

**DEEP RIVER AND DISTRICT HOSPITAL
FOUR SEASONS LODGE
NORTH RENFREW FAMILY HEALTH TEAM**

Policy: Accessibility for People with Disabilities & Multi-year Accessibility Planning		
Original Date: 2017-12-21	Revision <input type="checkbox"/> Review <input checked="" type="checkbox"/> Date: 2019-01-24	Policy Manual: Administration
Approved by:		
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Chief Financial Officer	<input type="checkbox"/> ED, Family Health Team
<input checked="" type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Chief Nursing Executive	<input type="checkbox"/> Human Resources Officer

Policy

The North Renfrew Health Campus (NRHC) which includes: Deep River & District Hospital, North Renfrew Family Health Team, Four Seasons Lodge, and the Physiotherapy Center is committed to continually improving access to health campus facilities and accessibility support for patients, residents, family members, staff, health care practitioners, volunteers and all members of the community. We are committed to meeting the needs of people with disabilities in a timely manner and will do so by working to remove and prevent barriers and meet accessibility requirements outlined by the Accessibility for Ontarians with Disabilities Act and Ontario’s accessibility laws.

We acknowledge that there is a wide range of abilities and disabilities with regards to an individual’s mental, physical and/or emotional capacities and these can vary over time, by context. Individuals with similar impairments may have very different experiences and needs, and at the NRHC our goal is to surpass the expectations of our stakeholders while serving those with disabilities. Feedback on how well expectations are being met are welcomed and appreciated as they help to improve the experience and our current processes.

The NRHC is committed to fulfilling our requirements under the Accessibility for Ontarians with Disabilities Act. Our Multi-Year Accessibility Plan (**Appendix A**) is prepared bi-annually and outlines the steps the NRHC is taking to meet those requirements and to improve opportunities for people with disabilities. The Multi-Year Accessibility Plan outlines actions the NRHC has taken to remove and prevent past barriers to accessibility addressing areas such as customer service, information and communications, employment, procurement and training.

Procedure:

NRHC Multi-Year Accessibility Planning:

1. Describes the process whereby we will identify, remove and prevent barriers to people with disabilities.
2. Reviews past initiatives to remove and prevent barriers to people with disabilities.
3. Lists by-laws, policies, programs, practices and/or services that NRHC will review to further identify barriers to people with disabilities.
4. Develop a multi-year work plan to remove and prevent barriers to people with disabilities
5. Describes how NRHC will make the accessibility plan available to the public.

The Accessibility Advisory Council (formerly Accessibility Working Group) is responsible for carrying out the above mentioned activities. The Accessibility Advisory Council’s Terms of Reference outline the group’s mandate and composition.

The NRHC Multi-Year Accessibility Work Plan can be found in **Appendix A: Multi-Year Accessibility Work Plan 2018-2021**.

Barrier-Identification Methodologies

The Accessibility Advisory Council uses the following barrier-identification methodologies:

Methodology	Description	Current Status - 2019
Accessibility Advisory Group tour of NRHC premises	The working group completed a walk-around of all departments in January 2018, noting potential accessibility issues for consideration	Complete and recommendations integrated into Work Plan
Staff and Public Feedback	Process to seek staff and public consultation	Accessibility Advisory Committee received feedback from staff and public – January 2018
Review of Requirements in Integrated Standards Act	Review of all AODA regulations complete and compliance gaps noted	Review complete; To review next in January 2020
Accessibility audit / survey	Plan to conduct a staff, volunteer and physician workplace experience survey in 2018	Worklife Pulse Staff Experience Survey Completed in 2019

Past Achievements to Remove and Prevent Barriers

The Accessibility Advisory Council reviews achievements in removing and preventing barriers, including:

- **Barrier-free redevelopment planning:**
 - In accordance with requirements under Section 3.8 -Barrier Free design of the Ontario Building Code, NRHC has undergone several small upgrading renovations that have improved access to those with disabilities. Improved lighting, wheelchair access, disabled parking and large lettering for signs are examples of areas where barriers have and continue to be removed to improve accessibility.
- **Policy review and development by Human Resources:**
 - Human Resources continues to annually review and revise policies to ensure all Human Rights and ODA legislative requirements are met
- **Review and make improvements on feedback received:**
 - NRHC monitors all feedback and implemented revised patient feedback tracking and response tool in 2017. Tracking mechanisms were updated to electronic logging and tracking of feedback received in 2019. The VP Clinical Services / Chief Nursing Executive facilitates a comprehensive review of each concern and identifies corrective measures where appropriate. No feedback related to

accessibility have been received.

- Disabled parking space signage has improved visibility during winter/snow season
- Alternative formats of NRHC documents are offered on our website. Organizational policies, patient education and safety materials and forms are available in electronic format in an online document management system, and can be adapted to meet patient accessible needs.

Communication of the Multi-Year Accessibility Plan

The NRHC Multi-Year Accessibility plan will be posted on the organization's website and hard copies will be available from the Administration office. On request, the plan can be made available in alternative formats, such as in large print or in Braille. The plan will also be included within the orientation package to new staff, volunteers and reviewed with all staff annually.

Materials and Supplies

- **Appendix A:** Multi-Year Accessibility Work Plan 2018-2021

Definitions

Accessibility: supporting people of all abilities with opportunities to participate fully in everyday life. It is used to describe how widely a service, product, device, or environment is available to as many people as possible. Accessibility can be seen as the ability to access and benefit from a system, service, product or environment.

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

- Doorways and hallways that are too narrow for persons using wheelchairs, walkers or motorized mobility aides
- Counters that are too high for clients to be served in a seated position
- Parking spaces too narrow for safely accommodating wheelchair positioning
- Poor lighting, lack of contrast or high gloss finishes for persons with vision disabilities
- Telephones lacking communication devices for hearing impaired persons

Attitudinal barriers are those that discriminate against persons with disabilities. Examples include;

- Assuming a person with a speech impairment can't understand what's being said
- Ignoring persons with disabilities because of the challenge of communication
- Thinking/implying that persons with disabilities are inferior

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

Disability: as defined by the Accessibility for Ontarians with Disabilities Act, 2005 and the Ontario Human Rights Code, is:

- 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.
- A condition of mental impairment or a developmental disability

- A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- A mental disorder, or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Information and/or communications barriers: exist when a person can't easily understand information provided. Examples include:

- Small print for the visually impaired
- Signs that are unclear and/or difficult to understand
- Speaking too loudly to persons with hearing impairments
- Websites that can be accessed by people unable to use a mouse

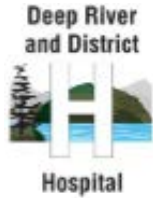
Organizational barriers: are organizations, policies, practices or procedures that discriminate against persons with disabilities. Examples include:

- Hiring processes that are not open to qualified persons with disabilities
- Overhead paging and announcements that can't be heard by persons with hearing disabilities
- Holding events and/or meetings in spaces that can't be accessed by persons using wheelchairs or other mobility aides

Technological barriers: occur when technology can't be modified to support assisted devices. Examples include:

- Websites that don't support screen-reading software
- Phones that can't be adjusted for volume control

Reference Documents	<ul style="list-style-type: none"> • www.ontario.ca, Ontario Human Rights Code, WHO • https://www.ontario.ca/page/how-create-accessibility-plan-and-policy#, Accessibility for Ontarians with Disabilities Act: A Comprehensive Guide for Developing Accessibility Policies and Accessibility Plans • https://www.ontario.ca/laws/statute/05a11, Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11
Acknowledgements	<ul style="list-style-type: none"> • St. Michael's Accessibility Plan • Queensway Carleton Hospital Accessibility Plan
Review Process	<ul style="list-style-type: none"> • Executive Leadership Team - February 2018 • Patient Family Advisory Committee - February 2018 • Quality Patient Safety Committee - March 2018 • Accessibility Advisory Council – Sept 5 2019



Deep River and District Hospital Accessibility Work Plan: 2018-2021

The NRHC plans to address the identified project and programs between 2018 and 2021 to remove and prevent barriers to people with disabilities in accordance with the Accessibility for Ontarians with Disabilities Act.

Area	Barrier	Objective	Plan	Time Frame	Person Responsible	Progress
Policies and Practices	<ul style="list-style-type: none"> Not all policies, practices and procedures are updated re: provision of accessible customer service 	<ul style="list-style-type: none"> Ensure organizational commitment to accessibility is reflected in documents 	<ul style="list-style-type: none"> Thorough review of customer service policies Update policies 	2019	Human Resources Officer (HRO)	<i>All to date revised HR policies have been adapted to meet AODA needs. Ongoing with all other policies.</i>
Technological	<ul style="list-style-type: none"> Computer Terminal Font Size and other options (audio) 	<ul style="list-style-type: none"> Educate staff Create awareness of options available 	<ul style="list-style-type: none"> All employee communication and support (showing “How-to” and directing them to ask for help if other issues) 	2018	IT and HR	<i>Communication in development – HRO to share in Fall 2019.</i>
	<ul style="list-style-type: none"> Call bell and bed alarm systems have limited capabilities to provide alternative communication methods 	<ul style="list-style-type: none"> Ensure staff are able to respond to patient needs through communication devices 	<ul style="list-style-type: none"> Replace current Call Bell system, integrating bed alarms with updated system 	2019	CNE / CFO	<i>In Progress – system being finalized</i>
Attitudinal	<ul style="list-style-type: none"> Healthcare organizational mentality is to “help” people, however, people with disabilities do not always want help, but to be 	<ul style="list-style-type: none"> Improve organizational knowledge re: customer service for individuals with 	<ul style="list-style-type: none"> Develop training materials Assign and track 	2018	CNE/HRO	<i>Incorporated into annual education plan. Mental Health Awareness training provided in 2019 include:</i>

	supported in their independence	all types of disabilities				suicide awareness for all staff; management support staff mental distress;
Information & Communications	<ul style="list-style-type: none"> Way finding challenging Patients don't always see signs at registration to ring bell Visual fire alarm not visible in all areas Alternative formats for information materials not consistently available Proactive communication, identify needs prior to prescheduled visits with forms/communication 	<ul style="list-style-type: none"> Reduce visual clutter Consider selective use of pictograms for way finding Lower some signage and/or increase and standardize font Consider options for notifying staff with hearing impairments of alarms Create and provide alternative formats upon request 	<ul style="list-style-type: none"> Consultation vendors re: signage, alternative formats etc. 	2020	CFO	Signage replaced to date considers accessibility; Electronic document management supports availability and adapted of documents to meet accessibility needs; Updated Signage policy in place to reduce visual clutter and consider AODA – implementation in progress
Employment and/or Training	<ul style="list-style-type: none"> Lack of process regarding individualized accommodation plans 	<ul style="list-style-type: none"> Policy and process created to outline steps for individualized accommodation 	<ul style="list-style-type: none"> Identify and education on process for individualized accommodation plans 	2018	HRO	Completed
Physical/ Architectural	<ul style="list-style-type: none"> Door Handles round 	<ul style="list-style-type: none"> Replace with lever handles 		2021	CNE/CFO	Completed as new handles as replaced – ongoing
	<ul style="list-style-type: none"> No Grab bars in staff washrooms 	<ul style="list-style-type: none"> Install grab bars or identify alternative 	<ul style="list-style-type: none"> Staff washroom by the classroom is 	2020		Completed

		staff accessible washroom	wheel chair accessible and has an installed grab bar			
	<ul style="list-style-type: none"> Lack of automatic door openers 	<ul style="list-style-type: none"> Install auto door openers where lacking or identify alternative routes 		2021		Will be completed as part of capital plan with identified need.
	<ul style="list-style-type: none"> Registration Desk not at optimum height to serve patients in wheelchairs 	<ul style="list-style-type: none"> Redesign registration desk during hospital redevelopment 	<ul style="list-style-type: none"> Temporarily staff at Registration able to identify patients and come out from desk area to assist 	2021		Included in overall space plan for the organization – to be addressed with redesign at later date.
	<ul style="list-style-type: none"> No call bells in staff washrooms 	<ul style="list-style-type: none"> Install call bells in staff washrooms 	<ul style="list-style-type: none"> RFP completed for new call bell system which will be installed in staff washrooms 	2019		Completed
	<ul style="list-style-type: none"> New buildings and RFP process need to comply with legislation 	<ul style="list-style-type: none"> Ensure compliance 		Ongoing		To be completed as development occurs
	<ul style="list-style-type: none"> Difficult threshold to outside at end of Medical floor 	<ul style="list-style-type: none"> Examine in spring and assess options 		2019		Thresholds additionally noted to be difficult for wheelchair access outside of emergency. Transition ramps under review.
	<ul style="list-style-type: none"> Chairs difficult to get out of when removing footwear at FHT 	<ul style="list-style-type: none"> Replace Chairs or provide alternative accessible seating 	<ul style="list-style-type: none"> Selection of chairs outside of FHT to accommodate 	2019		Completed
	<ul style="list-style-type: none"> Parking lot difficult to navigate in winter 	<ul style="list-style-type: none"> Review contract and ensure clearing in future 		Ongoing		In process of obtaining new service provider

	<ul style="list-style-type: none"> Emergency exit door in Physiotherapy not wheelchair accessible 	<ul style="list-style-type: none"> Review patient/staff flow and need for wheelchair accessibility 	<ul style="list-style-type: none"> Updated Emergency Evacuation plan, Physiotherapy door not included 	2019		<i>Completed</i>
Training	<ul style="list-style-type: none"> Gaps in comprehensive orientation training program re: accessibility and ongoing training in accessible customer service 	<ul style="list-style-type: none"> Structured training and development in place for all staff related to accessible customer service 	<ul style="list-style-type: none"> Develop/source appropriate training materials Assign and track compliance 	2020	HRO	<i>Completed - included in orientation and onboarding process</i>

Progress Indicators		
No Current Action	In Progress	Complete