Accessibility Plan

Effective: January 1, 2018

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Executive Summary

Consistent with the commitment to patient and family centred care, the purpose of the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*, and the goal of Hotel Dieu Shaver Health and Rehabilitation Centre, is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal, and prevention of barriers that would otherwise prevent their full participation in the life of the province.

To this end, the AODA requires each hospital to:

1. Prepare a multi-year accessibility plan;
2. Make the plan public;
3. Review and update the accessibility plan at least once every 5 years;
4. Consult with persons with disabilities in the preparation, review, and updating of this plan;
5. Prepare an annual status report on the progress of measures taken to implement the accessibility plan; and
6. Post the status report on the hospital's website.

Defining disability is a complex, evolving matter. The term "disability" covers a broad range and degree of conditions. A disability may have been present at birth, caused by an accident, or developed over time. Section 10 of the *Code* defines "disability" as:

1. 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,
2. a condition of mental impairment or a developmental disability,
3. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
4. a mental disorder, or
5. an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

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. An example of each of the different kinds of barriers is shown below:

Barrier Type	Example
Physical / Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational / Communicational	Print that is too small to be read by a person with low vision
Attitudinal	An assumption that a person who has a speech impairment can't understand what is being said to them
Technological	A website that does not support screen-reading software
Policy/Practice	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly, or at all

1. Aim

This plan summarizes:

1. The measures that HDSHRC has taken in the past to improve accessibility; and
2. The measures that HDSHRC will take in upcoming years to identify, remove, and prevent barriers to people with disabilities who live, work in, or use the hospital, including patients and their family members, staff, health care practitioners, volunteers, and members of the community.

2. Objectives

This plan will:

1. Review the legislative background and current standards related to accessibility in Ontario;
2. Outline HDSHRC's mission and values as a healthcare organization, commitment to accessibility planning, and establishment of an accessibility working group;
3. Review efforts at HDSHRC in previous years to remove and prevent barriers to people with disabilities
4. Describe the process by which HDSHRC will continue to identify, remove, and prevent barriers to people with disabilities;
5. Describe the measures HDSHRC will take in upcoming years to remove and prevent identified barriers to people with disabilities;
6. Outline how HDSHRC will review and maintain this accessibility plan and how the plan will be made available to the public; and
7. Provide a list of related policies and procedures.

3. Legislative Background and Current Standards

Both the Ontarians with Disabilities Act (2001) and the Accessibility for Ontarians with Disabilities Act (2005) are aimed at creating a barrier free Ontario by 2025. Accessibility plans are a means to build on past progress and accomplishments under the ODA (2001) and to reach new heights by meeting the new accessibility standards and requirements under the AODA (2005).

The purpose of the more expansive AODA legislation is to develop, implement, and enforce standards of accessibility for all Ontarians. The standards under the AODA include the areas of:

1. Customer Service (i.e. services to the public; could include business practices and employee training);
2. Employment (i.e. hiring and retention of employees);
3. Information & Communications (i.e. materials and tools such as publications, software applications and web sites);
4. Transportation (i.e. transportation services provided to the public)
5. Built Environment (i.e. access to, from and within buildings; could include counter heights, aisle/door widths, parking signs, safety features such as flashing alarms);

4. Description of HDSHRC

As a specialty healthcare facility, HDSHRC excels in providing rehabilitation, complex care and geriatric services to patients from St. Catharines and the Niagara Region.

Mission

HDSHRC is a community of holistic and compassionate care for all those who seek our service and those who serve. As a Roman Catholic facility, grounded in God's love, we provide the resources and care to enable people to reach their optimal level of health and wellbeing.

Values

- Spirituality – We contribute to the spiritual and emotional well-being of each person by respecting their human dignity in a healing environment.
- Professionalism – We use our special knowledge and expertise to provide compassionate service to others at the highest possible standard.
- Innovation – We empower our staff to embrace new ideas and processes that create improvements in what we do.
- Responsible Stewardship – We respond to community needs by balancing human needs with financial resources.
- Integrity – We are consistent, honest, and respectful in all we do.
- Teamwork – We commit to work with clients, families, and each other to achieve our mission

5. Hospital Commitment to Accessibility Planning

HDSHRC is committed to:

1. The continual improvement of access to facilities, programs, and services for patients and their family members, staff, health care practitioners, volunteers, and members of the community;
2. The participation of people with disabilities in the development and review of its multi-year accessibility plans;
3. Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
4. The establishment and continuation of an Accessibility Committee (called the AODA Committee) at HDSHRC.

6. The Accessibility Working Group

The AODA Committee was established to provide oversight and leadership in the implementation of HDSHRC's accessibility initiatives and compliance with accessibility legislation. The members of the AODA Committee encompass a diverse cross-section of staff representing departments relevant to accessibility planning such as Human Resources, Public Affairs & Communications, Environmental Services, Risk Management, and Occupational Health & Safety.

The AODA Committee's responsibilities include:

1. Reviewing and identifying by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
2. Identifying barriers that will be removed or prevented in upcoming years;
3. Describing how these barriers will be removed or prevented;
4. Preparing a plan on these activities and, after its approval by the Chief Executive Officer, making the plan available to the public;
5. Reviewing and updating the plan at least once every 5 years;
6. Ensuring consultation with people with disabilities in the initial development and ongoing review of the plan; and
7. Preparing and posting annual status reports on the plan to the HDSHRC website

AODA Committee Member	Position	Contact Information (ext.)
David Ceglie	VP, Clinical Operations	85317
Janice Latam	Director, Health Data & Quality Improvement	85323
Shawn Bolger	Manager, Hospitality Services	84206
Subuddhi Kulkarni	Manager, Pharmacy	84280
Catherine Nederend	Coordinator, Safety & Disability, Human Resources	85281
Brooke Lazeo	Assistant, Human Resources	85302
Mike Gualtieri	Director, Environmental Services	84265
Jennifer Hansen	Manager, Inpatient Nursing CC & Seniors' Health	84288
Scott Harris	Manager, Outpatient Rehabilitation Program & Pharmacy	85276
Catherine MacDougall-Chiarelli	Manager, Inpatient Nursing Rehabilitation & Restorative Care	84289
Lynne Pay	Vice President, Corporate Services	84884
Elizabeth Pearson	Manager, Professional Practice and Infection Control	84218
Chris Pollard	Manager, Inpatient Rehabilitation Program	85268
Ariel Jackson	Manager, Human Resources	85258
Mary Jane Johnson	Director, Development & Communications	84826

7. Recent Barrier-Removal Initiatives

During the last several years, there have been a number of informal initiatives at HDSHRC to identify, remove, and prevent barriers to people with disabilities, including the following:

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Physical/ Architectural	*Throughout facility*	Insufficient number of wheelchair accessible washrooms	1st floor patient laundry room will be converted to a wheelchair accessible washroom	**2013**
Policy/Practice	*Throughout facility*	Lack of awareness of HDSHRC's commitment to accessibility, how HDSHRC will meet its legislated accessibility requirements, and of HDSHRC's policies related to accessibility	Corporate Policy AODAS-1 Accessibility Commitment & Standards has been published, and a description of our policies related to accessibility was posted on the HDSHRC website for public access, with accessible formats available upon request	**2013**
Policy/Practice	*Procurement Department*	Lack of awareness of policies or procedures for incorporating accessibility criteria and features when procuring or acquiring goods, services, or facilities	Corporate Policy AODAS-3 Accessibility Standards for Procurement has been published and education completed with Finance/Procurement staff	**2013**
Informational/ Communicational	*Throughout facility*	Difficulty reading clocks	Large-face clocks installed throughout the facility	**2013**
Informational/ Communicational	*Throughout facility*	Difficulty hearing voice annunciated fire alarm emergency announcements	New fire alarm system purchased, resulting in amelioration of dead zones throughout the facility	**2013**
Physical/ Architectural	*Outpatient Rehabilitation Building/ Audiology*	Corridors too narrow for easy access and navigation by individuals in wheelchairs	Audiology reception area widened to allow better wheelchair and mobility device access	**2013**
Physical/ Architectural	*Outpatient Rehabilitation Building/ Audiology*	Window and counter are too high to be accessed by individuals in wheelchairs	Audiology reception counter and window lowered to allow wheelchair access	**2013**
Physical/ Architectural	*Chapel & Outpatient Rehabilitation Building*	Carpet in the Chapel and outpatient office areas creates extra rolling resistance for wheelchairs and other mobility devices	The Chapel and a majority of the outpatient office areas were renovated and all carpeting replaced with tile/linoleum flooring, which will allow	**2014**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
			better wheelchair and mobility device access	
Physical/ Architectural	*Outpatient Rehabilitation Building/Ortho*	Hall doorway too narrow for easy access and navigation by individuals in wheelchairs	Hall doorway for hand therapy room in Ortho widened to allow better wheelchair and mobility device access	**2014**
Physical/ Architectural	*Throughout facility*	No barrier – proactive design feature	Hands-free water dispensers/fountains installed for staff and visitor use	**2014**
Policy/Practice	*Throughout facility*	Lack of awareness of the requirements of legislated accessibility standards and of the Human Rights Code as it pertains to persons with disabilities.	An interactive online education module has been created and posted on the hospital intranet for completion by all current staff. The module has also been implemented in orientation sessions for all new hires. An education session with physicians was held during a regular Medical Advisory Committee meeting, and ongoing education for new physicians is completed utilizing an independent learning package. Current volunteers completed an independent learning package, and the orientation learning package for new volunteers and students has been updated to include all required information. Education sessions have been completed with Human Resources and Occupational Health Staff on all policies related to recruitment and employment accommodations. In addition to the interactive education module, a quick reference sheet has been created and distributed to all managers to highlight manager specific responsibilities. Education on HDSHRC's accessibility standards for procurement was also completed with Finance/Procurement	**2014 and ongoing**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
			staff. Records are kept for all training provided, including dates and number of individuals	
Policy/Practice	*Throughout facility*	Lack of awareness of policies and procedures for receiving feedback and providing feedback in accessible formats or with communication supports.	Corporate Policy AODAS-2 Accessible Customer Service was revised to specify multiple communication options are available when receiving or responding to feedback. Specific guidance is now provided on where and how physicians, staff, volunteers, and other individuals may access the many accessible formats and communication supports available for use in the facility, including a newly developed Plain Language Guide. The HDSHRC website has been updated to include our commitment to communicate using methods that consider the way in which individuals express, receive, and process information. A list of assistive devices and communication supports that are available for use by inpatients has also been included on the website for public reference	**2014**
Technological	*Development & Communication Department / ICT Department*	Web content is not fully accessible for use with screen-readers and other adaptive technologies	HDSHRC confirmed with the website creator that the website meets all Level A requirements	**2014**
Policy/Practice	*Human Resources Department*	Lack of awareness of policies and procedures for accommodation during the recruitment and selection process	Corporate Policy AODAS-6 Accessible Recruitment, Selection, and Employment has been published. Notification of the availability of accommodation has been implemented in all new job postings/advertisements	**2014**
Policy/Practice	*Throughout facility*	Lack of awareness of the requirements of legislated accessibility standards and of	An interactive online education module has been created and posted on the hospital	**On-going** –

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
		the Human Rights Code as it pertains to persons with disabilities.	intranet for completion by all current staff. The module has also been implemented in orientation sessions for all new hires. An education session with physicians was held during a regular Medical Advisory Committee meeting, and ongoing education for new physicians is completed utilizing an independent learning package. Current volunteers completed an independent learning package, and the orientation learning package for new volunteers and students has been updated to include all required information. Education sessions have been completed with Human Resources and Occupational Health Staff on all policies related to recruitment and employment accommodations. In addition to the interactive education module, a quick reference sheet has been created and distributed to all managers to highlight manager specific responsibilities. Education on HDSHRC's accessibility standards for procurement was also completed with Finance/Procurement staff. Records are kept for all training provided, including dates and number of individuals	
Policy/Practice	*Throughout facility*	Lack of awareness of policies or procedures for providing accessible formats or communication supports in a timely manner that takes into account the person's accessibility needs due to a disability and at a cost that is no more	Corporate Policy AODAS-2 Accessible Customer Service was revised to specify multiple accessible formats and communication supports can be made available upon request and are to be provided in a timely fashion at no more	**2015**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
		than the regular cost charged to other persons.	than the regular cost charged to other persons. Specific guidance is now provided on where and how physicians, staff, volunteers, and other individuals may access the many accessible formats and communication supports available for use in the facility, including a newly developed Plain Language Guide. The HDSHRC website has been updated to include our commitment to communicate using methods that consider the way in which individuals express, receive, and process information. A list of assistive devices and communication supports that are available for use by inpatients has also been included on the website for public reference	
Informational/ Communicational	*Outpatient Rehabilitation Building*	Difficulty navigating the facility, finding accessible washrooms, and finding handicap parking	Developed a user friendly map to enhance facility navigation and clearly indicate locations of accessible parking and washrooms. Visual directions can be provided by marking the individual's current location, destination, and route. Maps are provided to all outpatients upon initial visit. Signage throughout the facility was also enhanced to clearly identify the location of accessible washrooms and various treatment areas. Renovations were completed that enable the Parkinson's Program to operate out of a single room, reducing the need to navigate to multiple clinic areas	**2015**
Informational/	*Throughout facility*	Difficulty participating in treatment due	Implemented a new person-centred care	**2015**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Communicational		to need for communication assistive devices/supports	approach called PODs that enhances patient access to Speech Language Pathologists (SLPs) by ensuring that an SLP is included on every POD interdisciplinary team. Staff from the HDSHRC Augmentative and Alternative Communication (AAC) Clinic provided education to all SLPs as well as POD team nurses on processes for prescribing low tech communication tools (such as communication boards/displays), assisting individuals to use these tools and other assistive devices effectively as part of their care plan, and on the specialized services and equipment available through the AAC clinic to assist individuals with communication. Ongoing education is available to staff from the AAC clinic, SLP department, and Audiology department. Specialty-specific booklets (e.g. OT, PT, Social Work, Pastoral Care) with communication displays are available in the relevant departments and the SLP department. The Alzheimer's society has also provided education and reference booklets that are available on the nursing floors about how to insert various types of hearing aids and dentures	
Physical/ Architectural	*Inpatient building / Front lobby*	Towel dispensers are difficult to operate	Hands-free sink faucets and paper towel dispensers installed in the front lobby washrooms	**2015**
Physical/ Architectural	*Parking lot*	Difficulty with safe mobility when parking on an incline	Increased the number of parking spots on level ground	**2015**
Physical/	*Parking lot*	Lighting in parking lot is insufficient and	Installed exterior floodlights and a sidewalk	**2015**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Architectural		walking surface is uneven	leading from the parking lot to the top of the healing garden to provide a firm, stable, and slip resistant surface for mobility into the building	
Physical/ Architectural	*Inpatient building / Outpatient building*	Treatment rooms too crowded for easy access and participation by individuals with mobility devices	Completed renovations to the Auditorium and Neuro Rehabilitation rooms, including switching treatment areas for Neuro and Ortho, to maximize space for individuals with mobility devices to move safely and participate freely in treatment	**2015**
Physical/ Architectural	*Inpatient building / Clinical units*	Washroom doors too heavy to open and close	Implemented ongoing maintenance routine of applying additional lubrication to sliding door wheels to increase safety and ease of use	**2015**
Physical/ Architectural	*Inpatient building / Clinical units*	Difficulty with safe mobility due to telephone extension cords	Implemented ongoing monitoring of telephone cords in patient rooms to replace long extensions with short cords that do not pose a hazard to safe mobility	**2015**
Physical/ Architectural	*Outpatient building / Rehab & Wellness Centre*	Plinth treatment tables are not adjustable to appropriate height and width for all individuals	Older plinth treatment tables were replaced with new plinth tables that include power elevation for better adjustability, improving ease and safety for patients to get on and off the treatment tables, and greatly improving ergonomics for staff. Both a wide and a narrow table were purchased to better accommodate all patients	**2015**
Physical/ Architectural	*Throughout facility*	No barrier – enhanced service	Increased the level and quality of illumination in waiting rooms, corridors, reception areas, and near directional signage by installing additional light fixtures and replacing various fluorescent light fixtures with LED lighting. Enhanced lighting will better assist individuals with	**2015**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
			vision impairments to travel safely and easily throughout the facility, and will facilitate lip-reading and non-verbal communication with individuals with hearing and speech impairments	
Technological	*Outpatient Rehabilitation Building*	Difficulty for patient populations with severe mobility impairments to access specialists for consultation and treatment	Expanded the telemedicine (OTN) and Augmentative and Alternative Communication (AAC) programs to incorporate nursing support onsite, as well as home visits incorporating OTN, for individuals with mobility impairments who would otherwise be unable to travel to access specialists or attend in person at HDSHRC	**2015**
Technological	*Development & Communication Department / ICT Department*	Web content is not fully accessible for use with screen-readers and other adaptive technologies	According to the Act, this initiative is to be in place no later than January 1, 2021. However, HDSHRC launched a refreshed website in 2015 that meets the Level AA accessibility criteria	**2015**
Physical/ Architectural	*Inpatient building / 1st & 2nd Floors*	Physical / Architectural – Current wall guards on the 1st & 2nd floors of the inpatient building do not provide the highest degree of support and safety for those with physical impairments	Remove the existing wall guards and replace them with a modified version which was designed specifically to promote the safety of patients, staff and visitors in healthcare facilities. The new handrails can withhold over 1,000 pound peak loads, reducing the risk of slip-fall injuries due to inadequate handrail support	**2016**
Informational/ Communicational	*Throughout facility*	Difficulty way-finding, particularly for individuals with low vision	Installed increased and enhanced signage for navigation, including clear identification of the location of accessible washrooms, various treatment areas, and accessible parking. Includes low-vision directional signage with arrows, posted maps, and maps distributed on arrival. A new	**2016**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
			'Outpatient Building Entrance' sign was added in rear of the building to help direct patients and visitors	
Physical/ Architectural	*Inpatient building / Clinical units*	Locking mechanism in 2nd floor patient bathroom was not easily operated by some patients with disabilities and posed a safety concern	Lock was removed and replaced with a door handle and push-button lock that is easy to operate and accessible from outside in an emergency situation	**2016**
Technological	*Inpatient building / Clinical units*	No barrier – proactive enhancement	A new call bell system was implemented with three accessible call bell device options for patients. The "touch pillow" format is easily operated with the whole hand instead of a finger, which is easier for patients with arthritis. The "cheek touch" format can be placed under a pillow and operated with the shoulder or head. The "whisper" format can be attached to the bedrail and is voice activated for patients who cannot use a physical activation system. Individualized accommodations have also been successful, such as adapting a baby monitor to function as a call bell where needed	**2016**
Policy/Practice	*Inpatient building / Clinical units*	No barrier – proactive enhancement	Strengthened our relationship with the BSO (Behavioural Support Unit) to better meet the needs of our patients with cognitive impairments	**2016**
Technological	*Inpatient building / Clinical units*	Providing a least restraint care environment had potential to increase risk of physical harm (e.g. falls) for patients with cognitive disabilities	Implemented the use of chair alarms to better monitor and maintain the safety of patients with cognitive impairments while enabling them to participate in care restraint-free. Also recruited an advanced practice nurse who completes comprehensive assessments for all patients with cognitive issues	**2016**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Physical/ Architectural	*Outpatient Rehabilitation Building*	No barrier – proactive enhancement	Opened new boxing and ballet centre using accessible design elements including lowering the boxing ring surface to be level with the floor (no grade or step), creating an opening in the boxing ring ropes for easy entry into the ring regardless of mobility status, and installing a speedbag that can be lowered for use by people in wheelchairs	**2016**
Physical/ Architectural	*Inpatient building / Clinical units*	Therapy schedules stored in bags on the back of wheelchairs were not easily accessible for wheelchair users to reach and reference	Printed and laminated patient therapy schedules on cards that are stored on a keyring and attached to the arm of a patient's wheelchair within easy reach.	**2016**
Physical/ Architectural	*Parking lot*	No barrier – proactive enhancement	Repainted all lines in the parking lot including wheelchair access symbols for improved contrast and visibility	**2017**
Physical/ Architectural	*Outpatient building / Doctor's Offices*	The flooring in the doctor's offices/waiting areas were carpet which caused difficult mobility for wheelchair users and increased risk of trips/falls for patients, visitors and staff	Carpet was removed and replaced with vinyl flooring for easy mobility and decreased risk of trips/falls	**2017**
Physical/ Architectural	*Outpatient building / Doctor's Office*	The waiting area in one of the doctor's offices had limited space, which was difficult to navigate for patients, especially wheelchair users	The waiting area was completely renovated and made larger to provide easy, spacious mobility for all patients, with a special focus on wheelchair users	**2017**
Informational/ Communicational	*Outside of hospital*	Difficulty way-finding/recognizing location of the Hospital	Installed a large, enhanced sign at the front of the Hospital near the road. This signage provides clear identification of the Hospital and the programs offered. The sign includes an electronic screen allowing quick, informative updates including notifications of temporary disruption of services as required under the AODA.	**2017**
Physical/	*Outpatient Building/*	No barrier – proactive enhancement	As a rehabilitation service, not only was	**2017**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Year Completed
Architectural	*Carpentry Shop & Market place*		our new carpentry shop and market place designed to be accessible for use by all of our patients/clients, but it is also a specialized space that enables relearning of critical daily living skills that are used to access everyday services in the community. This new therapy space is a direct investment in preserving our clients' dignity and independence and improving their opportunities for integration and equal access as they transition back to their homes and communities. The carpentry shop and market place were designed to increase and innovatively add value to our patients' rehabilitation experience	
Informational/ Communicational	*Throughout facility*	No barrier – proactive enhancement	The Augmentative and Alternative Communication clinic organized and hosted a 'Silent Tea', which was open to all staff to attend. This event created awareness around individuals who are unable to speak. This event educated staff on alternative ways to communicate and accommodate those with speech impairments	**2017**
Physical/ Architectural	*Outside of Inpatient Building / Gazebo Area*	The concrete surrounding the front entrance leading to our gazebo had shifted over the winter. The shift in the cement pads caused some areas to be uneven and difficult/unsafe to navigate, especially for wheelchair users and other persons with mobility disabilities	The concrete was ground and replaced with new, leveled concrete, ensuring even and safe pathways	**2017**

8. Barrier Identification Methodologies

Methodology	Description	Frequency
Patient/Visitor Accessibility Questionnaire	A brief questionnaire requesting patients/visitors to identify any barriers encountered while accessing services within our facility and to provide suggestions for improvement.	Ongoing throughout the year (incorporated into Outpatient Satisfaction Surveys)
Employee Accessibility Questionnaire	A brief questionnaire requesting employees to identify any barriers that may be encountered while accessing or providing services within our facility and to provide suggestions for improvement.	Ongoing throughout the year (available on E-span)
2004 Barrier Audit Report	A large-scale barrier audit completed by an external consulting firm to identify physical and architectural barriers of the facility based on best practice guidelines.	One-time
Health Infrastructure Renewal Fund (HIRF) Assessment	Assessment of the facility to determine eligible HIRF projects including addressing barrier-free requirements for accessibility and addressing emergency alarms and egress from buildings.	Annually
Environmental Scans	Completed by Environmental Services/Maintenance Departments for entire facility.	Ongoing throughout the year
AODA Committee meetings	Review and identification of by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities.	Ongoing throughout the year
Feedback/suggestions from HDSHRC community partners	Request for community partners such as Niagara Amputee Association, Survivors of Stroke Niagara (SOS), Brain Injury Community Re-Entry Niagara (BICR), March of Dimes, the Community Care Access Centre (CCAC), and Canadian Paraplegic Association Ontario to review and provide feedback on our Accessibility Plan.	Every 5 years from initial implementation

9. Barriers and Opportunities to be Addressed

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Timeline for Removal/Prevention
Policy/Practice	*Throughout facility*	No barrier - Proactive enhancement – Currently, feedbacks regarding accessibility and patient experiences are welcomed in the form of written surveys, and by reaching out to patient advisors. We would like to increase face-to-face conversation with patients and staff, targeted specifically around accessibility and potential suggestions for accessibility improvements	Implement additional 'barrier identification methodology' involving meeting face-to-face with patients and staff to gather feedback regarding their experiences at HDS with regards to accessibility. These face-to-face initiatives may be performed in ways such as random sampling, or focus groups to provide feedback from a variety of perspectives, to ensure that all perspectives are represented	**2018**
Physical/Architectural	*Inpatient building*	No barrier - Proactive enhancement – A number of areas in the inpatient building have carpet flooring. Carpet can be difficult in regards to mobility for persons with wheelchairs, walkers etc. and increases risk of trips	The carpet in the board room, meeting room, Nursing offices and Occupational Health offices will be removed and replaced with vinyl flooring to provide improved stability while walking or using mobility aids	**2018**
Physical/Architectural	*Inpatient building – ground floor*	Physical / Architectural – Current wall guards on the main floor of the inpatient building do not provide the highest degree of support and safety for those with physical impairments	Remove the existing wall guards and replace them with a modified version which was designed specifically to promote the safety of patients, staff and visitors in healthcare facilities. The new handrails can withhold over 1,000 pound peak loads, reducing the risk of slip-fall injuries due	**2018**

Type of Barrier	Area/ Department	Description of Barriers	Strategy for Removal/Prevention	Timeline for Removal/Prevention
			to inadequate handrail support	
Informational/Communicational	*Throughout facility*	Informational / Communicational The current red 'EXIT' signs may be difficult to interpret and inhibit way-finding.	The current red 'EXIT' signs will be removed and replaced with green pictographs showing an arrow and a silhouetted 'Green Running Man', which will indicate the direction of the nearest exit. The green signs are considered to be universally interpreted. The signs will include LED lighting as to comply with and meet ULC-approved standards for both luminosity and duration of illumination	**2018**

10. Review and Monitoring Process

The AODA Committee will meet on a quarterly basis to review implementation progress on the measures outlined in this plan. As necessary, the AODA Committee will remind staff about their roles and responsibilities in implementing the plan.

At least once annually, the AODA Committee will prepare a status report on the plan and at least once every 5 years, the AODA Committee will review and update the plan in consultation with people with disabilities.

Our Environmental Services / Maintenance department continually monitors the Hospital's public spaces. The constant monitoring ensures that all necessary preventative and emergency maintenance measures, with regards to accessible elements in public spaces, occur within a safe and timely manner. In the event of a temporary disruption of an accessible element, the Environmental Services / Maintenance department would release a hospital-wide memo informing individuals of the disruption, the location of the disruption and any potential hazards caused by the disruption. This memo would also include the approach and timeline for resolution, which would be determined on a case-by-case basis.

11. Communication of the Plan

HDSHRC's Accessibility Plan and annual status reports will be posted on the hospital website and on E-span and hard copies will also be available from the AODA Committee. On request, the plan and status reports will be made available in alternative accessible formats such as large print or Braille.

12. Related Policies

- Corporate Policy AODAS-1 Accessibility Commitment & Standards
- Corporate Policy AODAS-2 Accessible Customer Service
- Corporate Policy AODAS-3 Accessibility Standards for Procurement
- Corporate Policy AODAS-4 Workplace Emergency Response Information