Multi-year Accessibility Plan

January 1, 2013 to December 31, 2017

Headwaters Health Care Centre

This publication is available on our website
www.headwatershealth.ca
and is available in alternative formats upon request

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Executive Summary

In keeping with the *Ontarians for Disabilities Act (ODA 2001)*, Headwaters Health Care Centre (HHCC) has prepared an annual 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 2013-2017, 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 Accessibility and Equity 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.

Please address any inquires to:

Accessibility Coordinator
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About Headwaters Health Care Centre

Headwaters Health Care Centre is an 87-bed acute and complex continuing care facility, caring for residents in Dufferin County and the Town of Caledon, for over 100 years.

By offering care closer to home and putting patients first, Headwaters Health Care Centre aims to provide an **exceptional experience every time**.

AT A GLANCE
• 87 Beds (65 acute, 22 complex continuing care)
• Approximately 580 Staff
• 60 Physicians and 2 Family Health Teams
• Approximately 240 Volunteers

OUR PROGRAMS & SERVICES
Please visit www.headwatershealth.ca for a full list of programs and services.

FOR INPATIENTS
Children's Health
Complex Continuing Care
Critical/Intensive Care
Geriatrics
Medicine
Palliative Care
Surgical Services
Women's Health

FOR OUTPATIENTS
Ambulatory Care
Cardiac Rehabilitation
Diabetes Education
Dialysis
Emergency Services (24/7)
Endoscopy
Oncology/Cancer Care
Sexual Assault/Domestic Violence

AMBULANCE

DIAGNOSTIC IMAGING
CT Scan
Digital Mammography
Nuclear Medicine
Ultrasound
X-ray

LABORATORY (inpatient)

REHABILITATION
Physiotherapy
Occupational Therapy
Speech-Language Pathology
Social Work

TELEMEDICINE/ TELEHOMECARE/ TELEPSYCHIATRY

NOTABLE ACHIEVEMENTS
✓ Low infection rates
✓ Low Emergency Department wait times
✓ Leading Practice Awards for our Emergency Department & Wound Care Program
✓ High patient satisfaction ratings
✓ Accredited with Exemplary Standing by Accreditation Canada

Partnerships with the Central West Community Care Access Centre, William Osler Health System, Southlake Regional Health Centre, Trillium Health Partners and other community partners to ensure the right care, when needed, close to home.

Aim & Objectives

This plan describes the measures HHCC has taken and will take in the coming years (2013-2017) 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.

This multi-year plan:
- Describes the group responsible for overseeing this accessibility plan and the work required to meet ODA, AODA, IASR and other mandates
- Describes the process HHCC uses to identify, remove and prevent barriers
- Annually reviews annually actions taken by HHCC to identify, remove and prevent barriers
- Describes the measures to be taken in the coming years (2013-2017) to meet the mandatory IASR (AODA) requirements
- Outlines measures to taken to ensure ongoing compliance with the Customer Service Standard (AODA)
- Describes the review and monitoring process of the accessibility plan
- Describes how it will be communicated and made available to the public

Accessibility & Equity Committee

HHCC's Accessibility and Equity Committee is an advisory body established in accordance with Terms of Reference. The Committee's role is to advise the hospital, reporting through 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 Accessibility and Health Equity efforts at HHCC.

Membership
The Committee consists of the following:

- Co-Chair, Accessibility Coordinator (Manager, Public Relations & Communications)
- Co-Chair, Equity Coordinator (Spiritual Care Coordinator)
- Director, Facilities & Engineering
- Human Resources Department representative
- Frontline staff representatives
- Housekeeping/Environmental Services Department representative
- Registration Department representative
- 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 publically.
- 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 Senior Management. 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.

Commitment to Accessibility

HHCC is committed to fostering a caring environment of respect, diversity, and dignity for **all**, through its Vision, Mission and Values.

Our Vision: Exceptional Experience Every Time

Our Mission: To provide high quality and compassionate care, in collaboration with our partners, to optimize the health of our community.

Our Values:

CARE * CARE * CARE
We are committed to caring in a sensitive, respectful and supportive way for those we serve and those we work with.

ASK * SEEK * EXPLORE
We promote a culture of learning and innovation to effectively meet the evolving needs of our patients, staff and community.

BUILD BRIDGES
We work collaboratively within our organization and with our external partners to ensure we provide the best possible standards of health care services.

The Accessibility and Equity Committee is focused on creating and implementing a multi-year plan to ensure the requirements of the IASR are met and that all compliance deadlines are achieved, in addition to the ongoing process of barrier identification, removal and prevention. In the coming years, the Accessibility & Equity committee will monitor progress towards IASR requirements and other accessibility-related objectives. The Committee is accountable to the President & CEO through regular updates at Senior Management through the Manager of Public Relations and Communications.

Lastly, the Committee and/or its chair, will respond to any and all compliance reporting requests from the Accessibility Directorate of Ontario (ADO), as well as attend or explore any requests from local accessibility organizations (e.g. Town of Orangeville Accessibility Committee).

HHCC has developed a policy, approved by Senior Management, in support of accessibility planning for persons with disabilities. The policy is accessible to all staff through the internal intranet and can be available in alternative formats upon request. Accessibility planning is part of the annual budget, in addition to the programs and services planning process.

Barrier Identification Methodologies

The methodologies used to identify barriers and develop our plan include:

Methodology	Description	Status
Accessibility & Equity Committee	Committee members examine goods and services at HHCC. Provide advice and insight regarding accessibility, as well as how our community and those with disabilities, experience health care at HHCC.	Ongoing
Employee input	Staff participating in accessibility training are invited to provide feedback on accessibility issues when they become of aware. Other HHCC committees/ groups/task forces are consulted for input on identification of barriers.	Monthly Annually & Ongoing
Community input	Town of Orangeville Accessibility Committee forwards community feedback. Feedback is then reviewed, responded to and followed-up with appropriate stakeholders. Community Advisory Council	Ongoing Annually & Ongoing (as needed)
Review of construction/ renovation projects	Construction and renovation projects are reviewed by a member of the Accessibility and Equity Committee (e.g. Director of Engineering & Facilities)	Ongoing
Feedback mechanisms	Comment cards, letters, phone calls, as well as online mechanisms. Feedback is reviewed, responded to and followed-up with appropriate stakeholders.	Ongoing (website monitored, emails/letters/cards acknowledged and followed-up)
AODA legislation	Mandatory requirements of the legislation set targets for needed accessibility initiatives and/or change at member organizations. Previously-achieved requirements and standards (such as CSS) are reviewed to ensure ongoing compliance.	Ongoing
Professional Practice Network of Ontario (PPNO)	Consult PPNO to access information, policies etc. to address accessibility requirements (CSS, IASR)	Ongoing

Accessibility: 2012-2013
ACCESSIBILITY & EQUITY COMMITTEE

In 2012-2013, there were many changes and transitions at HHCC, which affected the progress and achievements of the existing Accessibility Committee. The Committee was without a Chair from March 2012 to September 2012. A new Manager of Public Relations and Communications was hired in September 2012, meanwhile the existing Director of Human Resources and Organizational Development left the organization in January 2013. A new Director was hired in July 2013. Additionally, there was also a gap in Occupational Health & Safety. A full-time Occupational Health & Safety Nurse was hired towards the end of 2012.

In September 2013, the Accessibility and Equity Committees joined forces to ensure both accessibility and equity requirements are being met to remove barriers for persons with disabilities or individuals who may face barriers to due gender, ethnic origin, skin colour, language, religious beliefs, class, sexual orientation, age, culture or any other diversity or disability. As a result, the Manager of Public Relations and Communications, as well as the Spiritual Care Coordinator, became Co-Chairs of the Accessibility & Equity Committee.

The Terms of Reference for the Accessibility and Equity Committee were finalized in September 2013. A request for members of the Town of Orangeville's Accessibility Committee to participate in this committee was made but unfortunately, at the time, volunteers were not forthcoming. Both committees communicate regularly and provide feedback in place of a standing member.

ACCESSIBILITY PLANNING

Thanks to the Ontario Hospital Association (OHA) and The Ottawa Hospital (TOH), HHCC has been able to leverage a comprehensive IASR Multi-year Planning template that was created based on a consultant's report in 2012. This template, and other planning resources from the OHA, has provided HHCC with an overarching work plan and has helped start and support the process of accessibility planning and incorporate IASR requirements.

LIGHTING & SIGNAGE/WAYFINDING

Signage and wayfinding signs continue to be installed at HHCC to enhance visibility and readability. In 2012-2013, new signage was installed in the Emergency Department, Intensive Care Unit, Main lobby, Lower lobby and Patient Accounts.

Thanks to feedback from the Town of Orangeville's Accessibility Committee, enhanced lighting was also installed to enhance visibility and readability in main corridors and by elevators.

SIDEWALK REPAIRS

Repairs were made to the sidewalks at HHCC (and surrounding areas): Rehabilitation/Dialysis entrance, main entrance, and connections from various parking lots. These repairs enhanced accessibility, as well as safety for all those entering and exiting HHCC (patients, visitors, patient transfers, community transportation vehicles, accessible transportation vehicles etc.)

ACCESSIBLE PATIENT ACCOUNTS DEPARTMENT

Thanks to feedback from our staff and patients, an automated door opener was installed in our Patient Accounts Department to ensure access for all.

CUSTOMER SERVICE STANDARD

CSS training is ongoing through general orientation education, held monthly. An effort is also underway to create an online education module through HHCC's eLearning tool, Medworxx.

INTEGRATED ACCESSIBILITY STANDARDS REGULATION (IASR)

HHCC has been doing its best to meet the compliance deadlines for the IASR.

   i)   IASR Section 3: Establish written accessibility policies
   - HHCC's accessibility policy revised to include standards of the IASR and posted on external and internal websites.
   ii) IASR Section 4: Establish multi-year accessibility plan in consultation with persons with disabilities
   - Current plan integrates issues identified by HHCC's Accessibility and Equity Committee, staff and community.
   - Multi-year Accessibility Plan (2013-2017) to be posted on external and internal websites.
   - Plan is available in alternate format or with communication support, upon request.

iii)   IASR Section 5: Incorporate accessibility criteria when procuring goods, services and facilities

- Accessibility Coordinator discussed with VP of Corporate Services and Director of Engineering and Facilities on procurement and reviewed integration of accessibility criteria.
- Accessibility language integrated into procurement process and other related documentation in conjunction with partners (e.g. Shared Services West).
- Statement integrated in contacts that contractors are responsible for AODA Customer Service Training for their employees.
- HHCC's purchasing policy revised to include integration of accessibility criteria in procurement.

iv) IASR Section 6: Incorporate accessibility features when designing, procuring or acquiring self-service kiosks
- Accessibility Coordinator discussed with Manager of Registration on procurement and reviewed criteria for self-service kiosks if procured in future. Further support needed to ensure accessibility if procurement process for kiosks proceeds.

v) IASR Section 7: Training on IASR accessibility standards and Human Rights Code for all staff
- Education presented to: Accessibility & Equity Committee, Senior Management, Leadership, Nursing Leadership.
- Further education is needed, as well as revision to general orientation education. Training on the Human Rights is also required.

Work Plan for 2013-2017

HHCC's work plan is twofold: 1) identified barriers that will be addressed based on feedback received through the various avenues described in Barrier Identification Methodologies, and/or those brought forward from the 2010-2011 plan (HHCC's most recent plan); 2) action plans created to ensure requirements of the IASR are met.

Identified Barriers to be addressed in 2013-2014

Barrier	Action	Responsibility
Inaccessible washrooms in Main Lobby	Evaluate current washrooms and develop priorities for change.	Accessibility & Equity Committee Facilities
Lack of awareness, education and sensitivity re: persons with disabilities, language barriers and accessibility requirements Applicable to all employees (existing and new hires), health care providers, and volunteers	Ongoing CSS training Further and more widespread IASR training Initiate Human Rights Code training Create online education module Develop communications strategy using HHCC tools/tactics	Accessibility & Equity Committee Human Resources Public Relations & Communications
Ensure accessibility requirements are taken into account in Capital Redevelopment & Expansion design phase, as well as procurement of goods, services etc.	Provide ongoing input into design phase to ensure accessibility throughout (e.g. washrooms, signage, entrances, exits, parking, procurement etc.)	Accessibility & Equity Committee Community Advisory Council Facilities Redevelopment & Expansion User Groups
Signage & Wayfinding	Evaluate current gaps and develop priorities for change Establish a budget to make approved changes	Accessibility & Equity Committee Public Relations & Communications

Implementation of IASR

The compliance deadlines below apply to hospitals that have 50 or more employees (defined as large designated public sector organizations).

	General Requirements	**Information & Communications**	**Employment**
2012		Emergency procedures, plans or public safety information s. 13	Workplace emergency response information s. 27
2013	Accessibility policies s. 3 Accessibility plans s. 4 Procuring or acquiring goods, services or facilities s. 5 Self-service kiosks s. 6		
2014	Training s. 7	All new Internet websites and web content on those sites must conform with Web Content Accessibility Guidelines (WCAG) 2.0 Level A s. 14 Feedback processes s. 11	Recruitment s. 22-24 Informing employees of supports s. 25 Accessible formats and communication supports for employees s. 26 Documented individual accommodation plans s. 28 Return to work processes s. 29 Performance management, career development and redeployment s. 30-32
2015		Accessible formats and communication supports s. 12	
2021		All Internet websites and web content must conform with WCAG 2.0 Level AA (excluding live captioning and pre-recorded audio descriptions) s. 14	

* Note that hospitals may have additional requirements under section 76 of the IASR related to transportation (i.e., to provide accessible vehicles or equivalent services upon request).

HHCC IASR Multi-year Implementation Plan

GENERAL REQUIREMENTS

AODA/IASR 191/11 Sec. 7 Compliance: Jan 1, 2014	Action Plan	Timeline/Responsibility
7.1 Provide training on IASR accessibility standards and Human Rights Code All employees, volunteers, persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization, receive training	Redevelop orientation training to include IASR requirements Develop eLearning module and launch to all staff Collaborate with Volunteers to relaunch Accessibility Training using alternate methods (no access to eLearning) Identify policy makers and other groups requiring education and develop plan to provide this training Develop an online Accessibility Resource Centre, using the intranet, for all staff Develop and launch an Accessibility Communications Strategy across HHCC	2013 Accessibility Coordinator 2013 Accessibility Coordinator 2013 Accessibility Coordinator, HR 2013-2017 Accessibility Coordinator 2013-2017 Accessibility Coordinator, HR 2013-2017 Accessibility Coordinator, Communications
7.2 Training is appropriate to duties	Educate Senior Management & Leadership about IASR. Leadership identify training and resource needs of staff and collaborate with Accessibility Coordinator to create training plans specific to use by staff in various areas	2013 Accessibility Coordinator, Leadership Team
7.3 Deliver training as soon as practicable	Education activities begin immediately and continue ongoing as required	2012-2017 Accessibility Coordinator
7.4 Training regarding policy changes	Policy communicated as per HHCC policy/procedure practices Develop communications strategy to ensure broad messaging of changes	2013-2017 Accessibility Coordinator, Communications
7.5 Record of training	Keep current record of all training activities	2013-2017 HR

INFORMATION & COMMUNICATION STANDARDS

AODA/IASR 191/11 Section 11 Compliance: Jan 1, 2014	Action Plan	Timeline/Responsibility
11.1 Ensure feedback processes are accessible by accessible formats and/or communication supports upon request	A wide variety of options are available for people to provide general feedback • Identify current methods • Insert statement regarding availability of alternate formats in all feedback processes	2013 Communications
11.3 Notify the public about the availability of accessible	Insert statement regarding availability of alternative formats in communications	2013 Communications

formats and communication supports	regarding feedback processes	

AODA/IASR 191/11 Section 12 Compliance: Jan 1, 2015	**Action Plan**	**Timeline/Responsibility**
12.1 Provide accessible formats and communication supports for information Information in accessible formats and/or using communication supports provided: • in a timely manner that takes into account the person's accessibility needs due to disability • and at a cost that is no more than the regular cost charged to other persons	Provide education to graphic designers and other producers of content • Accessible PDFs and/or forms with WCAG 2.0 Review education materials, booklets, website and patient information guides Create a standard process for requesting alternate format, request form etc. for patients and employees Convert forms (if any) to an Accessible Compliant PDF format. An accessible compliant PDF can be used by screen readers, Braille machines; and large print formats Create policy and standards (printing, developing content, communications etc.)	2014ongoing Communications Communications, Accessibility & Equity Committee Communications, Accessibility & Equity Committee 2014-2015 Communications 2014-2017 Communications, Accessibility & Equity Committee
12.2 Consult with person requesting alternate format	Integrate consultation with requestor into the standard process for requesting alternate format	All involved as above
12.3 Notify public of availability of these alternatives Post notices of the availability of alternate formats and communication supports on: • Internal and External Website • Patient Services Directory • Information Services/ Volunteers • TV monitors • Signage (icons etc.) • Pamphlets/brochures	Develop messaging and integrate appropriate wording/statement for website, signage, patient information guides and all other channels of communication	2013 Communications, Accessibility Coordinator

AODA/IASR 191/11 Section 14 Compliance: Jan 1, 2014 (Level A) Compliance: Jan 1, 2021 (Level AA)	**Action Plan**	**Timeline/Responsibility**
14.1 Ensure internet and intranet websites and web content conform to WCAG 2.0 guidelines (Web Content Accessibility Guidelines) at the following levels: • New websites and new web content to Level A by January 1, 2014 (14.4)	Consult with external web service providers (Blue Lemon Media) re: WCAG compliance Conduct GAP analysis of current external website by evaluating current status relative to WCAG 2.0 level A	2013-2014 ongoing Communications 2013-2014 ongoing Communications

	Develop plan to make any necessary changes or upgrades to ensure level A for 2014	
• All websites and web content to Level AA by January 1, 2021 (other than live captions and audio descriptions) (14.4)	Consult with intranet service Providers (Xerox/DocuShare) re: WCAG compliance	
	Conduct end stage evaluation of external and intranet websites to ensure compliance	2013-2014 ongoing Communications, Accessibility & Equity Committee, Community Advisory Council
	Determine necessary upgrades/changes to meet Level AA and create plan to implement them for both internal and external websites	2014-2017 Communications, Accessibility & Equity Committee

EMPLOYMENT STANDARDS

AODA/IASR 191/11 Section 22-24, 26 AND 32 Compliance: Jan 1, 2014	**Action Plan**	**Timeline/Responsibility**
Ensure availability of accommodations in recruitment, selection, hiring processes Consult with individual on determining necessary accommodations Include accessibility considerations in redeployment processes Provide accessible formats and communication supports for job or workplace information, upon request	Develop strategy for integrating recruitment, selection and hiring processes with information concerning accommodations Develop process/policy for involving individual in determination of necessary accommodations Develop strategy for addressing accessibility considerations in redeployment processes Develop process for the request of workplace information in alternate format and/or with communication supports	2013-2014 ongoing HR, Accessibility & Equity Committee
AODA/IASR 191/11 Section 25 Compliance: Jan 1, 2014	**Action Plan**	**Timeline/Responsibility**
25.1 Inform employees of policies supporting employees with disabilities	Develop method of informing employees of policies supporting those with disabilities	2013-2014 ongoing HR, Occupational Health & Safety
25.2 Provide this information to new employees as soon as practicable after hiring	Redevelop orientation training to include basic information on accommodation and return to work during orientation	2013-2014 ongoing HR, Occupational Health & Safety
25.3 Provide updated information on accommodations policies to employees when changes occur	Accommodation and Return to Work policies posted and communicated as per HHCC practices	2013-2014 ongoing HR, Occupational Health & Safety
AODA/IASR 191/11 Section 28 Compliance: Jan 1, 2014	**Action Plan**	**Timeline/Responsibility**
28.1 Develop written process for documented individual accommodation plans	Update and finalize HHCC policy	2013-2014 ongoing HR, Occupational Health & Safety

28.2 Include prescribed elements in process	The above policy will include and refer to all prescribed elements	
28.3 Individual accommodations plans shall: • Include any information regarding accessible formats and communications supports provided, if requested • Include individualized workplace emergency response information, if required • Identify any other accommodation that is to be provided	The above policy will include and refer to all prescribed elements	2013-2014 ongoing HR, Occupational Health & Safety
AODA/IASR 191/11 **Section 29** **Compliance: Jan 1, 2014**	**Action Plan**	**Timeline/Responsibility**
29.1 Develop a documented return-to-work process	Update and finalize return-to-work policy	2013-2014 ongoing HR, Occupational Health & Safety
29.2 Include steps employer will take to facilitate return to work and use documented individual accommodation plans	The above policy will include and refer to all prescribed elements	2013-2014 ongoing HR, Occupational Health & Safety
AODA/IASR 191/11 **Section 30** **Compliance: Jan 1, 2014**	**Action Plan**	**Timeline/Responsibility**
30.1 Include accessibility considerations in performance management processes The use of the performance management process takes into account the accessibility needs of employees with disabilities, including existing accommodation plans	Review performance management process to identify any opportunities for integration of accessibility criteria Ensure performance management tools are available in alternate formats and/or communication supports, upon request Include questions that ensure accessibility needs are identified and addressed in performance management tools Educate Leadership Team around rationale for inclusion of questions, obligations of the employer, and articulation with accommodation plans through Occupational Health	2013-2014 ongoing HR
AODA/IASR 191/11 **Section 31** **Compliance: Jan 1, 2014**	**Action Plan**	**Timeline/Responsibility**
31.1 Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities	Review performance management process to identify any opportunities for integration of accessibility criteria into career development section/ questions	2013-2014 ongoing HR

within current position Performance management tool identifies any barriers due to disability relative to career development and prompts discussion of accommodations or supports needed	Include questions that ensure accessibility needs are identified relative to career development, including additional responsibilities/ opportunities within current position Educate Leadership Team around rationale for inclusion of questions, obligations of the employer, and articulation with accommodation plans through Occupational Health	

DRAFT BUILT ENVIRONMENT STANDARDS (Design of Public Spaces)

AODA DRAFT Design of Public Spaces Standard (not yet legislated)	Action Plan	Timeline/Responsibility
S. 80.16, 80.22, 80.33-80.37, 80.39-80.42 Technical requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or renovation, in all relevant areas including: • Accessible Parking • Exterior paths of travel • Outdoor public use eating areas • Service Counters • Fixed queuing guides • Waiting areas • Maintenance	Identify stakeholders involved in development, redevelopment, design, renovation and maintenance of public spaces and share information on status of Built Environment standards Identify and inform relevant stakeholders of proposed new standards for Accessible Parking New standards implemented as they are made law Identify current maintenance schedules for interior and exterior spaces Identify any need to add new maintenance as per requirements of AODA, once proposed standards are made law	2014-2017 Accessibility Coordinator, Accessibility & Equity Committee, Redevelopment User Groups

Review & Monitoring Process

The Accessibility & Equity Committee will meet quarterly (at minimum) to review progress on achieving the goals and targets outlined in this multi-year plan.

Accountability
The multi-year work plan will be coordinated, monitored and tracked by the Co-Chairs of the Accessibility & Equity Committee, who will work with the committee and various stakeholders to ensure reporting on accessibility measures and initiatives are up-to-date and respond to compliance reporting requests and/or AODA audits.

The Co-Chairs of the Accessibility & Equity Committee will present quarterly updates to the Senior Management Team, Leadership Team and others as required.

Annual Progress Reports
As per IASR legislation, annual progress reports on the multi-year plan will be produced and reported publicly on external and internal websites. These annual progress reports will also include new and emerging targets and objectives related to improving accessibility at HHCC.

All accessibility planning documentation and reporting will be available in alternate formats and/or with communication support, upon request.

Communication of the Plan

The 2013-2017 Multi-year Accessibility Plan will be posted on the internal and external websites of HHCC. Information about accessibility, this plan, legislation and the various regulations and requirements are also shared with employees, physicians and volunteers at orientation or requested training sessions. Education and awareness is also done through an internal newsletter, *Heartline*.

The plan will be made available in alternate forma and/or with communication support, upon request. You can make you request by contacting:

Accessibility Coordinator
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(519) 941-2410 x.2248