



Accessibility Plan For Temiskaming Hospital 2015 to 2020

This publication is available on the hospital's website
www.temiskaming-hospital.com
and in alternative formats upon request.

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1.0 Executive Summary

The purpose of the *Accessibility For Ontarians Disabilities Act 2005* (AODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the AODA requires organizations with 50 or more employees to:

- Establish, implement, maintain and document a multi-year accessibility plan.
- Post the accessibility plan on the organizations website, if any, and provide the plan in an accessible format upon request. Review and update the accessibility plan at least once every five years.
- Ensure new internet websites and web content on those sites conform to World Wide Web consortium Web Content Accessibility Guidelines (WCAG) 2.0 Level A, except where meeting the requirement is not practicable.
- Prepare policies, practices and procedures on how goods or services will be provided to people with disabilities.
- Provide training for every person who deals with the public or other third parties on behalf of the organization, as well as for every person who participates in developing the policies, practices and procedures on providing goods or services to members of the public or third parties.
- Post notices in a conspicuous place on the premises, on the organization's website or by another reasonable method. Notices include temporary disruption in facilities or services that people with disabilities usually use to access goods or services of the organization, documents required under the [AODA Customer Service Standards](#) are available upon request.
- Provide individualized workplace emergency response information to employees who have a disability if the disability is such that individualized information is necessary and the organization is aware of the need for accommodation. If emergency procedure plans or public safety information is prepared and made available to the public, the information should be provided in an accessible format or with appropriate communication support as soon as practicable upon request.
- Have regard to the accessibility for persons with disabilities when designing, procuring or acquiring self-service kiosks.
- Have a process for receiving and responding to feedback shall ensure that the processes are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports, upon request. The organization shall also notify the public about the availability of accessible formats and communications supports.

2.0 Introduction

This annual Plan is updated and monitored by the Accessibility Working Group of Temiskaming Hospital. The Plan describes:

- the measures that Temiskaming Hospital has taken to remove barriers; and

- the measures that Temiskaming Hospital will take in upcoming years to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the hospital. (This includes patients and their family members, staff, health care practitioners, volunteers and members of the community.)
- a gap analysis reviewed and annual plans based on this review.

During 2015-2020, Temiskaming Hospital has again committed to:

- ongoing improvement of access to hospital facilities, policies, services, practices and services through identification and removal of barriers;
- the participation of persons with disabilities in the development and review of the annual Accessibility Plan; and
- continue provisions of quality services to all patients, family members, and members of the community with disabilities.

3.0 Objectives

This plan:

- Describes the process by which Temiskaming Hospital will identify, remove and prevent barriers to people with disabilities;
- Reviews the progress at Temiskaming Hospital in removing and preventing barriers to people with disabilities;
- Lists the by-laws, policies, services and practices that Temiskaming Hospital will review in the coming year to identify barriers to people with disabilities;
- Describes how Temiskaming Hospital will make this Accessibility Plan available to the public.
- Gap analysis review for the provision of goods and services to people with disabilities consistent with the AODA.
- Annual working plan which describes the actions taken to address the gap analysis, actions to identify and remove barriers.
- Annual update on the 5 year gap analysis.

4.0 Hospital Commitment to Accessibility Planning

The Board of Directors has approved the following policy concerning Accessibility (ADM-G-11-07).

Temiskaming Hospital is committed to ongoing improvement of policies and procedures that assures access for all to our services and facilities.

This commitment is met within the limitation of the resources available to us and our ability to source additional funds to meet identified needs.

The President & Chief Executive Officer has authorized the Accessibility Working Group to prepare an Accessibility Plan, on an annual basis, and to monitor progress toward achieving the objectives outlined in this plan.

5.0 Description of Temiskaming Hospital

Temiskaming Hospital is a spacious, modern and fully-accredited Hospital that services the population in the South Timiskaming District, a population of approximately 25,000.

Our attractive 59-bed hospital opened in 1980. Built around three beautiful courtyards, it is a one-level, bright and spacious facility. Since the staff had input in the planning stage, attention to details such as the width of doorways and washrooms is apparent and provides a safe and enjoyable work environment. Inpatient services are provided for people requiring medical services, surgical services, obstetrical services, special care and complex continuing care.

In addition, an entire corridor of rooms was created to house a suite of educational rooms, including videoconferencing, a library, a computer training laboratory and a clinical laboratory.

The Medical Staff consists of nineteen family practitioners, one general surgeon, an internist, two G.P./anaesthetists, and approximately fifteen visiting specialists. These specialists conduct regular outpatient clinics and provide consultation in the following disciplines: otolaryngology, paediatrics, cardiology, neurology, ophthalmology, obstetrics, and gynaecology, psychiatry, nephrology, and orthotics.

We are affiliated with the Northeastern Ontario Regional Cancer Centre, and have provided a Day Medicine Program as a satellite site of this program since 1993. Day Medicine provides services to patients requiring chemotherapy and blood products. Affiliation with the regional nephrology program, with a service hub at Health Sciences North, permits Temiskaming Hospital to offer dialysis services to local residents.

A full range clinical professionals offer their services to the members of our community at Temiskaming Hospital. Our clinical team includes: nursing staff, an occupation therapist, physiotherapists, a speech language pathologist, pharmacists, a dietician and a respiratory therapist. Diagnostic services are provided by laboratory technologists and medical radiology technologists. A CT Scan was added to our array of diagnostic services in January 2006.

Our team approach to individualized care enables us to provide quality patient care and supports continuous improvement in clinical services.

Our Mission

Temiskaming Hospital will provide quality patient centered health care according to evidence based guidelines and standards.

Our Vision

Temiskaming Hospital aspires to be a model for rural health care.

Our Values

- **Human Dignity:** Each person is valued as a unique individual with a right to respect and acceptance.
- **Excellence:** A commitment to strive for the best in our delivery of care.
- **Compassion:** Meaningful actions that demonstrate a presence of caring which fosters healing and wholeness.
- **Social Responsibility:** Actions that promote the just use of resources entrusted to us for the enhancement of human life, both personally and collectively.
- **Community Partnership:** Our people working together with other health care providers in a climate of mutual support that enables the healing and fulfillment of human potential.
- **Safety:** Ensuring a safe environment for all.

6.0 Plan Components

6.1 The Accessibility Working Group

The President & Chief Executive Officer formally constituted the Accessibility Working Group in April, 2003. The Terms of Reference for this group have been updated for 2014-2015 as follows:

Members

Risk Manager, Chair		
Facilities Manager		
Chief Nurse and Health Professions Officer / Director of Operations		
Vacant - TBD		

The Working Group will consult with other internal and external groups as required.

Meetings

Meetings are held semi-annually, or more frequently, at the call of the Chair.

Reporting

The ODA Working Group reports to the President & Chief Executive Officer, who receives a copy of the minutes from each meeting.

Responsibilities

The Working Group will:

- a) Review committee Terms of Reference annually, making changes as appropriate;
- b) Review the objectives from the previous year Accessibility Plan and report on the progress to date in removing and preventing barriers to people with disabilities;
- c) Establish priorities for the coming year;
- d) Prepare and recommend to the President & Chief Executive Officer the hospital's annual Accessibility Plan;
- e) Ensure hospital-wide knowledge and community-wide availability of the approved Accessibility Plan; and
- f) Minute all meetings of the Working Group, documenting matters discussed and recommendations made, forwarding copies of the minutes to the President & Chief Executive Officer.

6.2 Previous Achievements

1. Improved way finding. To ensure that clients can determine the location of services that are available to them within the building and are able to navigate to them efficiently. All signage is bilingual, tactile and Braille readable with pictography display (if possible).
2. Ensuring visitors have timely access to assistance should they have difficulty entering the facility we installed the following: Cameras, intercoms and magnetic latch controls were installed at the Main, ER and Clinic entrances. These entrances are monitored from the main reception desk.
3. Provided two handicap parking spaces in the Emergency Department parking area for disabled patients. 10 handicap parking spaces are in the main parking lot, 2 in the clinics parking lot, and an additional 4 parking spaces in the rental unit space.
4. Door frames are painted an offsetting colour from doors to assist the visually impaired in locating and accessing them.
5. Emergency Room registration counter was modified to allow access by wheelchair clientele.

6. Provided a Scooter accessible washroom in the Emergency Department.
7. Acquired bariatric commode for patient care area.
8. Acquired bariatric guest chairs for the main lobby area.

6.3 Barrier Identification Methodologies

The Accessibility Working Group used the following methods during the past year to identify remaining and potential barriers:

6.3.1 Presentation by Local Groups

A delegation of local residents is periodically invited to meet with our Accessibility Working Group. These meetings provide opportunity for members of our group to hear from people with disabilities directly concerning opportunities to improve accessibility that they have identified while visiting the hospital or have heard being recommended by others within their group. These have either been addressed, and are documented in Achievements section of this document.

6.3.2 Brainstorming Exercise

The Accessibility Working Group referred to materials on the ODA, as well as the Tool for Hospital Accessibility Working Group provided by the Ontario Hospitals Association, to identify barriers and barrier removal strategies.

6.3.3 Website Communication

A document was published to the hospital's website (www.temiskaming-hospital.com) educating the community about the ODA and asking local residents to write, phone or e-mail to identify to us any barriers that they perceive. This document remains published on the website, inviting commentary on an ongoing basis.

6.3.4 Quality Improvement Questionnaires

There are two Quality Improvement Questionnaire stations presently located in the hospital. These stations have forms to be used by employees, patients and visitors to, identify problems and suggest improvements pertaining to any aspect of care, service, architectural layout, etc. Any submission with reference to a

problem or a suggestion involving assets is referred to the Accessibility Committee for response and action as appropriate.

6.3.5 Contact with Associations Representing People with Disabilities

The hospital contacted select associations representing people with disabilities, to request information from them about the needs of the people that they represent. We also asked these organizations to provide tools for us to use identifying barriers within our organization.

6.4 Goals to be achieved in 2015-2020

Planned Changes:

- Continue to install touchless soap dispensers in all washrooms, as touchless dispensers require zero force to operate and can be used with one hand
- Systematically replace current faucets with touchless faucets in public washrooms
- Install high rest area chairs in med/surg corridor
- Acquire an additional 2 bariatric wheelchairs
- Replace main entrance with double sliding door
- Improve way finding for visually impaired through the use of high colour contrast tape on glass doors, walls and floor markings

6.5 Review and Monitoring Process

The Accessibility Working Group will meet semi-annually to review progress and to identify any barriers to achieving established objectives.

Annual Progress Reports

As per Integrated Accessibility Standards Regulation (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 Temiskaming Hospital.

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

Ongoing monitoring will also be facilitated by the use of the rL Solutions – Incident Reporting System as they pertain to accessibility issues.

Annually, the Accessibility Plan will be presented to the Quality & Service Planning Committee for review of past achievements and the activities planned for the upcoming year.

6.6 Communication of the Plan

Temiskaming Hospital's Accessibility Plan will be posted on the hospital's website (www.temiskaming-hospital.com). Paper copies of the Plan will be available through the Patient Relations Representative. On request, the Plan will be provided in electronic format or large print. The Patient Relation Representative is also available to review the Plan with anyone who cannot view printed materials, as well as to answer any questions that may arise concerning the Plan.

6.7 Organizational Planning Template: Integrated Accessibility Standards Regulation (IASR)

This document contains a template/work plan within which organizations can plan, monitor and report on measures aimed at eliminating and preventing barriers to accessibility.



Part I: General Standards – s.3

Status Legend: 1 = Complete; 2 = On Schedule; 3 = Behind; 4 = On Hold

AODA Standards / Regulation Reference O. Reg.191/11, s. 3	I: Accessibility Policies Compliance Deadline: January 1st, 2013								
	DELIVERABLES	ACTION PLAN	STATUS			BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS	
3.1 Establish accessibility policies	Policies that govern how to achieve accessibility through meeting the IASR requirements are developed, implemented and maintained	1. Review current policies & identify gaps				1		Jan/13	Policy - Accessibility ADM-G-11-07 Policy - Accessibility for Disabled Individuals Accompanied by Support Persons ADM-G-11-08 Policy - Personal Assistive Devices ADM-G-13-33
		2. Regular policy review							
3.2 Statement of organizational commitment	Statement of organizational commitment to meet the accessibility needs of persons with disabilities is included in policy	Review current policies In place: Accessibility Plan. Reviewed annually				1		Jan/13	Policy - Accessibility ADM-G-11-07
3.3 Make policy documents publicly available	Written policy documents are made publicly available and in accessible format upon request	Continue to make available upon request				1		Jan/13	Available on request

Part I: General Standards – s.4

AODA Standards / Regulation Reference O. Reg.191/11, s. 4	I: Multi-Year Accessibility Plans Compliance Deadline: January 1st, 2013								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
4.1 Establish multi-year accessibility plan	A multi-year accessibility plan outlining strategy to identify, remove and prevent barriers and meet requirements of IASR is established, implemented, maintained and documented	Develop multi-year plan				1		Jan/13	2015-2020 Accessibility Plan finalized; preceded by 2013-2014 Plan
	The accessibility plan is posted on website and provided in an accessible format upon request	Post approved plan on website				1		Jan/13	Plans have been posted on Temiskaming Hospital website since 2004/2005.
	Plan is reviewed and updated at least once every 5 years	Review current plan prior to 2020				1		Jan/13	Review 2015-2020 plan and update legislative requirements. Previous plans reviewed and updated annually
4.2 Conduct consultation with persons with disabilities	Consultation with persons with disabilities and if one exists, an accessibility advisory committee	Engage Temiskaming Shores Accessibility Advisory committee (TSAAC) Committee Accessibility Committee				1		Jan/13	A delegation of local residents is periodically invited to meet with our Accessibility Working Group
4.3 Prepare annual status report	Report on the year's progress toward goals and targets identified in multi-year accessibility plan is prepared	Include in Temiskaming Hospital Accessibility Plan				1		Jan/13	Progress updated and target identified
	The report is posted on website and provided in an accessible format upon request	Include in Temiskaming Hospital Accessibility Plan				1		Jan/13	Included in Temiskaming Hospital Accessibility Plan

Part I: General Standards – s.5

AODA Standards / Regulation Reference O. Reg.191/11, s. 5	I: Procuring or Acquiring Goods, Services or Facilities Compliance Deadline: January 1st, 2013								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
5.1 Incorporate accessibility criteria and features into procurement process	Staff education of new accessibility requirements	Where applicable accessibility design and features are part of the criteria used in the decision making process				1		Jan/13 ongoing	
5.2 Provide explanation if impracticable, upon request		If it is not possible to procure accessible goods and or services an explanation will be provided				1		Jan/13 ongoing	If requested

Part I: General Standards – s.6

AODA Standards / Regulation Reference O. Reg.191/11, s. 6	I: Self-Service Kiosks Compliance Deadline: January 1st, 2013								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
6.1 Incorporate accessibility features when procuring or acquiring self-service kiosks		Consider what accessibility features clients require to make kiosk accessible to the widest range of users				1		Jan/13 ongoing	Features will be considered when purchasing kiosk(s)

Part I: General Standards – s.7

AODA Standards / Regulation Reference O. Reg.191/11, s. 7	I: Training Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
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	Review current orientations and education to ensure compliance				1		Jan/14 ongoing	Completed through orientations and ongoing education delivered through in-house Learning Management System (LMS) to all relevant parties
7.2 Training is appropriate to duties	Training is appropriate to the duties of the training participants	Review current orientations and education to ensure compliance as above				1		Jan/14	All relevant parties have been trained on IASR and Ontario Human Rights as it pertains to disabilities as required
7.3 As soon as practicable	Training is delivered as soon as practicable	Review current orientations and education to ensure compliance				1		Jan/14 ongoing	Delivered upon hire, volunteer orientations, etc.
7.4 Training regarding policy changes	Training in respect of any changes to the policy described in Section 3 is provided	Review policy & revise training / update based on legislative changes				1		Jan/14 ongoing	Initial review completed prior to January 1, 2014
7.5 Record of training	A record of training provided under this section, including dates of training and number of individuals is kept	Review training records				1		Jan/14 ongoing	All training is tracked electronically through LMS

Part II: Information and Communication Standards – s.11

AODA Standards / Regulation Reference O. Reg.191/11, s. 11	II: Feedback Process Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
11.1 Ensure feedback processes are accessible by accessible formats and/or communication supports upon request	Develop accessible formats for satisfaction survey, survey patient complaints	Available upon request				1		Jan/14	No requests received
11.3 Notify the public about the availability of accessible formats and communication supports	Include information on website, patient information, and internal signage	Review Accessibility Plan				1		Jan/14	Included in Temiskaming Hospital's Accessibility Plan

Part II: Information and Communication Standards – s.12

AODA Standards / Regulation Reference O. Reg.191/11, s. 12	II: Accessible Formats and Communication Supports Compliance Deadline: January 1st, 2015								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
12.1 Provide accessible formats and communication supports for information	Accessible formats and communication supports provided <ul style="list-style-type: none"> - 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 	Include requirements in Policy & develop Accessible formats Policy				1		Jan/15	No requests received
12.2 Consult with person requesting alternate format		Completed as required				1		Jan/15	No requests received
12.3 Notify public of availability of these alternatives	See section 7	Review Accessibility Plan				1		Jan/14	Included in Accessibility Plan

Part II: Information and Communication Standards – s.13

AODA Standards / Regulation Reference O. Reg.191/11, s. 13	II: Emergency Procedure Plans and Public Safety Information Compliance Deadline: January 1st, 2012								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
13.1 Provide emergency procedure and public safety information in accessible formats or with communication supports as soon as practicable, upon request	Develop this information in accessible format	Provide upon request				1		Jan/12 ongoing	No requests received

Part II: Information and Communication Standards – s.14

AODA Standards / Regulation Reference O. Reg.191/11, s. 14	II: Accessible Web Sites and Web Content 1st, 2014 and January 1 st 2021					Compliance Deadline: January	
	DELIVERABLES	ACTION PLAN	STATUS		BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
<p>14.1 Ensure internet and intranet websites and web content conform to WCAG 2.0 guidelines (Web Content Accessibility Guidelines) at the following levels:</p> <ul style="list-style-type: none"> • New websites and web content to Level A by January 1, 2014 (14.4) • All websites and web content to Level AA by January 1, 2021 (other than live captions and audio descriptions) (14.4) 	<p>Internet and Intranet meets technical requirements of WCAG 2.0 on required schedule</p> <ul style="list-style-type: none"> - This applies to websites and web content that an organization controls directly or through a contractual relationship that allows for modification of the product - This applies to web content published on a website after January 1, 2012 	<p>Audit website to determine WCAG 2.0 compliance. IT department to address deficiencies, if noted.</p>		<p>1</p>		<p>April/15</p>	<p>Temiskaming hospital website compliant as per April 2015 audit. Accessibility Review (Guidelines: WCAG 2.0 (Level AA)) atutor.ca/achecker</p>

Part III: Employment Standards – s.22

AODA Standards / Regulation Reference O. Reg.191/11, s. 22	III: Recruitment, General Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS			BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS	
22.0 Notify about accommodation in recruitment process	All employees and the public are notified about the availability of accommodation for applicants with disabilities in the recruitment process	Develop strategy for integrating recruitment, selection and hiring processes with information concerning accommodations				1		Jan/14 ongoing	Availability of accommodation is posted on Temiskaming Hospital website, under job listing, as well as job ads

Part III: Employment Standards – s.23

AODA Standards / Regulation Reference O. Reg.191/11, s. 23	III: Recruitment, Assessment or Selection Process Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
23.1 Notify selected job applicants of the availability of accommodations upon request in relation to the materials or processes used for selection		During the recruitment process applicants will be notified, when they are individually selected to participate in an assessment or selection process that accommodations are available upon request in relation to the materials or processes to be used.				1		Jan/14 Ongoing	HR Department will notify if requested. No requests received
23.2 Consult with selected applicant and provide/arrange for suitable accommodation in a manner that takes into account the applicant's accessibility needs		Consultation and suitable accommodation provided as needed as per policy				1		Jan/14 Ongoing	HR department provides consultation and subsequent suitable accommodation if required

Part III: Employment Standards – s.24

AODA Standards / Regulation Reference O. Reg.191/11, s. 24	III: Notice to Successful Applicants Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
24.0 When making offers of employment, notify successful applicant of policies for accommodating employees with disabilities		When making offers of employment, the successful applicant is notified regarding accommodation for employees with disabilities				1		Jan/14 Ongoing	HR department notifies successful applicants where applicable

Part III: Employment Standards – s.25

AODA Standards / Regulation Reference O. Reg.191/11, s. 25	III: Informing Employees of Supports Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
25.1 Inform employees of policies supporting employees with disabilities		Workplace accommodation information included in return to work presentations delivered to all staff				1		Jun/12	ESRTW OHS-2-5000; included in orientation program
25.2 Provide this information to new employees as soon as practicable after hiring		Included in new hire orientation.				1		Jun/13 ongoing	
25.3 Provide updated information on accommodations policies to employees when changes occur		Accommodation and Return to Work policies posted as per TH protocol				1		Jun/13 ongoing	

Part III: Employment Standards – s.26

AODA Standards / Regulation Reference O. Reg.191/11, s. 26	III: Accessible Formats and Communication Supports for Employees Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
26.1 Provide accessible formats and communication supports for job or workplace information, upon request	All information that is: <ul style="list-style-type: none"> needed in order to perform the employee's job generally available to employees in the workplace is provided to employees in alternate format or with communication supports, upon request	Provide upon request				1		Jan/14 ongoing	No requests received
26.2 Consult with employee to determine suitability of format or support		Consultation will occur subsequent to request				1		Jan/14 ongoing	

Part III: Employment Standards – s.27

AODA Standards / Regulation Reference O. Reg.191/11, s. 27	III: Workplace Emergency Response Information Compliance Deadline: January 1st, 2012								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
27.1 Provide individualized workplace emergency response information to employees who have a disability	Need to include actions in the accommodation policy	Individualized information provided as needed, request form available				1		Jan/12 ongoing	No requests received
27.2 Provide information to person designated to provide assistance upon consent	Need to include actions in the accommodation policy	Provide as needed upon receiving consent				1		Jan/12 ongoing	
27.3 Provide information as soon as practicable after becoming aware of the need	Need to include actions in the accommodation policy	Provide information as soon as reasonably practicable				1		Jan/12 ongoing	
27.4 Review individualized workplace emergency response information when: <ul style="list-style-type: none"> • employee moves location • individual plans are reviewed • general emergency policies reviewed 	Need to include actions in the accommodation policy	Reviewed as needed				1		Jan/12 ongoing	

Part III: Employment Standards – s.28

AODA Standards / Regulation Reference O. Reg.191/11, s. 28	III: Documented Individual Accommodation Plans Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
<p>28.1 Develop written process for documented individual accommodation plans</p>		Included in Early & Safe Return to Work Program OHS-2-5000				1		Jan/14	
<p>28.2 Include prescribed elements in process:</p> <ul style="list-style-type: none"> • How employee can participate • How employee will be assessed • How employer can request assessment to determine accommodation • How employee can request participation of union representative • How employee’s personal information will remain private • How, and how often, plan will be reviewed and updated • How reasons for denied request will be communicated • How plan will be provided to employee <p>28.3 Individual accommodation plans shall:</p> <ul style="list-style-type: none"> • 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 		Included in Early & Safe Return to Work Program OHS-2-5000				1		Jan/14	

Part III: Employment Standards – s.29

AODA Standards / Regulation Reference O. Reg.191/11, s. 29	III: Return-to-Work Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
29.1 Develop a documented return-to-work process		Early & Safe Return to Work Program OHS-2-5000. Update for 2015				1		Oct/13	
29.2 Include steps employer will take to facilitate return to work and use documented individual accommodation plans		Early & Safe Return to Work Program OHS-2-5000. Update for 2015				1		Oct/13	

Part III: Employment Standards – s.30

AODA Standards / Regulation Reference O. Reg.191/11, s. 30	III: Performance Management Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
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. Revise performance management procedure.	Annual performance appraisals conducted for all staff				1		Jan/14 ongoing	All managers conduct annual performance appraisals for staff; if accessibility considerations are required they are reviewed

Part III: Employment Standards – s.31

AODA Standards / Regulation Reference O. Reg.191/11, s. 31	III: Career Development Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
31.1 Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position		Annual performance appraisals conducted for all staff				1		Jan/14 ongoing	All managers conduct annual performance appraisals for staff; if accessibility considerations are required (including individual accommodation plans) they are reviewed

Part III: Employment Standards – s.32

AODA Standards / Regulation Reference O. Reg.191/11, s. 32	III: Redeployment Compliance Deadline: January 1st, 2014								
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)	COMMENTS
32.1 Include accessibility considerations and individual accommodation plans in redeployment processes		The redeployment process takes into account the accessibility needs, as well as individual accommodation plans for employees with disabilities.				1		Jan/14 ongoing	

Part IV: DRAFT Built Environment Standards (Design of Public Spaces) Sections as below.

AODA Standards / Regulation Reference O. Reg.191/11, S. 80.16, 80.22, 80.33-80.37, 80.39-80.42	IV: Design of Public Spaces (DRAFT) Deadline: Estimated as January 1st, 2016						Compliance	
	DELIVERABLES	ACTION PLAN	STATUS				BUDGET	RESPONSIBILITY (MTH/YR)
All sections of the Built Environment Standards (Design of Public Spaces) with relevance to TOH, UOHI and OHRI	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:	Annual inspection / walkabout Include in Accessibility Policy Statement						Not relevant has TH has no plans to develop or redevelop a public space as defined in the Design of Public Spaces Standards.
Ss. 80.33 to 80.37 Accessible Parking	Accessible Parking	N/A						Not relevant has TH has no plans to develop or redevelop a public space as defined in the Design of Public Spaces Standards.
Ss. 80.16, 80.22, 80.28 Exterior Spaces	Exterior paths of travel Outdoor public use eating areas	N/A						Not relevant has TH has no plans to develop or redevelop a public space as defined in the Design of Public Spaces Standards.
Ss. 80.39 to 80.41 Interior Spaces	Service Counters Fixed queuing guides Waiting areas	N/A						Not relevant has TH has no plans to develop or redevelop a public space as defined in the Design of Public Spaces Standards.
Ss. 80.42 Maintenance	Maintenance	N/A						Not relevant has TH has no plans to develop or redevelop a public space as defined in the Design of Public Spaces Standards.