in patient care and clinical care are not meeting codes.	Replaced with new high Impact vinyl acrylic hand rails, with contrast and supportive colour scheme	2002-2003 completed
Architectural	Elevator dates back to 1965, and does not conform to new Standards	Replaced with new modern Elevator with which meets CAN/CSA B4-94 (Braille Car Buttons , Door Safety's)	2002 completed
Architectural	Rear entrance access door	Replaced with new automatic door along with installation of new hand rails in the ramp area	1999 completed
Architectural	Interior Stairs do not have visual Contrast markings on the stair nosing	Installation of non-slip reflective nosing tape	2004-2005 completed
Physical	Push pads for automatic door to ambulance bay are mounted too high	To be addressed during re-development program	Currently in progress
Architectural	Bathroom doors in In-patient care Unit are too narrow for wheelchairs	Not enough space available at this time, bathrooms too small. To be addressed in re-development program	Currently in Progress

Barriers Removal Initiatives

Barrier	Description of Barrier	Removal and Prevention Strategy	Timing
Physical	Public telephone at the front entrance Is mounted to high	Re- mounted at proper height	2004 Completed
Physical	Some doors do not have lever type handles. Could be difficult to open for a person with disability	Replace with lever type handles. Whenever an area is being renovated this issue is addressed. Continue to monitor, will address critical areas as required.	On going Year to Year
Physical	No space for storing wheelchairs at the front entrance	Obtained smaller drink machine to free up space for wheelchairs	2004 Completed
Physical	No wheelchair seating space available In waiting rooms,	No space available at this time. To be addressed in re-development program	Currently in Progress
Architectural	In- patient Care Unit, nurses' station on second floor, counters are too high	Nurses' Station renovated, new cabinets were installed. The counter is now lower where the clerk sits.	2006 Completed
Architectural	The door leading to Patient Registration is hard to open	Installed an automatic door operator, with handicap push paddles	2007 completed
Architectural	Parking lots Handicap Symbols Paint fading	Re-painted handicap parking symbols, lines in parking lots and installed vertical signs.	2008 completed
Architectural	Pneumatic Door operator leading to The Emergency Dept, worn out	Replaced with new electronic handicap door operator	2009 completed

**Appendix 4
Work Plan for Accessibility 2009-2018**

2009/10

Category of Barrier	Barrier Identification and Methodology	Means to Prevent/Remove Barrier	Indicator of Success
Physical/ Architectural	Lack of accessible tables for patients coming to ambulatory clinics reported by staff in these areas.	Inventory of accessible examination tables in ambulatory care	Examination table for ambulatory care and physiotherapy on capital list 2009/10. Presently at tender for purchase Q3 09/10
	Lack of availability of wheelchairs in public areas noted by volunteers/ staff looking for wheelchairs.	Wheelchairs including bariatric wheelchairs purchased by volunteer auxiliary. Process developed for sign-in and sign-out of wheelchairs to ensure availability	System piloted by support services to ensure wheelchairs are available.
	Doors leading to emergency/ registration are heavy and require an additional person to assist for wheel- chair or assistive device access. Frequent complaints by staff and patients regarding challenge of easy access to this high volume area.	Pneumatic doors installed for access for persons with disability	Staff and patient report ease of access to emergency and registration area. Completed Q1 2009/10
	Poor lighting creates shadows in ambulatory care and emergency. Physician complaint of poor lighting	High efficiency, brighter lighting installed	Staff and physicians report visibility improved after installation in Q1 2009/10
Information / Communication	Lack of centralized resource information regarding accessibility available	Create a central system for resources such as AODA website on internal website <u>Items to include:</u> FAQ's Inventory of Accessible Washrooms Resource list for persons with disabilities Planning a staff function: How to make it accessible	Central system on website by January 31, 2010
	Lack of staff training and general knowledge among all staff regarding needs of persons with disabilities	Training to include training targets outlined in procedure Appendix 5.	All staff trained on OHA learning module by January 31, 2010

Attitudinal	Enhance awareness, insight generally on the needs of people with disabilities	<ul style="list-style-type: none"> • Education • Speakers • Awareness 	Education part of annual education plan Staff report increased awareness of needs of persons with disabilities
Technological	Services for staff and patients with hearing impairments not as robust as possible	Investigate use of TTY in the hospital Train staff in its use	Complete by March 31, 2010
	Internal and external website lacking resource information on Accessibility	Create Accessibility resource web page on website indicating Board commitment and Resources available in the hospital Post feedback pathways for patients, visitors and staff on website.	Complete by February 27, 2010
Policies and Practices	<ul style="list-style-type: none"> •Service Animal policy not available •Have not addressed special needs of people with disabilities in non clinical areas during emergency training •Lack of policy and procedures to meet customer service standard. 	Create service animal policy. Redesign emergency training modules to incorporate training on how to evacuate non ambulatory patients, staff, visitors in non-clinical areas. Develop Board approved policy and procedures for customer service.	Policy developed January 31, 2010 Training updated.

Work Plan for Accessibility 2010/11

Category of Barrier	Barrier Identification and Methodology	Means to Prevent/Remove Barrier	Indicator of Success
Physical/ Architectural	Medical Surgical unit is challenged to accommodate non ambulatory patients in semi private accommodation as ceiling lift are installed in ward rooms only Two patient complaints this year related to inability to provide this accommodation	Install 2 ceiling lifts in a semi private room	Ceiling lift approved on 2010/11 Capital Equipment list. Installed on Med/Surg July 2010.
	Patients in x-ray unable to access stationary x-ray table. Frequent patient & staff complaints related to transfer of patient to table	Two step platform will mitigate patient difficulty with access to table	Two step platform approved by Board of Trustees 2010/11 for purchase on Capital Equipment list for 2010/11
	Signage for Public Washrooms	Presently have picture of man/woman on washroom door. Purpose of room not clear.	Provide "Washroom" sign at each location. Also indicate if for man or woman.
	Round door knobs difficult for some people to turn and open door.	Replace round knobs with lever type handles	
	Automatic door opener for main bathroom – basement level. People with wheelchairs or canes find it difficult to open door.	Install automatic door opener button for people to press when requesting door to open.	

Work Plan for Accessibility 2011/12

	Round door knobs difficult for some people to turn and open door.	Replace round knobs with lever type handles	Completed in Amb Care and Observation rooms in ER
	Automatic door opener for main bathroom – basement level. People with wheelchairs or canes find it difficult to open door.	Install automatic door opener button for people to press when requesting door to open in downstairs washroom and back ramp door	Completed in lower level
	Patients with mobility issues experience sheering due to manual lifts and cannot be place in accommodation of choice	Two ceiling lifts installed in Med Surg unit	Installed in room 201 and room 204
	Lighting internally in departments and externally in back parking lot is a safely risk for both mobility and vision impaired	Lighting enhancements made throughout the building	Lighting installed on exterior wall of side parking lot Lighting installed in ED and Amb Care departments

Work Plan for Accessibility 2012/13

	Way finding is difficult for patients who are vision impaired or with cognitive deficits	Way finding signage and dot system enhanced for lab, emergency and ambulatory care patients	Completed April 2012
	Sinks in ambulatory care need to be replace , round taps are ergonomically difficult for seniors and patients with arthritis	New sinks with lever handles to be installed in ambulatory care.	Completed October 2012
	Patient complaint that they are unable to hear television	TV in waiting rooms and inpatient rooms now have closed caption	Completed April 2012
	Patient complaint that they can't hear and can't dial telephone	Investigate technology that is compliant with analog	Investigation to be complete by September 2012

Workplan for Accessibility 2015/16

Category of Barrier	Barrier Identification and Methodology	Means to Prevent/Remove Barrier	Indicator of Success
Built Environment	Patients have difficulty locating light switches in public washrooms	Installed automated lighting in public washrooms	Automated lights activated when individual enters washroom. Facilitates easier access for patients in wheelchairs.
Employment Standards	Lack of policies and procedures around employee accessibility, accommodation	Develop policies and procedures around employment accessibility	Policies/procedures approved. Job postings revised. Reviewed at orientation and at skills days.
Communications Standard	Lack of accessible website	Redesign website to meet Communication Standards for Accessibility	New website launched. Feedback compiled from focus groups support the accessible features of website

Workplan for Accessibility 2016/17

Category of Barrier	Barrier Identification and Methodology	Means to Prevent/Remove Barrier	Indicator of Success
Built Environment	Bathing of patients on second floor limited due to design of room. Tub lift no longer serviced Current xray machine cannot accommodate bariatric patients	Convert tub room to accessible shower room. Purchase new digital xray machine that improves patient access to service	Both ambulatory and patients requiring assistance can use redesigned room. Accessibility standards are incorporated in RFP for new xray.
Employment Standards	Individual emergency plans are up to date and stored in HR	Survey staff for assistance in the event of emergency.	Individual emergency plans are updated.
Communications Standard	HR portion of website does not contain information on accommodation, employee accessibility opportunities	Employment accessibility standards are clear on website	Applicants with disabilities are aware of accessibility options.
Information and Communications	Board and admin policies do not meet accessibility standards	Conduct a review of policies against AODA standards and revise to ensure compliance	Policies are AODA compliant.

Workplan for Accessibility 2017/18

Category of Barrier	Barrier Identification and Methodology	Means to Prevent/Remove Barrier	Indicator of Success
Built Environment	Sinks in patient areas are not senior friendly	Replace sinks on the med surg unit. Replace taps with lever handles.	Patients can independently operate taps
Education	Improve staff, volunteer awareness of accessibility standards	Volunteer orientation contains education on accessibility	Volunteers can identify plan and policies.
Built Environment/Communications	Frail elderly have difficulty depressing call bell alert button	Install new call bell system that is senior friendly	Patients can independently depress call bell alert button.
Built Environment /Events	Foundation, Auxiliary and Hospital host events that occasionally do not meet accessibility standards	Implement LHIN senior friendly accessible event planning strategy	All participants attend event free of barriers

January 2009

Updated: Jan 2011, Feb 2013, Jan 2014, Feb 2015, Feb 2016, July2016

See Appendix 12.

Appendix 4

Tips for Providing Patient and Family Centred Care to People with Disabilities

Background:

An estimated 4.4 million Canadians – one out of every seven in the population – reported having a disability in 2006, an increase of over three-quarters of a million people in five years, according to a new report.

The report was based on data from the Participation and Activity Limitation Survey (PALS). Data showed that the number of people who reported a disability increased 21.2% from 3.6 million in 2001, the last time the survey was conducted.

In 2001, 12.4% of the population reported a disability. By 2006, this rate had increased to 14.3%.

Accessibility for Ontarians with Disabilities Act, 2005

Recognizing that people with disabilities should have the same kind of opportunities as everyone else, the Provincial government introduced the *Accessibility for Ontarians with Disabilities Act, 2005*. Businesses and organizations providing goods and services to people with disabilities are required to meet accessibility standards in five areas:

- Customer Service
- Transportation
- Information and Communications
- Built Environment
- Employment

What can you do to offer patient and family centred care and comply with the Customer Service Standard?

- Take some time to understand what some of the various disabilities involve and how to effectively care for people with disabilities – but don't jump to conclusions. Each person and each disability is different.
- Make accommodation for service animals and support persons.
- Communicate with a person with a disability in a manner that takes into account his or her disability and ensure information is available in a variety of formats.
- Ensure adequate and appropriate notification of changes to the environment including any physical changes that may alter accessibility.
- Always start with people first. In language, that means saying "person with a disability" rather than "a disabled person". In any interaction, it means addressing the person's service needs, rather than focusing on the disability.

1. How to Effectively Care for People with Disabilities: Tips on Dealing with People with Disabilities

Here are some general tips that may help you in interacting with people with disabilities. For a complete list of tips by disability review the information by disability.

- Assumptions about what type of disability or disabilities a person has should be avoided.
- Some disabilities are not visible. Take the time to understand the unique needs of every individual.
- Be patient. People with some kinds of disabilities may take a little longer to understand and respond.
- Use plain language and speak in short sentences.
- Ask before you offer to help and give the individual an opportunity to let you know if they need help and how you can provide it.
- Look at the individual, but don't stare. Speak directly to a person with a disability, not to their interpreter or someone who is with them.
- Service animals are working and have to pay attention at all times. It is not advisable to touch them or address them unless invited to do so.
- Ask permission before touching a wheelchair or a piece of equipment.
- Use disability or disabled, not handicap or handicapped and remember to put people first. It is proper to say a person with a disability, rather than a disabled person.

Tips for Providing Care to Individuals with Vision Disabilities

Vision disabilities reduce one's ability to see clearly. Very few people are totally blind. Many have limited vision such as tunnel vision, where a person has a loss of peripheral or side vision, or a lack of central vision, which means that they cannot see straight ahead. Some can see the outline of objects while others can see the direction of light.

Vision disabilities can restrict our customers' abilities to read signs, locate landmarks or see hazards. In some cases, it may be difficult to tell if a person has a vision disability. Others may use a guide dog or white cane. Here are some tips on providing care to individuals who have a vision disability.

- Identify yourself when you approach the individual and speak directly to them.
- Speak normally and clearly.
- Ask permission before touching an individual, unless it's an emergency.
- If you offer assistance, wait until you receive permission.
- Offer your arm (the elbow) to guide the person and walk slowly.
- Service animals are working and have to pay attention at all times. It is not advisable to touch them or address them unless invited to do so.
- If you're giving directions or verbal information, be precise and clear. For example, if you're approaching a door or an obstacle, say so.
- Show the individual to a chair, or guide them to a comfortable location.
- Identify landmarks or other details to orient the individual to the environment around them.
- Say good-bye before leaving.
- Be patient. Things may take a little longer.

Tips for Providing Care to Individuals who are Deaf or Hard of Hearing

People who have hearing loss may be deaf or hard of hearing. Like other disabilities, hearing loss has a wide variety of degrees. People who are hearing impaired may require assistive devices when communicating. Some people may use sign language, notes, or hearing aids when communicating. They may also use e-mail, pagers, TTY telephone service or Bell Canada Relay Service.

Note: Speech assessment available through Lanark Community programs.

Here are some tips on providing care to individuals who are deaf or hard of hearing:

- Always ask how you can help in a normal tone.
- Attract the individual's attention before speaking. The best way is a gentle touch on the shoulder or gently waving your hand.
- Make sure you are in a well-lighted area where your customer can see your face.
- Look at and speak directly to your customer. Address your customer, not their interpreter.
- If necessary, ask if another method of communicating would be easier, for example a pen and paper.
- Keep hands away from your face when speaking.
- Be clear and precise when giving directions, and repeat or rephrase if necessary. Make sure you have been understood.
- * Service animals are working and have to pay attention at all times. It is not advisable to touch them or address them unless invited to do so.
- Any personal (e.g., financial) matters should be discussed in a private room to avoid other people overhearing.
- Be patient. Communication for people who are deaf may be different because their first language may not be English. It may be American Sign Language (ASL).
- If the person uses a hearing aid, try to speak in an area with few competing sounds.

Tips for Providing Care to Individuals with Physical Disabilities

There are many types and degrees of physical disabilities, and not all require a wheelchair. People who have arthritis, heart or lung conditions or amputations may also have difficulty with moving, standing or sitting. It may be difficult to identify a person with a physical disability.

Here are some tips on providing care to individuals who have a physical disability:

- Speak normally and directly to the individual. Don't speak to someone who is with them.
- People with physical disabilities often have their own ways of doing things. Ask before you help.
- Be patient.
- Assistive devices, including wheelchairs, should not be touched unless it's an emergency.
- Provide the individual with information about accessible features of immediate environment (automatic doors, accessible washrooms, etc.).
- Remove obstacles and rearrange furniture to ensure clear passage.

Tips for Providing Care to Individuals with Intellectual or Developmental Disabilities

People with intellectual or developmental disabilities may have difficulty doing many things that most of us take for granted. These disabilities can mildly or profoundly limit one's ability to learn. You may not be able to know that someone has this disability unless you are told, or you notice the way people act, ask questions or use body language.

As much as possible, treat the individual with an intellectual or developmental disability like anyone else. They may understand more than you think, and they will appreciate you treating them with respect.

Here are some tips on providing care to individuals who have an intellectual or developmental disability:

- Avoid assuming what a person can or cannot do.
- Use plain language and speak in short sentences.
- Make sure your customer understands what you've said.
- If you can't understand what's being said, don't pretend. Just ask again.
- Provide one piece of information at a time.
- Be supportive and patient.
- Speak directly to the individual, not their companion or attendant.

Tips for Providing Care to Individuals with Learning Disabilities

Learning disabilities can result in a host of different communications difficulties for people. They can be subtle, as in having difficulty reading, or more pronounced. They can interfere with an individual's ability to receive, express or process information. You may not be able to know that someone has one of these disabilities unless you are told, or you notice the way people act, ask questions or use body language.

Here are some tips on providing care to individuals with learning disabilities:

- Patience and a willingness to find a way to communicate are your best tools.
- When you know that someone with a learning disability needs help, ask how you can best help.
- Speak normally and clearly.
- Take some time - people with some kinds of learning disabilities may take a little longer to understand and respond.
- Try to find ways to provide information in a way that works best for them. For example, have a paper and pen handy.
- If you're dealing with a child, be patient, encouraging and supportive.
- Be courteous and patient and your customer will let you know how to best provide service in a way that works for them.

Tips for Providing Care to Individuals with Mental Health Disabilities

People with mental health disabilities look like anyone else. You won't know that someone has a mental health disability unless you're informed of it. And usually, it will not affect your customer service at all. But if someone is experiencing difficulty in controlling their symptoms or is in a crisis, you may need to help out. Be calm and professional and let the individual tell you how you can best help.

Here are some tips on caring for individuals who have mental health disabilities:

- Treat a person with a mental health disability with the same respect and consideration you have for everyone else.
- Listen carefully and be confident and reassuring.
- If someone appears to be in a crisis, ask them to tell you the best way to help.

Tips for Providing Care to Individuals with Speech or Language Impairments

Some people have problems communicating. It could be the result of cerebral palsy, hearing loss, or another condition that makes it difficult for people to pronounce words, causing slurring or stuttering or not being able to express oneself or understand written or spoken language. Some people who have severe difficulties may use communication boards or other assistive devices.

Here are some tips on providing care to individuals with speech or language impairments:

- Just because a person has one disability doesn't mean they have another. For example, if an individual has difficulty speaking; don't assume they have an intellectual or developmental disability as well.
- If you don't understand, ask the individual to repeat the information.
- If you are able, ask questions that can be answered 'yes' or 'no'.
- Be patient and polite, and give your customer whatever time he/she needs to get his/her point across.
- Wait for the individual to finish when speaking.
- Patience, respect and a willingness to find a way to communicate are your best tools.

Tips for Providing Care to Individuals who are Deaf-Blind

A person who is deaf-blind cannot see or hear to some extent. This results in greater difficulties in accessing information and managing daily activities. Most people who are deaf-blind will be accompanied by an intervenor, a professional who helps with communicating. Intervenors are trained in special sign language that involves touching the hands of the client in a two-hand, manual alphabet or finger spelling, and may guide and interpret for their client.

Here are some tips on caring for individuals who are deaf-blind:

- Avoid assuming what a person can or cannot do. Some people who are deaf-blind have some sight or hearing, while others have neither.
- An individual who is deaf-blind is likely to explain to you how to communicate with them or give you an assistance card or a note explaining how to communicate with them.
- Speak directly to the individual as you normally would, not to the intervenor.
- Identify yourself to the intervenor when you approach the individual who is deaf-blind.
- *Service animals are working and have to pay attention at all times. It is not advisable to touch them or address them unless invited to do so.
- Never touch a person who is deaf-blind suddenly or without permission unless it's an emergency.

2. Make Accommodation for *Service Animals and Support Persons:

“If a person with a disability is accompanied by a guide dog or other service animal, the provider of the goods or services shall ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless otherwise excluded by law from the premises.” Source: Standards for Customer Service, Ontario Regulation 429/07 Service Animals.

Service animals are used to help a person with a disability. Guide dogs for the blind are one kind of service animal as are hearing dogs and mobility dogs. Service animals can be used for many disabilities both visible and hidden. Service animals enable their disabled partners to live a more fulfilling and normal life. There is no special breed that must be used. As long as an animal has a suitable temperament and the physical/mental capacity to do the job, they can be trained as a service animal.

A guide dog is a dog that has been trained at one of the facilities listed in Ontario Regulation 58 under the Blind Person's Rights Act to act as a guide dog for people who are blind. The customer service standard's provisions 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 either 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 the disability.

When a patient, family member or visitor enters the hospital with a service animal every effort must be made to accommodate and ensure that the surroundings will allow the individual to effectively maintain their relationship with the animal. There may be times or locations in the hospital (Diagnostic Imaging, Day Surgery) where this is not possible due to health and safety concerns. In this instance, a mutually agreed upon location for the animal may be identified for a limited time.

You need to consider the needs of the person with a disability if his or her service animal is excluded. For example, a person with a vision disability might need someone to guide him or her.

The important thing is to ensure that other measures are explored when a person's service animal is excluded.

Support Persons

"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."
Source: Standards for Customers Service, Ontario Regulation 429/07 Support Persons.

In some cases it may be necessary to seek the consent of the person with a disability prior to discussing confidential information in front of the support person.

3. Communicate with a person with a disability in a manner that takes into account his or her disability and ensure information is available in a variety of formats:

Finding a suitable communication method may require consideration of the situation or circumstances of the provider and of the person with a disability.

Quite often, a person with a disability will have a range of ways in which they can communicate. Someone who is unable to speak or has difficulty speaking, for example, may use gestures, pen and paper or typing back and forth, when the information being exchanged is simple or straightforward. Other people with speech disabilities may use electronic communication systems, and though it might be difficult to understand the synthetic voice, taking the time to listen carefully or to observe a visual display of the information will often allow effective communication. In some situations, where the information being exchanged is complex, lengthy or very important, it may be more effective to involve someone who can facilitate or interpret the communication.

Other examples of alternate formats include:

- Large print for people who have low vision
- Audio format such as cassettes or digital audio format
- Braille used by some people who are blind or deaf-blind
- Videos that may be helpful to people with certain learning disabilities; and
- Easy-read, simplified summaries of materials for people with developmental or intellectual disabilities.

In addition, strategies such as offering phone service rather than requiring in person service, or email rather than postal notices are other methods of using alternate channels to provide accessible communications.

There are a variety of assistive devices or services that a caregiver might want to consider in communicating with people with disabilities. For American Sign Language (ASL) interpreters, contact the Canadian Hearing Society at 905-608-0271. Speech Language Carleton Place can be contacted for assessment and consultation re: Assistive Devices.

4. Provide adequate and appropriate notification of changes to the environment:

People with disabilities may rely on certain facilities, services or systems in order to access services. Elevators, for example, are important to people with mobility disabilities because that may be the only way they can reach your premises. Other systems and services designed to meet the needs of people with disabilities could include accessible washrooms and amplification systems. Basically, you must provide a notification of disruption for any location, technology or method that a person with a disability must use in order for services to be accessible to them.

Once an unplanned disruption has been identified, notice should be provided as soon as possible about the reason for the disruption, how long it is expected to last, and what alternative facilities or services exist, if any. If the disruption is planned, such as elevator maintenance, the notice should be provided in advance and include the same information. The notice must indicate any alternatives that exist to allow people with disabilities to access services during the disruption. Such alternatives might include an alternative route where a ramp or elevator is not available, or asking people with disabilities to let you know when they will be coming so that you can help meet them and assist. Disruptions should be posted where people are likely to find it, for example, on the door to your premises, on the website, or by any other reasonable method that would get the information to people with disabilities seeking to access your services. This may include contacting patients by phone prior to an appointment to advise them of the change/disruption and alternatives.

5. In language always start with people first:

Words and People with Disabilities

Words can influence and reinforce the public's perception of people with disabilities. They can create either a positive view of people with disabilities or an indifferent, negative depiction. Here are some general tips that can help make your communication and interactions with or about people with all types of disabilities more successful.

- Use *disability* or *disabled*, not *handicap* or *handicapped*.
- Never use terms such as *retarded*, *dumb*, *psycho*, *moron* or *crippled*. These words are very demeaning and disrespectful to people with disabilities.
- Remember to put people first. It is proper to say *person with a disability*, rather than *disabled person*.
- If you don't know someone or if you are not familiar with the disability, it's better to wait until the individual describes his/her situation to you, rather than to make your own assumptions. Many types of disabilities have similar characteristics and your assumptions may be wrong.

The following preferred words and phrases will help you choose language that is neither demeaning nor hurtful. People with disabilities prefer these terms.

Instead of	Please use
Afflicted by cerebral palsy, multiple sclerosis, arthritis, etc.	Person who has cerebral palsy. Person who has multiple sclerosis. Person who has arthritis. Person with a disability
Aged (the)	Seniors
Autistic	A person with autism. A person who has autism.
Birth defect, congenial defect, deformity	A person who has a congenial disability. A person with a disability since birth.
Blind (the), visually impaired (the)	A person who is blind. A person with a vision disability. A person with vision loss. A person with a visual impairment. A person with low vision.
Brain damaged	A person with a brain injury. A person with a head injury.
Confined to a wheelchair, wheelchair bound	A person who uses a wheelchair.
Crazy, insane, lunatic, psycho, mental, mental patient, maniac, neurotic, psychotic, unsound mind, schizophrenic	A person with a mental disability. A person with depression. A person with schizophrenia.
Cripple, crippled, lame	A person with a disability A person with mobility impairment or more specifically, a person who walks with crutches. A person who uses a walker. A person who uses a mobility aid. A person with arthritis, etc.
Deaf (the), hearing impaired (the)	A person who is deaf (person with profound hearing loss who communicates using sign language). A person who is deafened (deaf later in life). A person who is hard of hearing (person with hearing loss who communicates primarily by speech). A person with a hearing loss. When referring to the deaf community and their culture (whose preferred mode of communication is sign language) it is acceptable to say “the Deaf”.
Deaf, dumb and deaf mute	A person who is without speech.
Deaf-Blind (the)	Person who is deaf-blind (person who has any combination of visual and auditory impairments).
Differently Abled	A person with a disability
Elderly (the)	Seniors, older adults
Epileptic	Person who has epilepsy

Fits, spells, attacks	Seizures
Handicapped (the)	Person with a disability. The term handicapped may be used when referring to an environmental or attitudinal barrier as in “a person who is handicapped by a set of stairs leading to the entrance”.
Hidden disability	Non-visual disability
Invalid	Person with a disability
Learning disabled, learning disordered, the dyslexics	A person with a learning disability. A person with a developmental disability
Mentally retarded, idiot, simple, retarded, feeble minded, imbecile	A person with an intellectual disability. A person with a developmental disability
Midget, Dwarf	A person of short stature. A person who has a form of dwarfism. A little person. A person diagnosed with “Achondroplasia, SED, or whatever their specific diagnosis is”, a form of dwarfism.
Mongoloid, Mongolism	Person with Down Syndrome. One can use this terminology only when it is directly relevant. A person with an intellectual or developmental disability.
Normal	Person who is not disabled. Person who is able bodied. Specifically, a person who is sighted, a hearing person, a person who is ambulatory.
Patient	Person with a disability. The word patient may be used when referring to a relationship between and medical professional and a client.
Physically challenged	Person with a physical disability
Spastic	Person with muscle spasms
Stutterer	A person with a speech impairment or impediment
Victim of/suffers from/stricken with cerebral palsy, multiple sclerosis arthritis, etc.	Person who has cerebral palsy. Person who has multiple sclerosis, etc. Person with a disability.
Visually impaired (the)	A person with a visual impairment. A person with low vision. A person with vision loss. A person with a vision disability.

Source: Taken from the Accessibility for Ontarians with Disabilities Web Site: Talk about Disabilities – Choose the Right Words.

Resources:

For more detailed information on the customer service standard and specific direction on the areas identified above visit the Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07. It explains the formal meaning of the regulation and provides some examples to help describe the interpretation.

How to Communicate Using the Relay Service

1. Phone the Relay Service number (1-800-855-0511)
2. Tell the operator your name, the name of the person you are calling, and the number you wish to reach.
3. The operator will make the call for you. You speak to the operator as if you were talking directly to the person you are calling.
4. Remember to say “go ahead” when you finish speaking, so the person on the other end will know it is their turn to speak.
5. If you normally speak very quickly, the operator may ask you to speak more slowly so your message can be typed while you are speaking. There will be brief silences as the operator types to the TTY user and the user replies.

You can find out more about this service at www.bell.ca/specialneeds/

Appendix 5

Service Animals

Background

As part of the requirements of the Customer Service Standard, Ontario Regulation 429/07, all providers with 20 or more employees and all designated public sector organizations are required to allow people with disabilities to be accompanied by their service animal in those areas of the premises that are open to the public, unless the animal is excluded by law. If the animal is excluded by law, other measures must be implemented to provide service to the person with disability.

Aim

Carleton Place and District Memorial Hospital is committed to providing access to persons with disabilities who use a service animal.

Service animals play an important role in ensuring the independence of people with disabilities, and it is therefore our policy to welcome into our hospital any animal that is trained to assist a person with a disability.

What is a Service Animal?

Service animals are individually trained to work or perform tasks for individuals with disabilities. To be considered a service animal under the *Accessibility for Ontarians with Disabilities Act (2005)* customer service 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 ready to show a letter from a doctor or nurse confirming that the animal is required for reasons relating to his or her disability.

Service animals are not always dogs; other animals may assist people with disabilities. Service animals come in all breeds and sizes, may be trained either by an organization or by an individual with a disability, and need not be certified or licensed. Service animals do not always have a harness, a sign, or a symbol indicating that they are service animals. A service animal is not a pet. Service animals assist people with disabilities in many different ways, such as:

- Guiding people who are blind or have low vision and retrieving dropped objects for them;
- Alerting people who are deaf or hard of hearing to sounds and the presence of others;
- Carrying and picking up items, opening doors, or flipping switches for people with disabilities who have limited use of hands or arms, limited use of their legs, or limited ability to bend or stoop;
- Pulling wheelchairs;

- Alerting people with disabilities to the onset of medical conditions such as seizures, protecting them and cushioning them if they fall and reviving them.
- Doing work or performing tasks for persons with traumatic brain injury, intellectual disabilities, or psychiatric disabilities, such as reminding a person with depression to take medication or waking him up, helping people with traumatic brain injury to locate misplaced items, or follow daily routines.
- Providing physical support and assisting people with physical disabilities with stability and balance.

Hospital Responsibility:

People with disabilities who use service animals may be easily identified without any need for questioning. If you can tell by looking, you should not make the patient/visitor feel unwelcome by asking questions. If you are unsure whether an animal meets the definition of a service animal, please ask one question.

- Is this a service animal required because of a disability?

If the patient/visitor says yes or otherwise explains that the animal is required because of a disability, you should welcome the person and service animal into the hospital. **Persons with** service animals are permitted to all areas of the hospital normally used by other visitors/patients.

Animals or Areas on Hospital Premises Excluded by Law or Legislation

Service animals will be denied access to the premises in accordance with provincial or municipal by-laws excluding certain breeds.

Service animals will be denied access to the following areas of the hospital for safety or infection control reasons: Operating Room, Central Sterilization and Reprocessing Area, Boiler Room, Lab, Kitchen (not including cafeteria) and Intensive Care Unit.

Persons with disabilities will be offered staff support in the above areas.

Treatment of Service Animals:

Service animals are **not** pets.

Do not interfere with the important work performed by a service animal by talking to, petting, or otherwise initiating contact with a service animal. If you have a concern about an animal's behaviour,

contact a manager. Barking alone is not a direct threat. In addition, a direct threat does not exist if the service animal's owner takes prompt, effective action to control the animal.

Only a manager (or, in the absence of a manager, responsible nurse) can make the decision to exclude a service animal, except in the unusual circumstance where a service animal's behaviour requires immediate action to prevent imminent injury to others and there is not enough time to contact a manager.

Questions/Inquiries/Complaints

Patients/visitors can make complaints about the improper treatment of customers with service animals by calling the Chief Executive Officer or Manager, Human Resources. The CEO or Human Resources manager will promptly investigate all complaints regarding this issue and will take appropriate action for any violation of this policy.

Appendix 6

LIST OF ASSISTIVE DEVICES, SERVICES AVAILABLE AT THE HOSPITAL

Printed Floor Plans

Printed copies available at Front Entrance and Switchboard

Directory Floor Signs

Outside elevators on each level

Accessible Entrances

Located at Front Entrance, Ambulance Bay and Rear Service Entrance
Equipped with Automatic, Sliding Doors, Ramps

Accessible Parking

2 Spaces at Front Entrance
2 Spaces in Rear Parking Lot

Accessible Washrooms

Located on each level on the Medical/Surgical unit, Emergency and Laboratory Hallways

Easy Access Doors

Many internal doors have lever handles
External doors are automatic at front entrance, rear service entrance and ambulance bay

Handrails

In all hallways in patient care areas

Wheelchairs

Available in Emergency and Main Entrance, Medical Surgical Unit and Physiotherapy
Extra wide wheelchairs available

Assistive Devices

Mechanical lifts are available on the Medical/Surgical Unit
Staff phones possess volume control

Service Animals

Accessibility Policy for Service Animal
Contact department manager for further information

Interpreter Service

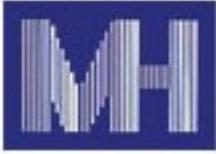
Available on request – advance notice is required
Contact the Canadian Hearing Society at 1-877-347-3427.

Accessibility Plan

Posted on Website, available in alternate formats on request

Appendix 8

Accessibility – Customer Service Standards Procedure



Carleton Place & District Memorial Hospital Customer Feedback Form

Thank you for visiting the Carleton Place & District Memorial Hospital. We value all of our patients, visitors and strive to meet everyone's needs.

Please tell us the date and time of your visit: _____ at _____.

Did we respond to your service needs today? YES SOMEWHAT NO (please explain)

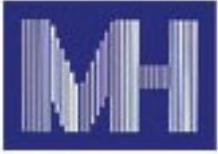
Was our service provided to you in an accessible manner? YES SOMEWHAT NO (please explain)

Did you have any problems accessing our good and services? YES (please explain) NO (please explain)

Please add any other comments you may have:

Contact Information (optional)*

Appendix 9



**Carleton Place & District Memorial Hospital
Accessibility – Customer Service Remedial Action**

Date feedback received: _____

Name of customer (optional): _____

Contact information (if appropriate)* _____

Details	Remedial Measures	Staff Member	Follow-up	Due By

Authorization

Dated

Appendix 10



Carleton Place & District Memorial Hospital Scheduled Service Disruption Notice

There will be a scheduled service disruption at the _____.

The disruption will be from _____ until _____.

These disruptions include:

On behalf of Carleton Place & District Memorial Hospital we would like to thank you for your patience in this matter.

Should you have any further questions please contact?

Toni Surko
Carleton Place & District Memorial Hospital

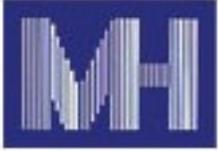


(613) 253-3827



tsurko@cpdmh.ca

Appendix 11



Carleton Place & District Memorial Hospital Unscheduled Service Disruption Notice

There has been an unexpected service disruption(s) at the _____.

The estimated time of the service disruption(s) are from _____ until

_____.

These disruption(s) include:

Should you have any further questions please contact:

Toni Surko
Carleton Place & District Memorial Hospital



(613) 253-3827



tsurko@cpdmh.ca

Appendix 12 – Multi-year Accessibility Plan

Customer Service Standards

Regulation Section	Compliance Date	Requirements	Compliance Action
<i>Establishment of Policies & Procedures (AODA, 2005, O. Reg. 429/07, s. 3)</i>	Jan 1, 2010	<i>1. Every provider of goods and services shall establish policies, practices, and procedures governing the provision of its goods or services to persons with disabilities (AODA, 2005,).</i>	Policy: <ul style="list-style-type: none"> · Developed the Providing Access for People with Disabilities (2010) policy. · Accessible through the: <ul style="list-style-type: none"> -Corporate Policy and -External Web Page-Accessibility
		<i>2. The Provider shall use reasonable efforts to ensure that its policies, practices and procedures are consistent with the following:</i> <ul style="list-style-type: none"> <i>a) goods and services are provided in a manner that respects the dignity and independence of persons with disabilities</i> <i>b) the provision of goods and services to persons with disabilities and others must be integrated unless an alternate measure is necessary, whether temporarily or permanently, to enable a person to obtain, use or benefit from the good or services</i> <i>c) Persons with disabilities must be given an opportunity equal to that given to others to obtain, use and benefit from the goods or services (AODA, 2005).</i> 	Policy: <ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy. • Accessible through the: <ul style="list-style-type: none"> -Corporate Policy and -External Web Page-Accessibility

Regulation Section	Compliance Date	Requirements	Compliance Action
		<p>3. The policies must deal with the use of assistive devices by persons with disabilities to obtain, use or benefit from the provider's goods or services or the availability, if any, or other measures which enable them to do so (AODA, 2005).</p>	<p>Policy Integrated within: Providing Access for People with Disabilities AODA screening added to Product Evaluation Policy/Procedure</p>
		<p>4. When communicating with a person with disability a provider shall do so in a manner that takes into account the person's disability (AODA, 2005).</p>	<p>Policy Integrated within: Providing Access for People with Disabilities</p>
		<p>5. <i>Shall prepare one or more documents describing its policies, practices and procedures and, upon request, shall give a copy of a document to any person (AODA, 2005).</i></p>	<p>Integrated within: Providing Access for People with Disabilities</p>
<p>Use of Service Animals and Support Persons (AODA, 2005, O. Reg. 429/07, s. 4)</p>	<p>Jan 1, 2010</p>	<p>2. <i>If a person with disability is accompanied by a guide dog or other service animal, the provider of goods and services shall 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 (AODA, 2005).</i></p>	<p>Policy:</p> <ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy. • Accessible through the: <ul style="list-style-type: none"> o Corporate Policy o External Web Page –
		<p>3. <i>If a service animal is excluded by law from the premises, the provider of goods or services shall ensure that other measures are available to enable to person with a disability to obtain use or benefit from the provider's good or services (AODA, 2005).</i></p>	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy External Web Page

Regulation Section	Compliance Date	Requirements	Compliance Action
		<p>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 (AODA, 2005).</p>	<p>Integrated within the Providing Access for People with Disabilities (2010) policy External Web Page</p>
		<p><i>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 and safety of others on the premises (AODA, 2005).</i></p>	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy External Web Page
		<p>6. If an amount is payable by a person for admission to the premises or in connection with a person's presence at the premises the provider of goods or services shall ensure that notice is given in advance about the amount, if any, payable in respect of the support person (AODA, 2005).</p>	<p>Does not apply</p>
		<p>7. The provider shall prepare documents describing its policies, practices and procedures with respect to the matters governed by this section and, upon request, shall give a copy of a document to any person (AODA, 2005).</p>	<p>Integrated within the Providing Access for People with Disabilities (2010) policy</p>

Regulation Section	Compliance Date	Requirements	Compliance Action
Notice of Temporary Disruptions (AODA, 2005, O. Reg. 429/07, s. 5)	Jan 1, 2010	1. If there is a temporary disruption in particular facilities or services utilized by person with disabilities in whole or part, the provider shall give notice of the disruption to the public (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy Templates Appendix 11 & 12.
		2. Notice of disruption must include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy Templates Appendix 11 & 12 External Website
		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 (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy Templates Appendix 11 & 12 External Website
		4. The provider shall prepare a document that set out the steps to be taken in connection with a temporary disruption and, upon request shall give a copy of the document to any person (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy External Website

Regulation Section	Compliance Date	Requirements	Compliance Action
Training for staff, etc. (AODA, 2005, O. Reg. 429/07, s. 6)	Jan 1, 2010	1. Every provider of goods or services shall ensure that the following persons receive training about the provision of its good or services to person with disabilities:-Every person who deals with members of the public or other third parties on behalf of the provider, whether the person does so as an employee agent, volunteer, or otherwise.- Every person who participates in developing the provider's policies practices and procedures governing the provision of goods or services to members of the public or other third parties (AODA, 2005).	All AODA training completed on orientation (2010) Annual Training scheduled in Education Plan Training program delivered through Packaged training for Managers Facilitator led sessions with Staff OHA on-line training
		2. The training must include a review of the purposes of the Act and requirements of the Regulation and instruction about the following matters: -How to interact and communicate with persons with various types of disability -How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support device - How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods or services to a person with a disability -What to do is a person with a particular type of disability is having difficulty accessing the provider's goods or services (AODA, 2005)	Education curriculum (2010) Education PPT Attendance Tracked and Monitored for compliance

Regulation Section	Compliance Date	Requirements	Compliance Action
		3. The training must be provided to each person as soon as practicable after he or she is assigned the application duties (AODA, 2005).	All training given at general orientation (2010)
		4. This training must also be provided on an ongoing basis in connection with changes to the policies, practices and procedures governing the provision of goods or services to persons with disabilities (AODA, 2005).	All AODA training scheduled annually (2010) Compliance Tracked and monitored (2014)
		5. Shall prepare a document describing its training policy and the document must include a summary of the contents of the training and details of when the training is to be provided (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy External website
		6. Shall keep records of the training provided under this section including that dates on which the training is provided and the number of individuals to whom it is provided (AODA, 2005).	Compliance Quizzes purchased through OHA Next Education scheduled by March 31, 2014 and annually.
Feedback Process for providers of goods or services (AODA, 2005, O. Reg. 429/07, s. 7)	Jan 1, 2010	1. Shall establish a process for receiving and responding to feedback about the manner in which it provides good or services to person with disabilities and shall make information about the process readily available to the public (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy External website access
		2. The feedback process must permit persons to provide their feedback in person, by telephone, in writing, or by delivering an electronic text by email or on diskette or otherwise (AODA, 2005).	Contact access and info posted on external website. External Website and Accessibility Pamphlet Distribution

Regulation Section	Compliance Date	Requirements	Compliance Action
		3. The feedback process must specify the actions that the provider of goods or services is required to take if a complaint is received (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy External Website and Accessibility Pamphlet Distribution
		4. Shall prepare a document describing its feedback process and, upon request, shall give a copy of the document to any person (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy
Notice of Availability of documents (AODA, 2005, O. Reg. 429/07, s. 8)	Jan 1, 2010	1. Shall notify persons to whom it provides good or services that the documents required by the Regulation are available upon request (AODA, 2005).	<ul style="list-style-type: none"> • Integrated within the Providing Access for People with Disabilities (2010) policy External Website and Accessibility Pamphlet Distribution
		2. The notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances (AODA, 2005).	External Website and Accessibility Pamphlet Distribution at Front Desk
Format of documents (AODA, 2005, O. Reg. 429/07, s. 9)	Jan 1, 2010	1. If a provider of goods or services is required by this Regulation to give a copy of a document to a person with a disability, the provider shall give the person the document, or the information contained in the document, in a format that takes into account the person's disability (AODA, 2005).	External Website and Accessibility Pamphlet Distribution
		2. The provider of goods or services and the person with a disability may agree upon the format to be used for the document or information (AODA, 2005).	External Website and Accessibility Pamphlet Distribution

General Integrated Standards

Regulation Section	Compliance Date	Requirements	Action
Establishment of Accessibility Policies (AODA, 2005, O. Reg. 191/11, s. 3)	Jan 1, 2013	1. Develop, implement and maintain policies governing how the organization achieves or will achieve accessibility through the Integrated Standards (AODA, 2005).	Revised Existing policy "Providing Access for People with Disabilities (2013) Developed multiyear Accessibility Plan 2013 - 2021
		2. Include a statement of organizational commitment to meet the accessibility needs of persons with disabilities in a timely manner (AODA, 2005).	New statement integrated within the revised policy (2013) External Website
		3.a. Prepare at least one written document describing its policies; and (AODA, 2005)	Integrated within AODA plan
		3. b. Make the documents publicly accessible and provide them in an accessible format upon request.	External website
Accessibility Plans (AODA, 2005, O. Reg. 191/11, s. 4)	Jan 1, 2013	4.a. Establish, implement, maintain, and document a multi-year accessibility plan (AODA, 2005).	Policy: Developed Carleton Place Hospital's Multiyear Accessibility Plan (2013)
		4.b. Post accessibility plan on website, if any, and provide the plan in an accessible format upon request (AODA, 2005).	Posted on External Website Available in accessible format on request
		4.c. Review and update the accessibility plans at least once every 5 years (AODA, 2005).	Existing policy revised to include mandatory review every 5 years.
		2. Establish, review and update accessibility plans in consultation with persons with disabilities and if have established an accessibility advisory committee, must consult with the committee (AODA, 2005).	Revised Accessibility Terms of Reference to include mandatory review every five years. Revise Terms of Reference to include consultation with people with disabilities.

Regulation Section	Compliance Date	Requirements	Action
		3.a. Prepare an annual status report on the progress of measure taken to implement the strategy referenced in the clause (1); and (AODA, 2005)	Updates shall be made annually to senior management, JOHS, MAC and Board Quality Committee.
		3. b. Post the status report on their website, if any, and provide the report in an accessible format upon request (AODA, 2005).	Posted on External website.
Procuring or acquiring goods, services, or facilities (AODA, 2005, O. Reg. 191/11, s. 5)	Jan 1, 2013	1. Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities, except where it is not practicable to do so	Integrated within the revised Goods and Service Policy, Product Evaluation, RFI, RFP documents No self-service kiosks on-site.
Self-service kiosks (AODA, 2005, O. Reg. 191/11, s. 6)	Jan 1, 2013	1. Incorporate accessibility features when designing, procuring or acquiring self-service kiosks (AODA, 2005).	Will incorporate into RFP process when purchasing
		2. Have regard to the accessibility for persons with disabilities when designing, procuring or acquiring self-service kiosks (AODA, 2005).	
Training (AODA, 2005, O. Reg. 191/11, s. 7)	Jan 1, 2014	1. Provide training on the requirements of the accessibility standards referred to in this Regulation and on the Human Rights Code as it pertains to persons with disabilities to: all employees, volunteers, persons who participate in the development of the Organization's policies, persons who provide goods, services, facilities on behalf of the organization (AODA, 2005).	Implemented the Integrated Standards Training Program The training program will be delivered by facilitator led training sessions, incorporated into orientation.
		2. Training shall be appropriate to the duties of the employees, volunteers and other persons (AODA, 2005).	Addressed within the integrated standards training program
		3. Every person shall be trained as soon as practicable (AODA, 2005).	

Regulation Section	Compliance Date	Requirements	Action
		4. Training shall be provided in respect of any changes to the policies on an ongoing basis (AODA, 2005).	Training records kept by Educator
		5. Every designated public sector organization and every large organization shall keep a record of the training provided under this section, including the dates on which the training is provided and the number to whom it is provided.	

Information and Communication Standards

Regulation Section	Compliance Date	Requirements	Action
Feedback (AODA, 2005, O. Reg. 191/11, s. 11)	Jan 1, 2014	1. Processes for receiving and responding to feedback must be accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports, upon request (AODA, 2005).	Posted on external website
		2. Notify the public about the availability of accessible formats and communication supports.	Internal handout revised for distribution at front desk.

Regulation Section	Compliance Date	Requirements	Action
Accessible formats and communication supports (AODA, 2005, O. Reg. 191/11, s. 12)	Jan 1, 2015	1. Shall upon request provide or arrange for the provision of accessible formats and communication supports for persons with disabilities in a timely manner and at no more cost than the cost charged to other persons (AODA, 2005).	RFI/RFTP for new website will ensure compliance with Accessibility standards Posted on external website
		2. Shall consult with the person making the request in determining suitability of an accessible format or communication support (AODA, 2005).	
		3. Shall notify the public about the availability of accessible formats and communication supports (AODA, 2005).	
Emergency procedure, plans or public safety information (AODA, 2005, O. Reg. 191/11, s. 13)	Jan 1, 2013	1. Any emergency procedures, plans or public safety information and made available to the public must also be provided in an accessible format or with appropriate communication supports, as soon as practicable, upon request (AODA, 2005).	Emergency plans available in accessible format on request
Accessible websites and web content (AODA, 2005, O. Reg. 191/11, s. 14)	January 1, 2015 - all new material Level A January 1, 2021 - all content Level AA	1. Shall make internet websites and web content conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, initially at Level A and increasing to Level AA (AODA, 2005).	RFP for shared website with foundation on capital list for 14/15.

Employment Standards

Regulation Section	Compliance Date	Requirements	Action
Recruitment General (AODA, 2005, O. Reg. 191/11, s. 22)	Jan 1, 2014	Shall notify its employees and the public about the availability of accommodation for applicants with disabilities in its recruitment process (AODA, 2005).	Human Resources policy "Providing Accessibility to Staff with Disabilities: revision Jan 1, 2014 Information available on postings.
Recruitment, assessment or selection process (AODA, 2005, O. Reg. 191/11, s. 23)	Jan 1, 2014	1. During recruitment shall notify job applicants that are selected to participate in an assessment or selection process that accommodations are available upon request in relation to the materials or processes being used (AODA, 2005).	Employee Accommodation policy and procedure revised to comply with standards
		2. If a selected participant requests an accommodation, the employer shall consult with the applicant and provide or arrange for the provision of a suitable accommodation in a manner that take into account the applicant's accessibility needs.	Accommodation individualized plan templates developed
Notice to successful applicants (AODA, 2005, O. Reg. 191/11, s. 24)	Jan 1, 2014	Every employer shall, when making offers of employment, notify the successful applicant of its policies for accommodating employees with disabilities (AODA, 2005).	Human Resources manual revised. Offer of employment revised.
Informing Employees of Supports (AODA, 2005, O. Reg. 191/11, s. 25)	Jan 1, 2014	1. Shall inform employees of its policies used to support its employees with disabilities as soon as practicable after they begin their employment (AODA, 2005).	Added to HR orientation checklist.

Regulation Section	Compliance Date	Requirements	Action
		2. Information of policies shall be provided to new employees as soon as practicable after they begin their employment (AODA, 2005).	To be included in employment policies
		3. Shall provide updated information to employees whenever there is a change to existing policies on the provisions of job accommodations that take into account an employee's accessibility needs due to disability (AODA, 2005).	Policy revised to include communication strategies
Accessible formats and communication supports for employees (AODA, 2005, O. Reg. 191/11, s. 26)	Jan 1, 2014	1. Where an employee with disabilities requests it, the employer 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 (AODA, 2005).	Employee Handbook, policies revised.
		2. Shall consult with employee making request in determining the suitability of an accessible format or communication support (AODA, 2005).	Accommodation Policy Revised
Workplace emergency response information (AODA, 2005, O. Reg. 191/11, s. 27)	Jan 1, 2012	1. Provide individualized workplace emergency response information to employees who have a disability, where necessary (AODA, 2005).	Managers will survey staff who require an individualized emergency response plan

Regulation Section	Compliance Date	Requirements	Action
		2. If employee who receives individualized workplace emergency response information requires assistance, with the employee's consent, the employer will designate a person to provide assistance to the employee and provide that person with the individualized response information (AODA, 2005).	Policy Revision - Providing Accessibility for Staff with Disabilities
		3. The information will be provided as soon as practicable after the employer becomes aware of the need for accommodation due to the employee disability (AODA, 2005).	Policy will delineate response time.
		4. Shall review the individualized workplace emergency response information, a) when the employee moves to a different location in the organization; b) when the employee's overall accommodations needs or plans are reviewed; and c) when the employer reviews its general emergency response policies (AODA, 2005).	Included in policy.
Documented individual accommodation plans (AODA, 2005, O. Reg. 191/11,s/28)	Jan 1, 2014	1. Shall develop and have in place a written process for the development of documented individualized accommodation plans for employees with disabilities (AODA, 2005).	Policy – Providing Accessibility to Staff with Disabilities. Tool developed to document accommodation plan.

Regulation Section	Compliance Date	Requirements	Action
		<p>2. The process for development shall include the following elements:</p> <ul style="list-style-type: none"> a) the manner in which an employee requesting accommodation can participate in the development of the individual accommodation plan; b) the manner in which the employee is assessed on an individual basis; c) the manner in which the employee can request the participation of a representative from their bargaining agent, if applicable, or other representative from the workplace, in the development of the accommodation plan; d) the steps taken to protect the privacy of the employee's personal information; e) the frequency with which the individual accommodation plan will be reviewed and update and the manner in which it will be done; f) if an individual plan is denied, the manner in which the reasons for the denial will be provided to the employee; and g) the means of providing the individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability (AODA, 2005). 	

Regulation Section	Compliance Date	Requirements	Action
		3. Individual accommodation plans shall, a) if requested, include any information regarding accessible formats and communication supports provided; b) if required, include individualized ; and workplace emergency response information c) identify any other accommodation that is to be provided (AODA, 2005).	
Return to work process (AODA, 2005, O. Reg. 191/11, s. 29)	Jan 1, 2014	1.a. Shall develop and have in place a return to work process for its employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work; and 1.b. Shall document the process (AODA, 2005).	Return to Work policy and tools revised on integrate accessibility standards
		2. The return to work process shall, a)outline the steps the employer will take to facilitate the return to work of employees who were absent because their disability required them to be away from work; and b) use documented individual accommodation plans as part of the process (AODA, 2005).	
Performance Management (AODA, 2005, O. Reg. 191/11, s. 30)	Jan 1, 2014	1. Shall take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when using its performance management in respect of employee with disabilities (AODA, 2005).	Performance management tools to be revised to capture individual accommodation plans.

Regulation Section	Compliance Date	Requirements	Action
Career development and advancement (AODA, 2005, O. Reg. 191/11, s. 31)	Jan 1, 2014	1. Shall take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when providing career development and advancement to its employees with disabilities (AODA, 2005).	
Redeployment (AODA, 2005, O. Reg. 191/11, s. 32)	Jan 1, 2014	1. Shall take into account the accessibility needs of its employees with disabilities as well as individual accommodation plans, when redeploying employees with disabilities (AODA, 2005).	

Transportation Standard

Regulation Section	Compliance Date	Requirements	Action
Public sector organizations (AODA, 2005, O. Reg. 191/11, s. 76)	Jan 1, 2011	76. Designated public sector organizations (including hospitals) that are not primarily in the business of transportation, but that provide transportation services, shall provide accessible vehicles or equivalent services upon request (AODA, 2005).	Carleton Place Hospital does not provide any transportation services to people with disabilities. The hospital provides non-emergent transfer services for those requiring a stretcher or escort.

Built Environment Standard

Regulation Section	Compliance Date	Requirements	Action
Outdoor public use eating areas, application (AODA, 2005, O. Reg. 191/11, s. 80.16, O. Reg. 413/12 s. 6)	Jan 1, 2016	(1) the requirements in section 80.17 apply to newly constructed and redeveloped outdoor public use eating areas that an obligated organization intends to maintain and that fall within the description set out in subsection (2).	The capital planning process and Redevelopment committee will pursue compliance when renovating or redeveloping an outdoor public area.
		(2) the outdoor public use eating areas to which subsection (1) applies consist of tables that are found in public areas, such as in public parks, on hospital grounds, and on university campuses and are specifically intended for use by the public as a place to consume food.	
Outdoor public use eating areas, general requirements (AODA, 2005, O. Reg. 191/11, s. 80.17, O. Reg. 413/12 s. 6)	Jan 1, 2016	Obligated organization shall ensure that where they construct or redevelop outdoor public use eating areas that they intend to maintain, the outdoor public use eating areas must meet the following criteria: 1. A minimum of 20% of the tables that are provided must be accessible to persons using mobility aids by having knee and toe clearance underneath the table and in no case shall there be fewer than one table in an outdoor public use eating area that meets this requirement.	
		2. the ground surface leading to and under tables that are accessible to persons using mobility aids must be level, firm and stable.	

Regulation Section	Compliance Date	Requirements	Action
		3. Tables that are accessible to persons using mobility aids must have clear ground space around them that allows for a forward approach to the tables.	
Exterior paths of travel, application (AODA, 2005, O. Reg. 191/11, s. 80.21, O. Reg. 413/12 s.	Jan 1, 2016	(1) this Part applies to newly constructed and redeveloped exterior paths of travel that are outdoor sidewalks or walkways designed and constructed for pedestrian travel and are intended to serve a functional purpose and not to provide a recreational experience.	
Exterior paths of travel, general (AODA, 2005, O. Reg. 191/11, s. 80.22, O. Reg. 413/12 s. 6)	Jan 1, 2016	Obligated organizations shall ensure that any exterior paths of travel that they construct or redevelop and intend to maintain meet the requirements set out in the part.	
		When constructing new or redeveloping existing exterior paths of travel that they intend to maintain, obligated organizations shall ensure that new and redeveloped exterior paths meet the following requirements: 1. the exterior path must have a minimum clear width of 1,500mm, but this clear width can be reduced to 1,200mm to serve as a turning space where the exterior path connects with a curb ramp.	
		2. where the head room clearance is less than 2,100 mm over a portion of the exterior path, a rail or other barrier with a leading edge that is cane detectable must be provided around the object that is obstructing the head room clearance.	

Regulation Section	Compliance Date	Requirements	Action
		3. The surface must be firm and stable.	
		4. The surface must be slip resistant.	
		5. where an exterior path has openings in its surface, i. the openings must not allow passage of an object that has a diameter of more than 20 mm and, ii. Any elongated openings must be oriented approximately perpendicular to the direction of travel.	
		6. the maximum running slope of the exterior path must be no more than 1:20, but where the exterior path is a sidewalk, it can have a slope greater than 1:20, but it cannot be steeper than the slope of the adjacent roadway.	
		7. the maximum cross slope of the exterior path must be no more than 1:20, where the surface is asphalt, concrete or some other hard surface, or no more than 1:10 in all other cases.	

Regulation Section	Compliance Date	Requirements	Action
		<p>8. the exterior path must meet the following requirements:</p> <ul style="list-style-type: none"> i. it must have a 1:2 bevel at changes in level between 6 mm and 13 mm ii. it must have a maximum running slope of 1:8 or a curb ramp that meets the requirement of section 80.26 at changes in level of 75 mm or greater and 200 mm or less. iii. It must have maximum running slope of 1:10 or a curb ramp that meets the requirement of section 80.26 at changes in level of 75 mm or greater and 200 mm or less. iv. It must have a ramp that meets the requirements of section 80.24 at changes in level of greater than 200 mm. 	
		<p>9. the entrance to the exterior path of travel must provide a minimum clear opening of 850 mm, whether the entrance includes a gate, bollard or other entrance design.</p>	
<p>Exterior paths of travel, ramps (AODA, 2005, O. Reg. 191/11, s. 80.24, O. Reg. 413/12 s. 6)</p>	<p>Jan 1, 2016</p>	<p>Where an exterior path of travel is equipped with a ramp, the ramp must meet the following requirements:</p> <p>1. The ramp must have a minimum clear width of 900 mm.</p>	
		<p>2. The surface of the ramp must be firm and stable.</p>	
		<p>3. The surface of the ramp must be slip resistant.</p>	
		<p>4. The surface of the ramp must have a maximum running slope of no more than 1:15.</p>	

Regulation Section	Compliance Date	Requirements	Action
		<p>5. the ramp must be provided with landings that meet the following requirements:</p> <ul style="list-style-type: none"> i. landings must be provided, <ul style="list-style-type: none"> A. at the top and bottom of the ramp, B. where there is an abrupt change in direction of the ramp, and C. at horizontal intervals not greater than 9 m apart. ii. Landings must be a minimum of 1,670 mm by 1,670 mm at the top and bottom of the ramp and where there is an abrupt change in direction of the ramp. iii. Landings must be a minimum of 1,670 mm in length and at least the same width of the ramps for an in-line ramp. iv. Landings must have a cross slope that is not steeper than 1.50 	
		<p>6. Where a ramp has openings in its surface,</p> <ul style="list-style-type: none"> i. The openings must not allow passage of an object that has a diameter of more than 20 mm, and ii. Any elongated openings must be oriented approximately perpendicular to the direction of travel. 	

Regulation Section	Compliance Date	Requirements	Action
		<p>7. A ramp must be equipped with handrails on both sides of the ramp and the handrails must,</p> <ul style="list-style-type: none"> i. Be continuously graspable along their entire length and have circular cross-section with an outside diameter not less than 30 mm and not more than 40 mm, or any non-circular shape with a graspable portion that has a perimeter not less than 100 mm and not more than 155 mm and whose largest cross-section dimension is not more than 57 mm, ii. Be not less than 865 mm and not more than 965 mm high, measured vertically from the surface of the ramp, except that handrails not meeting these requirements are permitted provided they are installed in addition to the required handrail, iii. Terminate in a manner that will not obstruct pedestrian travel or create a hazard, iv. Extend horizontally not less than 300 mm beyond the top and bottom of the ramp, v. Be provided with a clearance of not less than 50 mm between the handrail and any wall to which it is attached, and vi. Be designed and constructed such that handrails and their supports will withstand the loading values obtained from the non-concurrent application of a concentrated load not less than 0.9 kN applied at any point and in any direction for all handrails and a uniform load not less than 0.7 kN/metre applied in any direction to the handrail. 	

Regulation Section	Compliance Date	Requirements	Action
		8. where the ramp is more than 2,200 mm in width, i. one or more intermediate handrails which are continuous between landings shall be provided and located so that there is no more than 1,650 mm between handrails, and ii. the handrails must meet the requirements set out in paragraph 7.	
		9.the ramp must have a wall or guard on both sides and where a guard in provided, it must, i. Be not less than 1,070 mm measured vertically to the top of the guard from the ramp surface, and ii. Be designed so that no member, attachment or opening located between 140 mm and 900 mm above the ramp surface being protected by the guard will facilitate climbing.	
		10. The ramp must have edge protection that is provided, i. With a curb at least 50 mm high on any side of the ramp where no solid enclosure or solid guard is provided, or ii. With railing or barriers that extend to within 50 mm of the finished ramp surface.	
Exterior paths of travel, stairs (AODA, 2005, O. Reg. 191/11, s. 80.25, O. Reg. 413/12 s. 6)	Jan 1, 2016	Where the stairs connect to exterior paths of travel, the stairs must meet the following requirements: 1. The surface of the trads must have a finish that is slip resistant.	
		2. Stairs must have uniform risers and runs in any one flight.	

Regulation Section	Compliance Date	Requirements	Action
		3. The rise between successive treads must be between 125 mm and 180 mm	
		4. The run between successive steps must be between 280 mm and 355 mm	
		5. Stairs must have closed risers	
		6. The maximum nosing projection on a tread must be no more than 38 mm, with no abrupt undersides.	
		7. Stairs must have high tonal contract marking that extend the full trad width of the leading edge of each step	
		8. Stairs must be equipped with tactile walking surface indicators that are built in or applied to the walking surface and the tactile walking surface indicators must, i. Have raised tactile profiles, ii. Have a high tonal contract with the adjacent surface iii. Be located at the top of all flights of stairs, and iv. Extend the full tread width to a minimum depth of 610 mm commencing one tread depth from the edge of the stair	
		9. Handrails must be included on both sides of stairs and must satisfy the requirements set out in paragraph 7 of subsection 80.24.	

Regulation Section	Compliance Date	Requirements	Action
		10. A guard must be provided that is not less than 920 mm, measured vertically to the top of the guard from a line drawn through the outside edge of the stairway nosings and 1,070 mm around the landings and is required on each side of a stairway where the difference in elevation between ground level and the top of the stair is more than 600 mm but, where there is a wall, a guard is not required on that side.	
		11. Where stairs are more than 2,200 mm in width, i. One or more intermediate handrails that are continuous between landings must be provided and located so there is no more than 1,650 mm between handrails, and ii. The handrails must satisfy the requirements set out in paragraph 7 of subsection 80.24 .	
Exterior paths of travel, curb ramps (AODA, 2005, O. Reg. 191/11, s. 80.26, O. Reg. 413/12 s. 6)	Jan 1, 2016	Where a curb ramp is provided on an exterior path of travel, the curb ramp must align with the direction of travel and meet the following requirements: 1. The curb ramp must have a minimum clear width of 1,200 mm, exclusive of any flared sides.	
		2. The running slope of the curb ramp must, i. Be a maximum of 1:8, where elevation is less than 75 mm, and ii. Be a maximum of 1:10, where elevation is 75 mm or greater and 200 mm or less	
		3. The maximum cross slope of the curb ramp must be no more than 1:50	

Regulation Section	Compliance Date	Requirements	Action
		4. The maximum slope on the flared side of the curb ramp must be no more than 1:10	
		5. Where the curb ramp is provided at a pedestrian crossing, it must have tactile walking surface indicators that, <ul style="list-style-type: none"> i. Have raised tactile profiles, ii. Have a high tonal contrast with the adjacent surface, iii. Are located at the bottom of the curb ramp, iv. Are set back between 150 mm and 200 mm from the curb edge, v. Extend the full width of the curb ramp, and vi. Are a minimum of 610 mm in depth. 	
Exterior paths of travel, depressed curbs (AODA, 2005, O. Reg. 191/11, s. 80.27, O. Reg. 413/12 s. 6)	Jan 1, 2016	Where a depressed curb is provided on an exterior path of travel, the depressed curb must meet the following <ul style="list-style-type: none"> 1.The depressed curb must have a maximum running slope of 1:20 	
		2. The depressed curb must be aligned with the direction of travel	
		3. Where the depressed curb is provided at a pedestrian crossing, it must have tactile walking surface indicators that, <ul style="list-style-type: none"> i. Have raised tactile profiles, ii. Have high tonal contrast with the adjacent surface, iii. Are located at the bottom portion of the depressed curb that is flush with the roadway, iv. Are set back between 150 mm and 200 mm from the curb edge, and v.Are a minimum of 610 mm in depth. 	

Regulation Section	Compliance Date	Requirements	Action
Exterior paths of travel, accessible pedestrian signals (AODA, 2005, O. Reg. 191/11, s. 80.28, O. Reg. 413/12 s. 6)	Jan 1, 2016	(1) Where new pedestrian signals are being installed or existing pedestrian signals are being replaced at a pedestrian crossover, they must be accessible pedestrian signals.	
		(2) accessible pedestrian signals must meet the following requirements: 1. They must have a locator tone that is distinct from a walk indicator tone 2. They must be installed within 1,500 mm of the edge of the curb 3. They must be mounted at a maximum of 1,100 mm above ground level 4. They must have tactile arrows that align with the direction of crossing 5. They must include both manual and automatic activation features 6. They must include both audible and vibro-tactile walk indicators	
		(3) where two accessible pedestrian signal assemblies are installed on the same corner, they must be a minimum of 3,000 mm apart	
		(4) where the requirements in subsection (3) cannot be met because of the site constraints or existing infrastructure, two accessible pedestrian signal assemblies can be installed on a single post, and when this occurs, a verbal announcement must clearly state which crossing is active.	

Regulation Section	Compliance Date	Requirements	Action
Exterior pathways of travel, rest areas (AODA, 2005, O. Reg. 191/11, s. 80.28, O. Reg. 413/12 s. 6)	Jan 1, 2016	When constructing new or redeveloping existing exterior paths of travel that they intend to maintain, obligated organizations shall consult on the design and placement of rest areas along the exterior path of travel and shall do so in the following manner: 1. shall consult with the public and persons with disabilities.	
Application, off-street parking (AODA, 2005, O. Reg. 191/11, s. 80.32, O. Reg. 413/12 s. 6)	Jan 1, 2016	Obligated organization shall ensure that when constructing new or redeveloping off-street parking facilities that they intend to maintain, the off-street parking facilities meet the requirements set out in this part	
Access aisles (AODA, 2005, O. Reg. 191/11, s. 80.35, O. Reg. 413/12 s. 6)	Jan 1, 2016	(1) access aisles, that is the space between parking spaces that allows persons with disabilities to get in and out of their vehicles, must be provided for all parking spaces for the use of persons with disabilities in off-street parking facilities	
		use of persons with disabilities in an off-street parking facility and must meet the following requirement: 1. they must have a minimum width of 1,500 mm 2. they must extend the full length of the parking space 3. they must be marked with high tonal contrast diagonal lines, which discourages parking in them, where the surface is asphalt, concrete or some other hard surface	

Regulation Section	Compliance Date	Requirements	Action
		(1) off-street parking facilities must have a minimum number of parking spaces for the use of persons with disabilities, in accordance with the following requirements: 1. one parking space for the use of persons with disabilities, which meets the requirements of a Type A parking space, where there are 12 parking spaces or fewer.	
Minimum number and type of accessible parking spaces (AODA, 2005, O. Reg. 191/11, s. 80.36, O. Reg. 413/12 s. 6)	Jan 1, 2016	(1) off-street parking facilities must have a minimum number of parking spaces for the use of persons with disabilities, in accordance with the following requirements: 1. one parking space for the use of persons with disabilities, which meets the requirements of a Type A parking space, where there are 12 parking spaces or fewer.	

Regulation Section	Compliance Date	Requirements	Action
		<p>2. 4% of the total number of parking spaces for the use of persons with disabilities, where there are between 13 and 100 parking spaces in accordance with the following ratio, rounding up to the nearest whole number:</p> <p>i. Where even number of parking spaces for the use of persons with disabilities are provided in accordance with the requirements of this paragraph, an equal number of parking spaces that meet the requirements of Type A parking space and Type B parking space must be provided</p> <p>ii. Where an odd number of parking spaces for the use of persons with disabilities are provided in accordance with this paragraph, the number of parking spaces must be divided equally between parking spaces that meet the requirements of a Type A parking space and a Type B parking space, but the additional parking space, the odd-numbered space, may be a Type B parking space.</p>	
		<p>3. one parking space for the use of persons with disabilities and an additional 3% of parking spaces for the use of person with disabilities, where there are between 101 and 200 parking spaces for the use of persons with disabilities, calculated in accordance with ratios set out in subparagraphs 2i and 2ii, rounding up to the nearest whole number.</p>	

Regulation Section	Compliance Date	Requirements	Action
		<p>4. two parking spaces for the use of person with disabilities and an additional 2% of parking spaces for the use of persons with disabilities, where there are between 201 and 1,000 parking spaces must be parking spaces for the use of persons with disabilities in accordance with the ratios set out in subparagraphs 2i and 2ii, rounding up to the nearest whole number.</p>	
		<p>5. eleven parking spaces for the use of persons with disabilities and an additional 1% of parking spaces for the use of person with disabilities, where more than 1,000 parking spaces are provided must be parking spaces for persons with disabilities in accordance with the ratios set out in subparagraphs 2i and 2ii, rounding up to the nearest whole number.</p>	
		<p>(2)If an obligated organization provides more than one off-street parking facility at a site, the organization shall calculate the number and type of parking spaces for the use of persons with disabilities according to the number and type of parking spaces required for each off-street parking facility.</p>	

Regulation Section	Compliance Date	Requirements	Action
		(3)In determining the location of parking spaces for the use of persons with disabilities that must be provided where there is more than one off-street parking facility at a site, the organization may distribute them among the off-street parking facilities in a manner that provides substantially equivalent or greater accessibility in terms of distance from an accessible entrance or user convenience.	
		(4)for purposes of subsection (3), the following factors may be considered in determining user convenience: 1. Protection from the weather 2. security 3. lighting 4. comparative maintenance	
Signage (AODA, 2005, O. Reg. 191/11, s. 80.37, O. Reg. 413/12 s. 6)	Jan 1, 2016	Obligated organizations shall ensure that parking spaces for the use of persons with disabilities are required under section 80.36 are distinctly indicated by erecting an accessible permit parking sign in accordance with section 11 of Regulation 581 of the Revised Regulations of Ontario, 1990	

Regulation Section	Compliance Date	Requirements	Action
On-street parking spaces (AODA, 2005, O. Reg. 191/11, s. 80.38, O. Reg. 413/12 s. 6)	Jan 1, 2016	(1) when constructing or redeveloping existing on-street parking spaces, designated public sector organization shall consult on the need, location and design of accessible on-street parking spaces and shall do so in the following manner: 1. designated public sector organizations must consult with the public and persons with disabilities	
Application (AODA, 2005, O. Reg. 191/11, s. 80.40, O. Reg. 413/12 s. 6)	Jan 1, 2016	(1) obligated organizations shall meet the requirements set out in this Part in respect to the following: 1. all newly constructed service counters and fixed queuing guides 2. all newly constructed or redeveloped waiting areas	
		(2) for the purposes of the Part, requirements for obtaining services in respect of service counters, fixed queuing guides and waiting areas apply whether the services are obtained in buildings or out-of-doors	
Service counters (AODA, 2005, O. Reg. 191/11, s. 80.41, O. Reg. 413/12 s. 6)	Jan 1, 2016	(1) when constructing new service counters, which includes replacing existing service counters, the following requirements must be met:	

Regulation Section	Compliance Date	Requirements	Action
		<ol style="list-style-type: none"> 1. there must be at a minimum one service counter that accommodates a mobility aid for each type of service provided and the accessible service counter must be clearly identified with signage, where there are multiple queuing lines and service counters. 2. each service counter must accommodate a mobility aid, where a single queuing line serves a single or multiple counters. 	
		<p>(2) the service counter that accommodates mobility aids must meet the following requirements:</p> <ol style="list-style-type: none"> 1. the countertop height must be such that it is usable by a person seated in a mobility aid 2. there must be sufficient knee clearance for a person seated in a mobility aid, where forward approach to the counter is required. 3. the floor space in front of the counter must be sufficiently clear so as to accommodate a mobility aid 	
<p>Fixed queuing guides (AODA, 2005, O. Reg. 191/11, s. 80.42, O. Reg. 413/12 s. 6)</p>	<p>Jan 1, 2016</p>	<p>When constructing new fixed queuing guides, the following requirements must be met:</p> <ol style="list-style-type: none"> 1. the fixed queuing guides must provide sufficient width to allow for the passage of mobility aids and mobility assistive devices 2. the fixed queuing guides must have sufficiently clear floor area to permit mobility aids to turn where queuing lines change direction 3. the fixed queuing guides must be cane detectable 	

Regulation Section	Compliance Date	Requirements	Action
Waiting areas (AODA, 2005, O. Reg. 191/11, s. 80.43, O. Reg. 413/12 s. 6)	Jan 1, 2016	(1) when constructing a new waiting area or redeveloping an existing waiting area, where seating is fixed to the floor, and a minimum of 3% of the new seating must be accessible, but in no case shall there be fewer than one accessible seating space.	
		(2) for the purposes of this section, accessible seating is a space in the seating area where an individual using a mobility aid can wait	
Maintenance of accessible elements (AODA, 2005, O. Reg. 191/11, s. 80.44, O. Reg. 413/12 s. 6)	Jan 1, 2016	In addition to the accessibility plan requirements set out in section 4, obligated organizations shall ensure that their multi-year accessibility plans include the following: <ol style="list-style-type: none"> 1. procedures for preventative and emergency maintenance of the accessible elements in public spaces as required under this Part, 2. Procedures for dealing with temporary disruptions when accessible elements required under this Part are not in working order. 	

ACCESSIBILITY COMMITTEE
Minutes

Thursday, January 9th, 2014 at 1:30 pm
Board Room

1. Call to Order

1.1 Quorum (50% +1)

Participants:

R Arseneau, S MacPherson, R Dods, D Mitchell, L Scissons, V Sherrard, S Thomson, J Lindsay, C Boast, T Surko

1.2 Approval of Agenda
All

1.3 Declarations of Conflicts
None

3.0 BUSINESS ARISING

4.0 Accessibility Plan

The membership reviewed the new integrated accessibility plan which details the new requirements for Jan 1, 2013. A multiyear plan was approved to 16/17. The members determined to widen the membership of the accessibility committee to include ad hoc membership of members of the community with disabilities. Elaine Andrews will join this committee.

The human resources manager reviewed the hiring and screening process that will be used to screen an incumbent for disability, the assessment and documentation of an individual staff emergency response plan and how to manage a request for permanent accommodation.

The educator highlighted training plans for staff at skills day and on orientation to ensure staff understanding of the new legislation.

The committee will meet after staff training has been completed to review staff responses to the compliance quiz.

7.0 Date of Next Meeting

At the call of the chair

8.0 Adjournment

The meeting was adjourned at **2:00** pm