



Headwaters Health Care Centre

Multi-Year Accessibility Plan

January 1, 2022 to December 31, 2024

Updated December 2021

This publication is available on our website
www.headwatershealth.ca

This publication is available alternative formats upon request

Table of Contents

| | |
|--|----|
| Executive Summary | 3 |
| About Headwaters Health Care Centre | 4 |
| Aim & Objectives..... | 5 |
| Definitions | 5 |
| Inclusion, Equity, Diversity and Accessibility Committee | 6 |
| HHCC’s Commitment to Accessibility Planning..... | 7 |
| Barrier-Identification Methodologies | 7 |
| Report on Achievements | 9 |
| Part I: General Requirements | 9 |
| Part II: Information & Communications Standards..... | 10 |
| Part III: Employment Standards | 11 |
| Part IV: Transportation Standards | 15 |
| Part IV.1: Design of Public Spaces Standards..... | 15 |
| Part IV.2: Customer Service Standards | 17 |
| Next Steps..... | 22 |
| Conclusion..... | 22 |
| Appendix A: Alternate Formats | 22 |

Executive Summary

In keeping with the *Ontarians for Disabilities Act (ODA 2001)*, Headwaters Health Care Centre (HHCC) has prepared a multi-year accessibility plan that addresses the identification, removal and prevention of barriers for persons with disabilities.

The *Integrated Accessibility Standards Regulation (IASR) of Accessibility for Ontarians with Disabilities Act (AODA 2005)* became law in 2011, and now requires hospitals to produce multi-year accessibility plans that include targets and timelines for compliance with the multiple requirements of the IASR, in addition to their ongoing activities around both the *Customer Service Standard* of AODA and locally identified barriers in by-laws, policies, programs, practices, and services.

In this Multi-Year Accessibility Plan 2022-2024, you will find references to the AODA, which builds on the ODA and whose purpose is to create an accessible Ontario by 2025 through the development of standards and enforcement mechanisms. Compliance reporting on the Customer Service Standard was completed by HHCC in 2010, as required by law, and ongoing customer service standard training and initiatives continue. Legislated standards in the areas of Information and Communications, Employment and Transportation are combined in the IASR and phased-in targets and timelines are reflected in this multi-year plan. A preliminary plan to implement the Design of Public Spaces Standard, released in draft form by the Province of Ontario in August 2012, is included in summary form within this plan, in anticipation of this standard becoming law in 2013.

In keeping with AODA and IASR, this plan was created in consultation with our Inclusion, Diversity, Equity and Accessibility Committee.

HHCC is committed to the ongoing process of improving access to all of our programs, services, goods and facilities. The hospital is committed to removing barriers to give people with disabilities the same opportunities to access and benefit from services in similar ways as all other patients, clients, and employees. This commitment extends to patients, families, visitors, employees and volunteers with disabilities.

In conclusion, our plan provides a roadmap for HHCC to work towards transforming our organization into a more accessible organization by 2025. Our plan speaks to our commitment to meeting the mandatory requirements and to also provide safe and quality care for all through accessibility and inclusiveness.

About Headwaters Health Care Centre

Headwaters Health Care Centre is an 73-bed medium-size hospital in Orangeville, Ontario. It opened nearly 25 years ago in May of 1997, after the amalgamation of two other hospitals in the area, which were established over 100 years prior. Headwaters was recognized for its design, receiving the Ontario Architectural Association Design Award in 2000, and for its services, receiving the 3-M Health Care Quality Team Award in 1999. In September 2017, HHCC opened the doors to a new 8,700 square foot Ambulatory Care Centre which provides high demand outpatient clinics and programs such as dialysis, chemotherapy, minor procedures, orthopedics, and plastics.

There are over 800 employees, more than 252 physicians, dentists, and midwives and over 400 volunteers as part of the team. Accredited with Exemplary Standing by Accreditation Canada, Headwaters offers acute and complex continuing care with 24/7 Emergency Department coverage as well as extensive outpatient services in its Ambulatory Care Centre.

OUR PROGRAMS & SERVICES

The hospital is home to a wide variety of family practice and medical practitioners, hospitalists, and specialists in a range of health care disciplines including anesthesiology, diagnostic imaging, general surgery, urology, internal medicine, obstetrics, and pediatrics. Outpatient services include clinics for breast feeding, cardiac wellness, chemotherapy, diabetes education, dialysis, Holter monitoring, oncology, orthopedics, rehabilitation, and respiratory therapy. The hospital is also a proud partner in the Hills of Headwaters Collaborative Ontario Health Team, formed in 2019 as part of the Province of Ontario's first wave of 24 Ontario Health Teams.

As a medium-size, acute care general service hospital, Headwaters provides a range of programs and services that support our community needs:

- Our spectrum of **Core Programs** focuses on Emergency Department, Medical/Surgical and Paediatric Inpatients, Surgical Program, Obstetrics and Ambulatory Care and Out-Patient Services
- We enhance these core programs with our **Regional Programs & Affiliations**, including Seniors Health, Rehabilitation, Chronic Disease Management, Regional Cancer Program, Diabetes, and Chronic Kidney Disease
- Execution of our core and specialty programs is dependent upon the provision of **Essential Services** in areas like clinical (Laboratory, Diagnostic Imaging, Spiritual Care, Infection Prevention and Control, Professional Practice and Patient Family Advisory) and corporate (Finance, Quality, Human Resources) further strengthened by our fundamental approach to Ethical and Equity based care.

Please visit www.headwatershealth.ca for a full list of programs and services.

Aim & Objectives

This plan describes the measures HHCC has taken and will take in the coming years (2022-2024) to identify, remove, and prevent barriers to persons with disabilities who visit, use, or are employed by the hospital, including patients, families, employees, health care providers, volunteers and members of the community.

Annually, a status report will be completed to outline the progress of measures taken to implement the Multi-Year Accessibility Plan. Additionally, an annual review of the plan will be conducted with the plan being updated as required to include any new identified priority action items and/or as new legislation is brought forward.

The Accessibility Plan is in keeping with the objective of incorporating sustainability into the Hospital's operation. We welcome feedback on the Hospital's Accessibility Plan. Together we can continue to make the hospital more accessible for all.

Definitions

For the purposes of this plan, the following definitions apply.

A “**barrier**” is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice (organizational barrier).

Architectural and physical barriers are features of buildings or spaces that cause problems for people with disabilities. Examples are: • hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker • counters that are too high for a person of short stature • poor lighting for people with low vision • doorknobs that are difficult for people with arthritis to grasp • parking spaces that are too narrow for a driver who uses a wheelchair • telephones that are not equipped with telecommunications devices for people who are Deaf, deafened or hard of hearing

Information or communications barriers happen when a person can't easily understand information. Examples are: • print is too small to read • websites that can't be accessed by people who do are not able to use a mouse • signs that are not clear or easily understood • a person who talks loudly when addressing a person with a hearing impairment

Attitudinal barriers are those that discriminate against persons with disabilities. Examples are: • thinking that persons with disabilities are inferior • assuming that a person who has a speech impairment can't understand you • a receptionist who ignores a customer in a wheelchair

Technological barriers occur when a technology can't be modified to support various assistive devices. An example is: • a website that doesn't support screen-reading software

Organizational barriers are an organization's policies, practices or procedures that discriminate against persons with disabilities. Examples are: • a hiring process that is not open to persons with disabilities a practice of announcing important messages over an intercom that persons with hearing impairments cannot hear clearly.

Disability

- a. Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- b. A condition of mental impairment or a developmental disability,
- c. A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. A mental disorder, or
- e. An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997

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

A **Service Animal** is an animal that is used by a person with a disability for reasons relating to his or her disability. For example, a guide dog wearing a harness. If it is not readily apparent that the animal is a service animal, then a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability is required.

A **Support Person** means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services. Also note that, in use of Support Persons, if a participant fee is charged (e.g. admission or registration fee) departments must clearly post advance notice of the amount, if any, payable by the accompanying Support Person.

Inclusion, Equity, Diversity and Accessibility Committee

HHCC's Inclusion, Equity, Diversity and Accessibility (IDEA) Committee is an advisory body established in accordance with a Terms of Reference. The Committee's role is to advise the hospital, reporting through to the Senior Management Committee, to ensure both accessibility and equity requirements, as outlined in the Ontarians with Disabilities Act (AODA), are being met and communicated.

Purpose

To advise and promote Inclusion, Equity, Diversity and Accessibility efforts at HHCC, as well as provide support and resources to other hospital committees.

Membership

The Committee consists of the following:

- Chair, Manager, Talent and Workforce Planning
- Director, Corporate Services, Facilities and Procurement
- Human Resources Department representative
- Communications & Stakeholder Relations Department representative
- Frontline staff representatives
- Environmental Services Department representative
- Registration Department representative

- Headwaters Health Care Auxiliary representative
- Public representatives
- Guests are invited as required

Responsibilities

- Review policies, programs, practices, services, standards and by-laws that cause or may cause barriers to persons with disabilities or individuals who may face barriers due to gender, ethnic origin, skin colour, language, religious beliefs, class, sexual orientation, disability, age, culture or any other diversity or disability.
- Share information on ideas, policies, guidelines, programs, best practices, actions and campaigns as they relate to accessibility and equitable access to health care
- Identify and apply accessible and equitable standards to ensure an exceptional experience every time for patients, visitors, staff, health care providers, volunteers and the community.
- Develop, review and comment on a Multi-Year Accessibility Plan to be approved by Senior Management and posted publicly.
- Provide a forum where accessibility and equity concerns and issues can be raised and identified so they can be removed or prevented in the coming years.
- Promote and communicate the use of the Health Equity Impact Assessment Tool (HEIA) and other accessibility and equity tools, policies and guidelines etc.

Accountability

The Committee is accountable to the President & CEO through regular updates at the Senior Management Level. An action-log will be created to capture and assign accountability and will be reviewed at each meeting.

Frequency & Agenda

The Committee will meet at least four times (quarterly) per calendar year and may meet more frequently as needed. Committee Co-Chairs will prepare committee meeting agendas with input from the Committee.

HHCC's Commitment to Accessibility Planning

HHCC is committed to ensuring equal access and participation for people with disabilities. We are committed to treating people with disabilities in a way that allows them to maintain their dignity and independence.

We believe in integration, and we are committed to meeting the needs of people with disabilities in a timely manner. We will do so by removing and preventing barriers to accessibility and by meeting our accessibility requirements under Ontario's accessibility laws.

Barrier-Identification Methodologies

In accordance with the AODA and with HHCC's commitment to treating all people in a way that allows them to maintain their dignity and independence while creating an inclusive work environment for HHCC's people to develop to their full potential, our plan seeks to prevent and remove barriers to accessibility for persons with disabilities.

A "barrier" is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability. Typical barriers to accessibility encountered by persons with

disabilities include Physical/Architectural, Attitudinal, Informational/Communication, Systemic, and Technological barriers.

In an effort to better understand the barriers to accessibility encountered at HHCC, feedback was gathered from relevant stakeholders, including staff, patients who may have lived experiences, or have an awareness of, disabilities along with internal subject-matter experts in Diversity and Disability Management.

Barrier Definitions:

1. **Physical/Architectural:** design elements of a building or a space that cause problems for persons with disabilities.
2. **Attitudinal:** our perceptions of, and how we interact with, persons with disabilities.
3. **Informational/Communication:** things/situations that make it difficult for a person with a disability to give, receive or understand information.
4. **Systemic:** organizational policies or practices that (often unwittingly) restrict the participation of persons with disabilities.
5. **Technological:** poor or inexistent technology system that can prevent people from accessing information. Common tools like computers, telephones and other aids can all present barriers if they are not set up or designed with accessibility in mind

Report on Achievements

| Part I: General Requirements | | | | |
|--|--|---|-------------------|-----------------|
| Initiative | ISAR Requirement | Action | Status | Compliance Date |
| 3.1 Establishment of Accessibility Policies | Every obligated organization shall develop, implement and maintain policies governing how the organization achieves or will achieve accessibility through meeting its requirements under the accessibility standards referred to in this Regulation. | Developed and implement policy. Posted on HHCC internal website and can be made available in an accessible format to employees and the public upon request. Policy will be reviewed and updated as required. | Completed | January 1, 2014 |
| 4.1 Accessibility Plans | Large organizations shall, (a) establish, implement, maintain and document a multi-year accessibility plan, which outlines the organization's strategy to prevent and remove barriers and meet its requirements under this Regulation; (b) post the accessibility plan on their website, if any, and provide the plan in an accessible format upon request; and (c) review and update the accessibility plan at least once every five years. | Multi-Year Accessibility Plan has been implemented and posted on HHCC external and internal website and can be made available in an accessible format upon request. The Plan is reviewed annually and is scheduled to be updated once every five (5) years. The Plan was updated in 2019, with the anticipated next scheduled update to be completed no later than by 2021. | Completed | January 1, 2014 |
| 5.1 Procuring or acquiring goods, services or facilities | organizations shall incorporate accessibility design, criteria and features when procuring or acquiring goods, services or facilities, except where it is not practicable to do so. | In accordance with section 5 of the AODA, Integrated Accessibility Standards Regulation, HHCC is committed to incorporating accessibility criteria or features when procuring or acquiring goods, services or facilities, except where it is not practicable to do so. HHCC recognizes that it might not always be possible to ensure that goods, services or facilities procured or acquired are accessible. In this regard, HHCC will provide an explanation, upon request, in accordance with this regulation | Completed-Ongoing | January 1, 2014 |
| 6.1 Self-Service Kiosks | Large organizations and small organizations shall have regard to the accessibility for persons with disabilities when designing, procuring or acquiring self-service kiosks. | When designing, procuring, or acquiring self-service kiosks, employees will have regard for the need of persons with disabilities. HHCC will undertake designing a resort-wide standard for self-service kiosks that incorporate the needs of persons with | Completed-Ongoing | January 1, 2014 |

| | | | | |
|--|--|--|-------------------|-----------------|
| | | disabilities, and will train employees responsible for concept, specifications, construction, and procurement. | | |
| 7.1 Training | Every obligated organization shall ensure that training is provided 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, (a) all employees, and volunteers; (b) all persons who participate in developing the organization's policies; and (c) all other persons who provide goods, services or facilities on behalf of the organization | Establishment of AODA cross functional team, including members of KPMG Business School, to understand training requirements pursuant to the ISAR • Reviewed current training to determine whether existing training could be leveraged for training required by the ISAR • Determine budget to provide training • Engage with KPMG Business School to develop training program to educate staff and managers on AODA legislation, ISAR and Human Rights Code to be rolled out to all KPMG people in Ontario • Assess training needs (e.g., separate training for managers and employee levels) • Determine vehicle to deliver training (e.g., online) • Training will be mandatory and training will be available online • Training to incorporate accessible format – review training modes and materials to determine what accessible formats currently exist and what accessible functions may be incorporated in the training design • Determine mechanism for managing and tracking completion of training by KPMG Ontario people | Completed-Ongoing | January 1, 2015 |
| Part II: Information & Communications Standards | | | | |
| 11.1 Feedback Process | Every obligated organization that has processes for receiving and responding to feedback shall ensure that the processes are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports, upon request | Process has been established for receiving and responding to feedback. The company's website recommends ways in which feedback can be made. These include: <ul style="list-style-type: none"> • Dedicated email address IDEA@headwatershelath.ca which is monitored by our Communication department • By Phone (519) 941-2410 x.2248, • In writing mailed to the company's address. All requests will be escalated to the appropriate department for prompt follow up, which is standard practice for guest feedback/inquiries. As standard practice, feedback is sent to the department managers for prompt follow up | Completed-Ongoing | January 1, 2015 |
| 12.1 Accessible Formats & | 1) Except as otherwise provided, every obligated organization shall upon request provide or arrange for the provision of accessible formats and | Upon request, to the extent practicable, HHCC will provide accessible formats and communication supports for persons | Completed-Ongoing | January 1, 2016 |

| | | | | |
|--|---|--|-------------------|-----------------------------------|
| Communication Supports | communication supports for persons with disabilities, (a) in a timely manner that takes into account the person's accessibility needs due to disability; and (b) at a cost that is no more than the regular cost charged to other persons. 2) The obligated organization shall consult with the person making the request in determining the suitability of an accessible format or communication support. 3) Every obligated organization shall notify the public about the availability of accessible formats and communication supports. 4) Every obligated organization that is required to provide accessible formats or accessible formats and communication supports by section 3, 4, 11, 13, 19, 26, 28, 34, 37, 44 or 64 shall meet the requirements of subsections (1) and (2) but shall do so in accordance with the schedule set out in the referenced section and shall do so only to the extent that the requirements in subsections (1) and (2) are applicable to the requirements set out in the referenced section | with disabilities, consulting with the person making the request to determine the suitability of the accessible format or communication support. | | |
| 13.1 Emergency procedures, plans, or public safety information | In addition to its obligations under section 12, if an obligated organization prepares emergency procedures, plans or public safety information and makes the information available to the public, the obligated organization shall provide the information in an accessible format or with appropriate communication supports, as soon as practicable, upon request | Created an Emergency Response Plan which is provided to all employees and is accessible via the company intranet Emergency procedures, plans, or public safety information that is publicly available, shall be provided in an accessible format or with appropriate communication supports, upon request, as soon as possible. | Completed-Ongoing | January 1, 2012 |
| 14.1 Accessible website and web content | Designated public sector organizations and large organizations shall make their 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, and shall do so in accordance with the schedule set out in this section. | WCAG 2.0 Level A requirements have been met. Staff will continue to regularly evaluate compliance of our website. Staff will ensure that our website incorporates WCAG 2.0 Level AA requirements on or before January 1, 2021. | Completed-Ongoing | January 1, 2014 & January 1, 2021 |
| Part III: Employment Standards | | | | |
| 22 Recruitment, General | Every employer shall notify its employees and the public about the availability of accommodation for applicants with disabilities in its recruitment processes | Language is included on job postings (internal and external) and our website, to inform applicants with disabilities that accommodation is available upon request. | Completed | January 1, 2016 |

| | | | | |
|---|---|--|-----------------------|-----------------|
| 23.1 Recruitment, Assessment, or Selection Process | 1) During a recruitment process, an employer shall notify job applicants, when they are individually selected to participate in an assessment or selection process, that accommodations are available upon request in relation to the materials or processes to be used. 2) If a selected applicant 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 takes into account the applicant's accessibility needs due to disability. | Language is included on notifications for interview (email or phone) that informs the applicant that accommodation is available upon request. If accommodation is requested, the applicant will be consulted to find an appropriate solution to remove barriers. Recruitment process (assessment, location) will be reviewed on a continual basis to ensure barriers may be removed or accessible features provided, upon request. | Completed- Ongoing | January 1, 2016 |
| 24 Notice to Successful Applicants | Every employer shall, when making offers of employment, notify the successful applicant of its policies for accommodating employees with disabilities. | Employees will be provided with accommodation policy information in the "New Employee Package" upon hire. Additional accommodation policy information will be provided to employees within 30 days from their hire date. | Completed- Ongoing | January 1, 2016 |
| 25 Informing Employees of Support | 1) Every employer shall inform its employees of its policies used to support its employees with disabilities, including, but not limited to, policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability. 2) Employers shall provide the information required under this section to new employees as soon as practicable after they begin their employment. 3) Employers shall provide updated information to its employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability | Within 30 days from hire date, employees will be enrolled to complete the online AODA training which includes a review of our policies and procedures. Employees have access to the our intranet website where AODA policies and procedures are available for review. Employees will be informed on changes to accommodation policies/procedures by developing a process to communicate to all employees, and by updating policies on the website. | Completed- Ongoing | January 1, 2016 |
| 26. 1 Accessible Formats and Communication Supports for Employees | 1) In addition to its obligations under section 12, where an employee with a disability so requests it, every 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. 2) The employer shall consult with the employee making the request in determining the suitability of an accessible format or communication support. | Educate employees and Leaders on the availability of accessible formats and communication supports, and the process for when a request is made. Upon request, consult with the employee to determine suitable accessible formats and communication supports needed to perform the employee's job | Completed- Ongoing | January 1, 2016 |
| 27 Workplace Emergency | 1) Every employer shall provide individualized workplace emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the employer is | Develop individualized emergency response procedures as soon as possible, upon request, for employees with disabilities. The "Individual Emergency Response Information Form" is | Completed- Ongoing | January 1, 2016 |

| | | | | |
|--|---|--|-------------------|-----------------|
| Response Information | <p>aware of the need for accommodation due to the employee’s disability. 2) If an employee who receives individualized workplace emergency response information requires assistance and with the employee’s consent, the employer shall provide the workplace emergency response information to the person designated by the employer to provide assistance to the employee. 3) Employers shall provide the information required under this section as soon as practicable after the employer becomes aware of the need for accommodation due to the employee’s disability.</p> | <p>available through Human Resources to assist in the development of these plans.</p> <p>Individualized emergency plans will include the ability to obtain consent from the individual requesting the accommodation to inform other support persons designated to provide assistance in the event of an emergency.</p> <p>Include information in the policy to outline the guidelines for reviewing an individual emergency plan due to a move, a change in accommodation needs, or changes to emergency response policies.</p> | | |
| 28 Documented Individual Accommodation Plans | <p>1) Employers, other than employers that are small organizations, shall develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities. 2) The process for the development of documented individual accommodation plans shall include the following elements: 1. The manner in which an employee requesting accommodation can participate in the development of the individual accommodation plan.</p> <p>2. The means by which the employee is assessed on an individual basis.</p> <p>3. The manner in which the employer can request an evaluation by an outside medical or other expert, at the employer’s expense, to assist the employer in determining if accommodation can be achieved and, if so, how accommodation can be achieved. 4. The manner in which the employee can request the participation of a representative from their bargaining agent, where the employee is represented by a bargaining agent, or other representative from the workplace, where the employee is not represented by a bargaining agent, in the development of the accommodation plan. 5. The steps taken to protect the privacy of the employee’s personal information. 6. The frequency with which the individual accommodation plan will be reviewed and updated and the manner in which it will be done. 7. If an</p> | <p>A policy and procedure for “Individual Accommodation Plans” was created and implemented to employees that outlines the steps required for the development and documentation of individual accommodation plans for employees with disabilities. In the documented plan includes the following, in an accessible format:</p> <ul style="list-style-type: none"> • Manner in which the employee can request. • The circumstances in which medical or outside experts may be required. • Incorporate confidentiality requirements and outline to whom and what information may be shared. • Frequency in which the accommodation plan will be reviewed and updated. • Communication plan to inform an employee if the accommodation has been denied. <p>Leaders were educated on accommodation and accessibility policies and procedures for employees requesting individual plans</p> | Completed-Ongoing | January 1, 2016 |

| | | | | |
|---------------------------|--|--|-------------------|-----------------|
| | individual accommodation plan is denied, the manner in which the reasons for the denial will be provided to the employee. 8. The means of providing the individual accommodation plan in a format that takes into account the employee’s accessibility needs due to disability. | | | |
| 29 Return to Work Process | <p>1) Every employer, other than an employer that is a small organization, (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 (b) shall document the process</p> <p>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 described in section 28, as part of the process.</p> <p>3) The return to work process referenced in this section does not replace or override any other return to work process created by or under any other statute.</p> | <p>A policy and procedure for “Non-Work Related Return to Work Disability Related Policy” was created and implemented to employees that outlines the steps required for employees who have been absent from work due to a non-work related disability and who require accommodation in order to return to work.</p> <p>Notably, this policy is distinct from the Return to Work Policy under the Occupational Health and Safety Act and related regulations.</p> | Completed-Ongoing | January 1, 2016 |
| 30 Performance Management | <p>1) An employer that uses performance management in respect of its employees shall take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when using its performance management process in respect of employees with disabilities.</p> <p>2) In this section, “performance management” means activities related to assessing and improving employee performance, productivity and effectiveness, with the goal of facilitating employee success</p> | <p>Reviewed and updated current performance management processes and policies to ensure accessibility features are included.</p> <p>Upon request from the employee, ensure performance management processes incorporate accessibility features and any reasonable accommodation needs.</p> <p>Incorporated components in Leadership training on appropriate processes to ensure understanding of accessibility in the performance management process.</p> | Completed-Ongoing | January 1, 2016 |
| 31 Career Development | 1) An employer that provides career development and advancement to its employees shall take into account the accessibility needs of its employees with disabilities as well as any individual accommodation plans, when | Reviewed and updated career development and advancement practices to ensure accessibility needs and individual | Completed-Ongoing | January 1, 2016 |

| | | | | |
|---|---|---|-------------------|-----------------|
| and Advancement | providing career development and advancement to its employees with disabilities. 2) In this section, “career development and advancement” includes providing additional responsibilities within an employee’s current position and the movement of an employee from one job to another in an organization that may be higher in pay, provide greater responsibility or be at a higher level in the organization or any combination of them and, for both additional responsibilities and employee movement, is usually based on merit or seniority, or a combination of them. | accommodation plans of employees with disabilities are taken into account. Upon request from an employee, provide any training and professional development materials in accessible formats. | | |
| 32 Redeployment | 1) An employer that uses redeployment shall take into account the accessibility needs of its employees with disabilities, as well as individual accommodation plans, when redeploying employees with disabilities. 2) In this section, “redeployment” means the reassignment of employees to other departments or jobs within the organization as an alternative to layoff, when a particular job or department has been eliminated by the organization. | Reviewed and updated current redeployment practices to ensure accommodation plans are referenced, and ensure redeployment efforts take into account any accommodation needs of the employee. Modified training information for Leaders to include best practice information to ensure redeployment efforts/activities take into account an employee’s accommodation needs. | Completed-Ongoing | January 1, 2016 |
| Part IV: Transportation Standards | | | | |
| Part IV.1: Design of Public Spaces Standards | | | | |
| 80.16 Outdoor Public Use Eating Areas | Requirements apply to newly constructed and redeveloped outdoor public use eating areas that an obligated organization, other than a small organization, intends to maintain and that are outdoor public use eating consisting 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. Obligated organizations, other than small organizations, shall ensure that where they construct or redevelop outdoor public use eating areas that they intend to maintain, the outdoor public use eating areas meet requirements of the IASR, such as percentage of accessible tables, ground surface, and clear ground space around tables | In the event that a newly constructed or redeveloped outdoor public eating space is deemed to require compliance, we will meet the technical requirements in accordance with the provisions of the IASR. | Completed-Ongoing | January 1, 2017 |

| | | | | |
|--------------------------------|--|---|-------------------|-----------------|
| 80.22 Exterior Paths of Travel | <p>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. 2) This Part does not apply to paths of travel regulated under Ontario Regulation 350/06 (Building Code) made under the Building Code Act, 1992.</p> <p>When constructing new or redeveloping existing exterior paths of travel that they intend to maintain, obligated organizations, other than small organizations, shall ensure that new and redeveloped exterior paths of travel meet the technical requirements of the IASR for width, head room clearance, surface, opening size, running slope, and cross slope.</p> <p>Certain technical requirements must be met when an exterior path of travel is equipped with a ramp, stairs, curb ramp, accessible pedestrian control signals, and rest areas.</p> | Where practicable, new 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 (including stairs, ramps, curbs, ramps, depressed curbs, pedestrian signals, rest areas), not to provide a recreational experience, we will meet certain technical requirements in accordance with the provisions of the IASR. | Completed-Ongoing | January 1, 2017 |
| 80.32 Accessible Parking | <p>Obligated organizations 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.</p> <p>Off-street parking facilities must provide: Type A and Type B parking spaces, access aisles for all accessible parking spaces for the use of persons with disabilities, and a minimum number and type of accessible parking spaces, and signage according to the requirements of the IASR</p> | Where practicable, new and redeveloped parking areas will meet certain technical requirements in accordance with the provisions of the IASR. | Completed-Ongoing | January 1, 2017 |
| 80.41 Service Counters | Service Counters When constructing new service counters, which includes replacing existing service counters, requirements must be met for provision of minimum number of accessible service counters, ability to accommodate a mobility aid, and must abide by the countertop height, knee clearance, and floor area clearance requirements, as noted in the IASR. | Where practicable, all indoor or outdoor newly constructed services counters will conform to all of the required elements in accordance with the provisions of the IASR. | Completed-Ongoing | January 1, 2017 |
| 80.43 Waiting Areas | <p>When constructing a new waiting area or redeveloping an existing waiting area, where the seating is fixed to the floor, a minimum of three per cent of the new seating must be accessible, but in no case shall there be fewer than one accessible seating</p> <p>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</p> | Where practicable, all indoor or outdoor newly constructed services counters and fixed queuing guide and all newly constructed or redeveloped waiting areas will conform to all of the required elements in accordance with the provisions of the IASR. | Completed-Ongoing | January 1, 2017 |

| | | | | |
|--|--|--|-------------------|-----------------|
| 80.44 Maintenance of Accessible Elements | In addition to the accessibility plan requirements set out in section 4, obligated organizations, other than small organizations, shall ensure that their multi-year accessibility plans include the following: 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. | Leaders have been informed that they must identify preventative and emergency maintenance procedures and alternatives for handling disruptions and alternatives in accordance with the provisions of the IASR, and that such procedures be documented accordingly in their businesses' standard operating procedures, with training provided to their employees. | Completed-Ongoing | January 1, 2017 |
| Part IV.2: Customer Service Standards | | | | |
| 80.46 Establishment of Policies | 1) In addition to the requirements in section 3, every provider shall develop, implement and maintain policies governing its provision of goods, services or facilities, as the case may be, to persons with disabilities. 2) The provider shall use reasonable efforts to ensure that the policies are consistent with the following principles: 1. The goods, services or facilities must be provided in a manner that respects the dignity and independence of persons with disabilities. 2. The provision of goods, services or facilities to persons with disabilities must be integrated with the provision of goods, services or facilities to others, unless an alternative measure is necessary, whether temporarily or on a permanent basis, to enable a person with a disability to obtain, use or benefit from the goods, services or facilities. 3. Persons with disabilities must be given an opportunity equal to that given to others to obtain, use and benefit from the goods, services or facilities. 4. When communicating with a person with a disability, the provider shall do so in a manner that takes into account the person's disability. 3) Without limiting subsections (1) and (2), the policies must deal with the use of assistive devices by persons with disabilities to obtain, use or benefit from the goods, services or facilities or with the availability of other measures, if any, which enable them to do so. 4) Every provider, other than a small organization, shall prepare one or more documents describing the policies established under this section and, on request, shall give a copy of any such document to any person. 5) Every provider, other than a small organization, shall notify persons to whom it provides goods, services or facilities that the documents required by subsection (4) are available on request. 6) The notice required by subsection (5) may be given by posting the information at a conspicuous place on premises owned or operated by the provider, by posting it on the | HHCC implemented an AODA Committee to audit the service operations and developed and implemented policies for the provision of goods and services to persons with disabilities. Each department has encompassed their own departmental policy with their departmental orientation training for new employees and for returning employees. | Completed-Ongoing | January 1, 2012 |

| | | | | |
|---|---|---|--------------------------|------------------------|
| | <p>provider's website, if any, or by such other method as is reasonable in the circumstances</p> | | | |
| <p>80.47 Use of Service Animals and Support Persons</p> | <p>1) This section applies if goods, services or facilities are provided to members of the public or other third parties at premises owned or operated by the provider and if the public or third parties have access to the premises. 2) If a person with a disability is accompanied by a guide dog or other service animal, the provider 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. 3) If a service animal is excluded by law from the premises, the provider shall ensure that other measures are available to enable a person with a disability to obtain, use or benefit from the provider's goods, services or facilities. 4) If a person with a disability is accompanied by a support person, the provider 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. 5) The provider may require a person with a disability to be accompanied by a support person when on the premises, but only if, after consulting with the person with a disability and considering the available evidence, the provider determines that, (a) a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises; and (b) there is no other reasonable way to protect the health or safety of the person with a disability and the health or safety of others on the premises. 6) If an amount is payable for a person's admission to the premises or in connection with a person's presence on the premises, the provider shall ensure that notice is given in advance about the amount, if any, payable in respect of the support person. 7) If, under subsection (5), the provider requires a person with a disability to be accompanied by a support person when on the premises, the provider shall waive payment of the amount, if any, payable in respect of the support person's admission to the premises or in connection with the support person's presence on the premises. 8) Every provider, other than a small organization, shall prepare one or more documents describing its policies with respect to the matters governed by this section and, on request, shall give a copy of any such document to any person. 9) Every provider, other than a small organization, shall notify persons to whom it provides goods,</p> | <p>Provisions for use of Service Animals and Support Persons have been included in HHCC's Accessible Customer Service Policy and posted publicly on the Accessibility page of our website.</p> <p>Service Animals – HHCC welcomes people with disabilities who are accompanied by a service animal on the parts of our premises that are open to the public and other third parties and the animal is not otherwise excluded by law.</p> <p>Support Persons – HHCC welcomes people with disabilities who are accompanied by a support person. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his or her support person while on our premises.</p> | <p>Completed-Ongoing</p> | <p>January 1, 2012</p> |

| | | | | |
|--------------------------------------|---|--|-------------------|-----------------|
| | services or facilities that the documents required by subsection (8) are available on request. 10) The notice required by subsection (9) 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 | | | |
| 80.48 Notice of Temporary Disruption | 1) If, in order to obtain, use or benefit from a provider's goods, services or facilities, persons with disabilities usually use other particular facilities or services of the provider and if there is a temporary disruption in those other facilities or services in whole or in part, the provider shall give notice of the disruption to the public. 2) Notice of the disruption must include the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available. 3) Every provider, other than a small organization, shall prepare a document setting out the steps that the provider will ensure are taken in connection with a temporary disruption and, on request, shall give a copy of the document to any person. 4) Every provider, other than a small organization, shall notify persons to whom it provides goods, services or facilities that the document required by subsection (3) is available on request. 5) The notices required by subsections (2) and (4) 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. | Notice of Temporary Disruptions have been included in HHCC's Accessible Customer Service Policy and posted publicly on the Accessibility page of our website. | Completed-Ongoing | January 1, 2012 |
| 80.49 Training for Staff, etc | 1) In addition to the requirements in section 7, every provider shall ensure that the following persons receive training about the provision of the provider's goods, services or facilities, as the case may be, to persons with disabilities: 1. Every person who is an employee of, or a volunteer with, the provider. 2. Every person who participates in developing the provider's policies. 3. Every other person who provides goods, services or facilities on behalf of the provider. 2) The training must include a review of the purposes of the Act and the requirements of this Part and instruction about the following matters: 1. How to interact and communicate with persons with various types of disability. 2. 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 person. 3. How to use equipment or devices available on the provider's premises or otherwise | Training has been developed on the IASR and the Human Rights Code as it pertains to persons with disabilities and is provided to employees, volunteers, persons who participate in developing policies and others who provide goods, services, or facilities on behalf of HHCC. Training is updated as required, and records of training are kept with Human Resources. | Completed-Ongoing | January 1, 2012 |

| | | | | |
|--|---|---|--------------------------|------------------------|
| | <p>provided by the provider that may help with the provision of goods, services or facilities to a person with a disability. 4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities. 3) Every person referred to in subsection (1) shall be trained as soon as practicable. 4) Every provider shall also provide training on an ongoing basis in respect of any changes to the policies described in section 80.46. 5) Every provider, other than a small organization, shall keep records of the training provided under this section, including the dates on which the training is provided and the number of individuals to whom it is provided. 6) Every provider, other than a small organization, shall, (a) prepare a document that describes its training policy, summarizes the content of the training and specifies when the training is to be provided; and (b) on request, give a copy of the document to any person. 7) Every provider, other than a small organization, shall notify persons to whom it provides goods, services or facilities that the document required by subsection (6) is available on request. 8) The notice required by subsection (7) 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</p> | | | |
| <p>80.50 Feedback Process Required</p> | <p>1) Every provider shall establish a process for receiving and responding to, (a) feedback about the manner in which it provides goods, services or facilities to persons with disabilities; and (b) feedback about whether the feedback process established for purposes of clause (a) complies with subsection (3). 2) The feedback process must specify the actions that the provider will take if a complaint is received about the manner in which it provides goods, services or facilities to persons with disabilities. 3) Every provider shall ensure that the feedback process is accessible to persons with disabilities by providing, or arranging for the provision of, accessible formats and communication supports, on request. 4) Every provider shall make information about the feedback process readily available to the public. 5) Every provider, other than a small organization, shall prepare a document describing the feedback process and, on request, shall give a copy of the document to any person 6) Every provider, other than a small organization, shall notify persons to whom it provides goods, services or facilities that the</p> | <p>Process has been established for receiving and responding to feedback.</p> <p>A dedicated email address AODA@headwatershelath.ca is available on the company website, which is monitored by our Communication department. Requests are escalated to the appropriate department leader for prompt follow up within five (5) business days of receipt.</p> | <p>Completed-Ongoing</p> | <p>January 1, 2012</p> |

| | | | | |
|---------------------------|---|--|-------------------|-----------------|
| | document required by subsection (5) is available on request. 7) The notice required by subsection (6) 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. | | | |
| 80.51 Format of Documents | <p>1) The provider shall, on request, provide or arrange for the provision of the document, or the information contained in the document, to the person in an accessible format or with communication support, (a) in a timely manner that takes into account the person's accessibility needs due to disability; and (b) at a cost that is no more than the regular cost charged to other persons.</p> <p>2) The provider shall consult with the person making the request in determining the suitability of an accessible format or communication support</p> | Upon request, HHCC will provide information in an accessible format, in a timely manner, upon consultation with the person making the request. | Completed-Ongoing | January 1, 2012 |

Next Steps

The hospital will continue to meet the requirements of the IASR and undertake other activities aimed at eliminating barriers. This will include the following: Prepare an annual update on the Multi-Year Accessibility Plan, as required by the IASR. Compliance reports to be submitted to the Province for 2019, 2021 and 2023 demonstrating compliance with components of the IASR. Reviewing of all existing accessibility procedures and updating them as required along with continuing to provide training to new staff on the IASR and the Ontario Human Rights Code. Continue to consult and seek input from the Accessibility and Equity Committee on physical improvements and other initiatives.

Conclusion

The hospital will continue to work toward creating an accessible organization through the removal of barriers to persons with disabilities. These do not only mean physical barriers – we must ensure that barriers related to architecture, information, technology and attitude are removed or prevented to make the hospital accessible for all.

We strive to continue our mandate of treating people with disabilities with respect for their dignity and independence, and to make reasonable efforts to provide equal opportunities to our services for all.

Feedback

If you have questions or feedback relating to HHCC Multi-Year Accessibility plan, please email IDEA@headwatershelath.ca or call (519) 941-2410 x.2248.

Appendix A: Alternate Formats

The accessibility plan document can be made available upon request in the following formats:

- Large Print
- Audiocassette
- Braille
- E-mail
- DVD
- Electronic text on diskette

Please email IDEA@headwatershelath.ca or call (519) 941-2410 x.2248