



**Accessibility Plan
For
Orillia Soldiers' Memorial Hospital**

September 2014 update

Prepared by
OSMH Accessibility Planning Committee

This publication is available on the hospital's website (www.osmh.on.ca)
and in alternative formats upon request

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EXECUTIVE SUMMARY

During the 2013/14 year, the Accessibility Committee has remained active in the identification and resolution of barriers to accessibility. Ontario Regulation 191/11 under the Accessibility for Ontarians with Disabilities Act, 2005 and its Standards, require designated public sector organizations to “*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 [the] regulation and review and update the accessibility plan at least once every five years*”. Public Sector Organizations are also required to “*prepare an annual status on the progress of measures taken to implement [these strategies] and post a status update on their website*” This year required public services organizations to complete a compliance report to the government which was completed in December 2013.

A major highlight for this year has been the installation of an overhead lift in the bone density department with a weight scale incorporated into the lift. As well, many of the initiatives with a completion date of January 1, 2014 particularly under the Employment

Standards have been completed. The recent installation of Wi-Fi access for patients and visitors was also noted as a success for accessibility. New issues have been brought forward for discussion and have been placed under the appropriate standard. These include: a request for new accessible door buttons at the front entrance and outpatients department.

Respectfully submitted,

Catherine Gardner BN RN DOHN COHN(C)

Manager OH&S and IPAC and Chair, OSMH Accessibility Committee

September 10, 2014

Table 1: Barriers to Accessibility: Outstanding September 2014

Barrier/Requirement	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
General Requirements						
Customer Service Training	Improve Awareness	Educate staff	Improved information for staff	The Canadian Hard of Hearing Association (CHHA) Simcoe County Association for the Physically Disabled (SCAPD) CNIB	e-learning committee	Physician education on customer service and the integrated standards will be added to the e-learning system as it rolls out. Ongoing
Requirements under Employment Standards						

<p style="text-align: center;">Recruitment</p>	<p>Notify employees & the public about the availability of accommodation for applicants with disabilities during recruitment process</p>	<p>Inform all employees of policies used to support employees with disabilities including job accommodations</p>	<p>Accommodation needs met</p>	<p>Occupational health</p>	<p>Date TBD Occupational Health (OH&S)</p>	<p>All new employees are made aware of the return to work (RTW) and accommodation processes during new employee orientation. There are ongoing re-education on these processes including when there is a change to policy. The RTW and accommodation processes are currently under review and will undergo a value stream mapping process on Sept 23, 2014. Updates to the program and timelines will be established following this.</p> <p>In Progress</p>
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Other Identified Barriers						
Elevators	Audio in at least one hospital elevator	Improve Accessibility	Improve accessibility for sight impaired. Have an audio message that help is on its way	Capital Budget	Facilities/Capital Equipment Committee	Audio requirements to be added to Capital Equipment list - require compliance by 2025 under the AODA
Physical	Improve accessibility to DI services for patients with mobility issues	Overhead lifts in Bone Density Unit, CT and 1 radiology room	Improved access	Capital Budget	Capital Equipment Committee/Foundation ongoing	Installation of 66 overhead lifts over 3 years commenced in Aug 2013. Lift in bone density installed with an incorporated weigh scale. Units in CT and radiology currently under review due to potential structural concerns Ongoing

	Door buttons at entrances to be accessible for people in wheelchairs	<ol style="list-style-type: none"> 1. Exit buttons from main lobby small and under railing. 2. Buttons at OPD entrance too high 	Ensure buttons are proper size and properly placed for accessibility	TBD	Facilities Planning Committee Oct 2014	To be reviewed at next facilities planning committee meeting Oct 2014
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Way Finding	Improve way finding signage at the Dialysis Entrance, Volunteer Drive	Telephone at the entrance with a direct line to the Volunteer's desk to ask for assistance	Improved way finding, less disruption in the dialysis corridor offices	Operating Budget	Volunteer Services	Telephone installed in September 2013. Volunteer training commenced. Training Ongoing
		Coordinate the colors on the way finding maps to the colored lines on wall			Not yet determined	Way finding Dots installed in the Soldiers' elevator corridor during floor stripping and waxing early 2014. Part of an ongoing project for way finding
	Improve signage to ER on the main floor at the exit from the Harvie elevators				Doug Murray and Pat McCarthy	Still in the Investigation Phase

Table 2: Identified Barriers to Accessibility: Resolved September 2014

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
General requirements under AODA						
	Procuring or acquiring goods, services or facilities				Materials Management	Accessibility criteria added to RFP's fall 2012. Complete
	Provide accessible self-service kiosks				Facilities Planning Committee	Committee aware of requirement Ongoing
	Establish and maintain accessibility policies				OH&S Update by Dec 2013	Review every 3 years Ongoing

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
	<p>Establish, implement, maintain & document a multi-year accessibility plan, post on website, review every 5 years, and prepare an annual status report</p>				<p>Accessibility Committee</p>	<p>Plan initially developed under the ODA in 2001. Each year it has been updated with newly identified barriers and progress. Most recently, the plan has been updated with the requirements for the AODA standards. It is reviewed and posted annually in September. There is an accessibility portal on the OSMH website</p> <p>Ongoing</p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Training	Provide training on the Integrated Accessibility Standards (IASR) and the Ontario Human Rights Code (related to disabilities)	Update the current training on customer service to include the IASR and Human Rights	Training is provided in all orientations and ongoing for current staff		Complete	New employees, volunteers and students receive training on the customer service and the integrated standards. Ongoing

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p align="center">Customer Service Training</p>	<p>Improve Awareness</p>	<p>Educate staff</p>	<p>Improve information for staff</p>	<p>The Canadian Hard of Hearing Association (CHHA) Simcoe County Association for the Physically Disabled (SCAPD) CNIB e-Learning</p>	<p>Ongoing Accessibility Committee/ Human Resources</p>	<p>Training for staff, volunteers and students received at Orientation by Manager Occupational Health, IPAC. Ongoing/Orientation</p>
<p align="center">Requirements under Information & Communications Standard</p>						

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p align="center">Communication Accessible websites and web content</p>	<p>Make websites and web content accessible</p>	<p>By Jan 1/14, a new website or if existing site undergoes a significant refresh, the site and any content published after Jan 1/12 must conform to WCAG 2.0 Level A By Jan 1, 2021, all public websites and all web content on these sites published after Jan 1/12 must conform to WCAG 2.0 Level AA</p>			<p>WCAG 2.0 Level A Jan 1/14 WCAG 2.0 Level AA Jan 1/21</p> <p>IT Management Team (internal website)</p> <p>Community Relations (external website)</p>	<p>No current plans for upgrades. Teams aware of requirements</p> <p>Ongoing</p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Emergency and Public safety Information	Make emergency and public safety information available on request	Accessible formats			Community Relations	When an outbreak occurs, there are news releases to all media: newspaper, TV, radio as well as an update on the OSMH external website and signs posted at all entrances. Ongoing
Accessible Formats and Communication Supports	Upon request, provide or arrange for the provision of accessible formats and communication supports for persons with disabilities				January 1, 2015 Communications	Provision of Interpretative services, and Assistive Listening Devices already in place for the hard of hearing. Complete & Ongoing

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p>Accessible Feedback Process</p>	<p>Ensure the processes for feedback are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports upon request. Also includes notification of public of this availability</p>				<p>January 1, 2014 Public Relations/Communications</p>	<p>The following is on the “Contact Us” section of the OSMH home page: <i>“Accessibility feedback formats available upon request.”</i> Ongoing</p>

Requirements under Employment Standards

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p align="center">Workplace Emergency Response</p>	<p>Provide individualized workplace emergency response information to employees who have a disability.</p>					<p>This is assessed during new employee assessment and RTW meetings. Will be included in the new employee assessment policy and procedure when updated.</p> <p>Ongoing</p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Recruitment	Notify employees & the public about the availability of accommodation for applicants with disabilities during recruitment process	<ol style="list-style-type: none"> 1. Consult with a selected candidate who requests accommodation and provide or arrange for the provision of a suitable accommodation in a manner that takes into account the applicant's accessibility needs. 2. Notify all successful candidates of OSMH's policies for accommodating employees with disabilities 3. Notify successful job applicants that accommodations are available in relation to materials or processes to be used upon request. 		Human Resources & OH&S		<p>1. When a request is made, Human Resources and/or mgmt ensures individual needs are taken into account by contacting them directly.</p> <p>Complete & ongoing</p> <p>2. All new employees are informed of Accessibility policies during new employee orientation</p> <p>Complete & Ongoing</p> <p>3. All new employees are informed accommodations are available upon request.</p> <p>Complete & Ongoing</p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Return to Work (RTW) Process	Have a RTW process in place for employees with disabilities and/or require disability-related accommodations to RTW					RTW process is well established at OSMH Complete/Ongoing
Documented Accommodation Plans	Provide documented individual accommodation plans for employees with disabilities		Accommodation plans are available for all disabled employees who require it		January 1, 2014 OH&S and Human Resources	Accommodation process in place however needs a formalized policy and procedure. Currently in development and will be ready for roll-out December 2013 Ongoing

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Performance Management	An employer will take into account the accessibility needs of employees and accommodation plans when using its performance management process				January 1, 2014 Human Resources	HR Individualized approach at this time. HR to meet with management team to ensure accommodation needs are identified and addressed in their biannual performance reviews with employees. Ongoing

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p>Accessible formats & Communication Supports for employees</p>	<p>In consultation with a disabled employee who requests accessible formats or communication supports, these supports shall be provided.</p>	<p>Provide accessible format/ communication support for:</p> <ol style="list-style-type: none"> 1. information that is required for the employee to perform their job 2. information that is generally available to other employees 	<p>Accessible format and/or communication support is available</p>	<p>OH&S</p>	<p>Complete</p>	<p>OH&S evaluates this with RTW and accommodation requests as well as during the new employee assessment. An example, recently Dagon Speak was provided to an employee to allow her to be able to work due to a workplace disability</p> <p>Ongoing</p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Career development and advancement	An employer will take into account the accessibility needs of employees and accommodation plans when providing career development and advancement to its employees				Complete	Individualized growth planning is completed in the current performance appraisal process which allows for consideration of individual needs. Ongoing

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Redeployment	An employer will take into account the accessibility needs of employees and accommodation plans when redeploying employees with disabilities					OH&S sends a weekly modified workers list to the evening/ weekend coordinators so they are aware of these temporary accommodation needs. As well, quarterly, they receive a permanent accommodation list with the permanent restrictions so employees are deployed appropriately. Complete/Ongoing
No requirements for OSMH under the Transportation Standard						
Requirements under Design of Public Spaces Standards						

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Exterior Paths of Travel	When providing new and redeveloping exterior paths of travel – i.e. outdoor sidewalks & walkways, ramps, stairs, curb ramps – they must follow certain technical requirements	<ol style="list-style-type: none"> 1. Must follow minimal width and height requirements 2. the slopes cannot exceed certain ratios 3. surfaces of ramps and stairs must be firm, stable and slip resistant 			January 1, 2016 Facilities Planning Committee	<p>Department/Committee aware of requirements At this point there are no plans to add or alter walkways, etc. When this is required we will follow the most current Building Codes and AODA recommendations</p> <p style="text-align: center;">Ongoing</p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Parking	Improve Staff Handicap Parking	Currently flexible spots as needed Improve Accessibility	Health and Safety Standards	Occupational Health/Facilities	January 1, 2016 Occupational Health/Facilities	Currently meeting standards for regular handicap spaces. Staff access needs addressed on an as needed basis through return to work/disability management process. Kiwanis parking available for short term parking to accommodate visitors such as Emergency Complete/ Ongoing

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p>Make Service counters, and waiting areas accessible</p> <p>Note: OSMH does not have fixed queuing guides</p>	<p>When building new or making changes to service counters and waiting areas, accessibility standards must be followed</p>	<p>Service Counters: Low enough for someone sitting in a mobility aid; enough clear space in front for a person in a mobility aid to approach the counter, including space for their knees; if there is a queuing line for several counters i.e. a coffee shop, each counter must be accessible.</p> <p>Waiting areas: 3% of the new seating must be accessible; no fewer than 1 seating space is accessible</p>			<p>January 1, 2016 Facilities Planning Committee</p>	<p>Facilities Planning Committee aware of requirements and will incorporate requirements into new build and renovations</p> <p>Ongoing</p>

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
<p align="center">Maintain the accessible parts of Public Spaces</p>		<p>1. Develop preventative and emergency maintenance procedures for the accessible parts of OSMH's public spaces</p> <p>2. Develop procedures for handling temporary disruptions in service</p>	<p>1. posting when regular maintenance occurs, letting people know alternatives</p> <p>2. Putting up signs explaining the disruption and outlining alternatives</p>		<p align="center">January 1, 2016 Facilities Department</p>	<p>During emergency repairs in public areas, signage is posted and re-routing is indicated if necessary. Where possible, situation is isolated, made safe and repairs are conducted off-hours. For temporary disruptions in service, notice is always provided, contingency plans/systems in place. Where possible, planned disruptions are scheduled off-hours to minimize impact to operations of the hospital.</p> <p align="right">Ongoing</p>
<p align="center">Other identified barriers</p>						

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Patient Information	New brochure	Outline services available for patients with special needs	Awareness of accessible services for patients and family			Complete
Elevators	EJW Upgrade	Improve Accessibility	Universal Accessible Design	Hospital Capital Budget – est. \$50,000 per year	NA	Quote and terminology requested re “universal accessible design” EJW elevator timeline exceeds lifespan of building. No further action
Physical	Chiropody ramp is difficult for people who use wheelchairs to maneuver.	As Chiropody will remain in current building – go to Senior Team to discuss a move	Improve Access	Capital Budget	NA	With the divestment of Chiropody, this is no longer required. No further Action

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
	Patients wait at front entrance to be picked up and have to stand or stay in wheelchair.	Install bench.	Convenience for Patients who may not be able to stand for extended period of time.	Donated Funds	Facilities	Bench installed at main entrance August 2012. Complete
	Diagnostic Services	Ensure accessibility	Lifts in place for assistance.	Capital Budget	Facilities	Tour of DI by Accessibility Committee member June 2012. Complete
	Improve Signage to BANFS	Lower the sign, change to a non-reflective background, use larger letters			Complete	Way finding signage updated

Barrier	Objective	Means to Remove/prevent	Performance Criteria	Resources	Timing Responsibility	Current Status
Washrooms	Renovate 1 per year	Improve accessibility	Barrier-free Standards	Maintenance – est. \$5000 – \$7500 per washroom	Ongoing Facilities	As of Sept/09 there are 71 accessible washrooms out of 222 throughout the facility this number includes patient washrooms. Creation of an accessible washroom across from human resources not feasible. There is a barrier free washroom located across from the back entrance to the cafeteria on EJW1. No further action
Way Finding		Post name of entrance	Improved Information for patients	Operating Budget	Facilities Fall 2012	Signage at the entrance to Volunteer Drive indicating the name of the entrance. Complete

The Accessibility Planning Committee

Establishment of the Accessibility Planning Committee

The Chief Executive Officer in consultation with the Board of Directors formally constituted the Accessibility Planning Committee in April 2003. The Planning Committee was authorized to:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented in the year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the Chief Operating Officer and the Board, make the plan available to the public.

Members of the Accessibility Planning Committee

The following individuals are the current appointees to the Planning Committee:

<i>Committee Member</i>	<i>Department</i>	<i>Contact Information</i>	
Catherine Gardner – Chair	Manager Occupational Health and Safety, Infection Prevention and Control	705-325-2201	ccgardner@osmh.on.ca
Angela Harwood	Vice President, People, Planning and Partnerships	705-325-2201	aharwood@osmh.on.ca
Patrick McCarthy	Director Facilities/Redevelopment	705-325-2201	pmccarthy@osmh.on.ca
Nancy Lovatt	Rehabilitation Services	705-325-2201	njlovatt@osmh.on.ca
Brenda Jenkins	Community Member	N/A	brenda.don@bell.net
Susan Gilroy	Manager of Volunteer Services	705-325-2201	segilroy@osmh.on.ca
Diane Jackson	Patient Representative	705-835-7054	N/A
Terry Dyni	Director Community Relations	705-325-2201	tadyni@osmh.on.ca

Bill Pretty	Community Member	705-326-7751	jandbpretty@sympatico.ca
Dr. Ray Kiff	Honorary Medical Staff	705-325-2693	raykiff@rogers.com
Laura Joyce	Community Member	705-327-2068	blinkj@rogers.com
Chris Creasor	Community Member		ccreasor@hotmail.ca
Rev. Cathy O'Connor	Community Member	705-325-4068	cathy.a.oconnor@sympatico.ca
Barbara Danes	Senior Administrative Assistant	705-325-2201	bhdanes@osmh.on.ca

Background

The purpose of the Ontarians with Disabilities Act, 2001 (ODA), S.O. 2001, C.32, is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan, to consult with persons with disabilities in the preparation of this plan and to make the plan public.

More recently, on October 13, 2005 the provincial government also enacted the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), S.O. 2005, Ch. 11. This Act, which will repeal the ODA when s. 42 is proclaimed by the Lieutenant Governor, establishes a requirement that organizations, in addressing accessibility barriers, meet accessibility standards to be established by provincial standards development committees. The composition of the committees and the terms of reference are established by the Act.

The effect of the two Acts is a recognition and legislated mandate to ensure minimum accessibility standards applicable to particular industries, organizations and persons, for implementation on or before January 1, 2025, or sooner if so prescribed by law. The timeline for required elements for Broader Public Organizations under the AODA Standards can be found in Appendix A, page 15.

The first annual plan (2003 – 2004) prepared by the Accessibility Planning Committee of Orillia Soldiers' Memorial Hospital (hereinafter referred to as OSMH). Described:

1. the measures that OSMH has taken in the past,
2. the measures that OSMH would take during the year (2003 – 2004) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of OSMH. This includes patients and their family members, staff, health care practitioners, volunteers and members of the community.

Between 2004 and present OSMH committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family

members, staff, health care practitioners, volunteers and members of the community with disabilities, and to the provision of quality services to all patients and their family members and members of the community with disabilities.

Throughout that period, and on an ongoing basis, OSMH continued to implement measures to address identified barriers in access to facilities, programs, and services, and to identify, remove and prevent additional barriers to people with disabilities who live, work in or use the facilities and services of OSMH . This includes patients and their family members, staff, health care practitioners, volunteers and members of the community.

The Accessibility Planning Committee has worked hard to eliminate as many of the physical barriers within the building as is reasonably possible. Most of these barriers have been fully remedied over the years, although some have been only partially or minimally resolved. With the construction and opening of the Community Tower, the addition of the new MRI suite in 2007 and the retrofitting of older areas of the hospital, OSMH continues to implement barrier –free architectural designs and equipment into new construction. Improvements include the installation of barrier-free elevators, washroom, patient services

counters in nursing stations, fire alarms and doors/facility access routes. In addition, project quotes in many cases include up-grades to the original facilities. That upgrading continues.

Aim

The 2013 - 2014 plan continues the work of the Committee, building on the measures that OSMH has taken in the past. Included is a status report on measures that OSMH took during the years 2003 – 2013, to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of OSMH. The 2013-2014 plan will provide an update on previously addressed barriers and identified requirements under the AODA standards.

Objectives

This plan:

- i. Reviews efforts at OSMH to remove and prevent barriers to people with disabilities over the past year.

- ii. Requires that OSMH review and revise as necessary by-laws, policies, programs, practices and/or services that OSMH in the coming year to identify barriers to people with disabilities.
- iii. Describes the measures OSMH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- iv. Describes how OSMH will make this accessibility plan available to the public.

Description of Orillia Soldiers' Memorial Hospital

Orillia Soldiers' Memorial Hospital (OSMH) serves the people of Orillia and the surrounding region and in 2013 was accredited with *Exemplary Standing* by Accreditation Canada. It's the first time in the hospital's history it has achieved the highest possible designation awarded by the national body that grades quality at Canadian hospitals. We are a general hospital providing programs, services and education in Acute Medical and Surgical Care, Complex Continuing Care, Diagnostics, Emergency and Critical Care, Mental Health,

Oncology, and Rehabilitation, as well as serving as a regional referral centre in a number of fields of expertise. Our specialized regional programs include Dialysis, Level II Obstetrics, Paediatrics and Neonatal Services, Ophthalmology, Genetics, Paediatric Diabetes Education, Pre-school Rehabilitation, Paediatric Oncology, and Sexual Assault/Domestic Violence. We are also a Schedule 1 Mental Health facility, and we provide a variety of sub-specialty, diagnostic and clinical services which are unique in the region which includes a state-of-the-art MRI suite.

OSMH continues to demonstrate a high volume of admissions, particularly in some areas such as emergency, dialysis, and obstetrics. OSMH typically registers more than 50,000 emergency care visits each year. We provide a comprehensive range of surgical services. We have a Diabetic Education program to support our community demographic. We offer in-patient and day services in Mental Health, and we continue to work in partnership with other services and programs, such as Children's Treatment Network and Regional Infection Control Networks, to provide ongoing services to our communities.

We continue to endeavour to attain our vision of *A Healthier Future* by providing excellence through leadership and partnership in our Local Health Integration Network and with other

community partners. In this way we respond to address community needs by continuously improving quality and expanding the range of our services.

Hospital Commitment to Accessibility Planning

At its meeting on May 27, 2003, the Board of Directors approved the establishment of a committee and Terms of Reference for the Committee with the following mission and aims:

Mission: *to develop, implement, review, and revise a program as per AODA that will help identify and remove barriers in the workplace and within our facilities and programs including physical and non-physical.*

Aims: to ensure all barriers are identified within our facilities and workplace; identify short term and long term goals in an effort to eliminate barriers; ensure an annual review is completed and long-term plans are updated and adjusted based on progress made in

eliminating barriers; liaise with persons in the community who have a disability to ensure all barriers are identified.

The Chief Executive Officer authorized the Accessibility Planning Committee to prepare an accessibility plan that will enable OSMH to meet this mission.

Barrier Removal Initiatives

In the past, there have been a number of informal initiatives at OSMH to identify, remove and prevent barriers to people with disabilities:

- a. Barrier-free expansion and redevelopment planning.
- b. Review of suggestions received to improve access.
- c. Review of complaints/concerns about access issues received.

Barrier Identification

In its review over the years, the Accessibility Planning Committee has identified barriers based on the following categories:

- a. Physical
- b. Architectural
- c. Informational or communication-based
- d. Attitudinal
- e. Technological
- f. Policies and practices

Barriers Addressed Through Hospital Redevelopment

- a. Electrical requirements – controls for lighting meet the Ontario Building Code requirements for persons with disabilities.
- b. Mechanical – mechanical requirements include provisions to support barrier free water closets, showers, washbasins and sink fittings.

Ongoing Review and Monitoring Process

The Accessibility Planning Committee will meet quarterly to review progress and will update the plan on an annual basis. At each quarterly meeting, the Committee will remind staff, either through personal contacts or by e-mail, about their roles in implementing the plan.

Members of the Planning Committee will also commit to updating Senior Management on a regular basis.

Ongoing Communication of the Plan

The hospital's accessibility plan will be made available to both internal and external audiences in various ways. These will include:

1. The entire plan will be posted as a PDF document on the hospital's website at www.osmh.on.ca.
2. A large print version with 16 point font as recommended by the Canadian National Institute for the Blind will also be posted on the website.
3. In addition, for internal audiences the plan is posted on internet.
4. Communication will be in the Memorial Mirror announcing the plan and explaining where it can be accessed.

5. A bulletin board display annually during the first week of May to display the Accessibility Plan to internal audiences during National Access Awareness Week.
6. Full print versions of the plan will be made available in various locations in the hospital including the general library.
7. Full print versions of the plan will be made available in several locations in the community including the public library, Information Orillia and at the community ODA advisory committee.

A Healthier Future