



Integrated Accessibility Standard
Multi Year Plan

Submitted to
Sharon Moore
Chief Executive Officer
January 2018 – 2023

Prepared by
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The publication is available on the hospital's website www.hwmh.ca and in alternate formats upon request.

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Executive Summary

The purpose of the Accessibility for Ontarians with Disability Act 2005 (AODA) is to make Ontario barrier free and accessible to people with disabilities by 2025. Under this legislation, the government of Ontario is developing mandatory accessibility standards that will identify, remove and prevent barriers for people with disabilities in key areas of daily living. The standards will apply to private and public sector organizations across Ontario. The AODA builds on progress made under earlier legislation. The Ontarians with Disabilities Act, 2001 (ODA) required the Ontario Government and the broader public sector, which includes municipalities, public transportation organizations, colleges and universities, hospitals and school boards, to develop annual accessibility plans. These obligations under the ODA remain in effect as accessibility standards are developed under the AODA. To prepare and revise our multi-year accessibility plan, we have consulted with persons with disabilities and their representatives and we have made the plan public.

In this plan that has been prepared by the Accessibility Working Group of Haldimand War Memorial Hospital hereinafter referred to “HWMH”, the plan describes (1) the measures that the HWMH has taken in the past, and (2) the measures that HWMH would take during the year to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the HWMH, including patients and their family members, staff, health care practitioners, volunteers and members of the community. The revised multi-year plan will continue to address and update changes made to comply with AODA Integrated Accessibility Standards regulation, June 2011.

HWMH has committed itself 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. HWMH is also committed to the participation of persons with disabilities in the development and review of its multi-year plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

Elaine Wielink (Director of Food Services & Health and Safety) and Jessica Field (Human Resources Coordinator) have reviewed the previous plans that were created by Andrew Smith and Amy Appel, Tim Baker and Elaine Wielink, and have updated it to reflect the next five years. Together, with the accessibility advisory committee we will continue to identify, prioritize and implement further opportunities for improvement.

Aim

This plan describes: (1) the measures that HWMH will take during January 2018 – 2023 to identify, remove and prevent barriers to people with disabilities who live, work in or use HWMH, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

Objectives:

The plan:

1. Describes the process by which HMWH will identify, remove and prevent barriers for people with disabilities.
2. Reviews efforts put forth by HWMH to remove and prevent barriers for people with disabilities over the past year
3. Lists the accessibility issues that HWMH will review in the coming year.
4. Describes the measures HWMH will take in the coming year to identify, remove and prevent barriers for people with disabilities.
5. Describes how HWMH will make this Accessibility Plan available to the public.

Description of Haldimand War Memorial Hospital

The Hospital opened February 3, 1920 with 20 beds, a small nursery, a small operating room and a portable x-ray machine, used only for fractures. Today we have 12 Long Term Care beds, 22 Acute Care Beds (including a new Palliative Care Room), and 2 Respite Care Beds. Our surgical services have expanded to include General Surgery, a variety of Laparoscopic procedures, Endoscopy, minor Urology and ENT procedures and basic orthopedic surgery. Our Diagnostic Imaging department has replaced that single x-ray machine with many services, such as: General Radiology, Gastrointestinal x-rays, I.V.P.s (kidney x-rays), Ultrasound examinations, Mammograms and Needle Localization, Operating Room Radiology, Bone Density, Electrocardiograms and Holter Monitors. Visiting specialists also hold clinics to provide a complete range of care for our community.

From its inception, Haldimand War Memorial Hospital was started to serve its community by providing the best possible care for its residents. Through the years, and many changes later, we are proud to say that goal has remained the same. HMWH serves approximately 30,000 citizens and has over 200 employees.

Vision, Mission and Values

Vision Statement

Best Care, Every Person, Every Time.

Mission Statement

Our excellence in health care is guided by our patients and residents, their families, research, and our highly skilled team of professionals. We provide that care in a safe and supportive environment, within a vibrant, rural community.

Our Values

Compassion - We are known for exceptional caring and compassion.

Respect - We respect the dignity of every person under our care and with whom we work.

Honesty - We act with honesty, integrity and transparency.

Teamwork - We value the knowledge, opinions and diversity of our team.

Service – We will take the time to listen, respond and show courtesy to everyone in everything we do.

The Accessibility Working Group (AWG)

Establishment of the Accessibility Working Group

The Chief Executive Officer in consultation with the Board of Directors formally constituted the AWG, and authorized the working group to:

- Review and list Bylaw as, 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 coming 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 Executive Officer, make the plan available to the public.

Coordinators

Jessica Field (Human Resources Coordinator) and Elaine Wielink (Director of Food Services & Health and Safety Representative) have been appointed the Coordinators of the AWG. Jessica Field serves as the Human Resources Coordinator at HWMH and Edgewater Gardens. Elaine Wielink serves as the Director of Food Services and Health and Safety Representative at HWMH and Edgewater Gardens. Ken Hudecki, Director of Maintenance, Engineering and Environmental Services is responsible for planning, coordinating and supervising operations and maintenance functions, personnel and equipment within the Maintenance and Operations Department, including building maintenance, mechanical systems, exterior operations, custodial operations, energy management, and support systems. Jessica, Elaine and Ken will continue to update their knowledge on accessibility issues through related educational opportunities and current changes to the AODA.

Members of the Accessibility Working Group

The following members have been appointed to the Working Group:

Working Group Member	Department	Contact Information
Jessica Field	Human Resources Coordinator	905-774-7431 ext. 1401
Ken Hudecki	Director of Maintenance, Engineering & Environmental Services	905-774-7431 ext. 1251
Elaine Wielink	Director of Food Services and Health and Safety Representative	905-774-2208

The AWG will meet twice a year. Their role during this period will be to monitor the progress and resolution of the accessibility barriers identified in the five year plan, and to continue to identify additional accessibility issues for the next Accessibility Plan.

Haldimand War Memorial Hospitals Commitment to Accessibility Planning

Haldimand War Memorial Hospital is committed to:

- The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community.
- The participation of people with disabilities in the development and review of its annual accessibility plans.
- Ensuring Hospital Bylaws and policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Working Group at the Hospital.

The Chief Executive Officer authorized the AWG to continue with an accessibility plan that will enable HWMH to meet these commitments. A formal Accessibility Policy and Procedure was adopted in 2011.

Recent Barrier-Removal Initiatives

During the last several years, there have been a number of informal initiatives at HWMH identified. These have been addressed in an effort to prevent barriers for people with disabilities.

Initiatives:

(a)

Strategic Planning

Haldimand War Memorial Hospital strategy map, 2019 – 2022 identifies our corporate strategic directions and the goals and objectives that will ensure our operational priorities are aligned with our Mission, Vision and Values. A copy of the Strategy Map and the Scorecard used to monitor our progress toward achieving our objective can be requested at any time.

One of our top priorities was the re-development of our Emergency department. Our previous department was outdated. The planning and design of the new ER, was focused on addressing accessibility issues and has a Senior Friendly design. The new Emergency department opened in February 2019.

(b)
Review of recommendations received during the Hospital Accreditation process in 2021

HMWH received a 4-year Accreditation award with Accreditation Canada in 2021.

(c)
The Hospital Report Card (Ongoing)

HWMH has participated in the provincial Hospital Report Card program since 1999. Currently, the Acute, Emergency Department and Complex Care patients are surveyed after discharge. This process allows our patients to evaluate our performance as a healthcare provider in all areas including accessibility and attitude. Results of patient satisfaction surveys are reviewed monthly by the Chief Nursing Officer and report to the Board quarterly.

(d)
Hospital Joint Health and Safety Committee

HMWH is committed to monthly safety inspections of the entire facility done by the members of the JHSC as well as certain levels of management. These inspections allow for staff and volunteers an opportunity to give ongoing feedback regarding safety and accessibility barriers as they observe them. This process not only gives staff a direct line of communication regarding these concerns but also reminds staff to be aware of potential risk issues and have a proactive role in resolution prior to a problem or an incident.

(e)
Hospital Quality/Risk Management

The Quality Improvement Team deals with evaluation and audit of care related issues and the general operation within the different areas of service in the Hospital. Some of these teams have consumers participating on the committee. Accessibility initiatives resulting from the Quality Improvement/Risk Management teams include standardized, internal surveys of all Ambulatory care areas and a preventative maintenance program for the timely reporting of the physical plant and ground safety issues.

(f)
AWG SUB Committees

Sub-Committees will be created if necessary. These sub-committees will be created on an as needed basis to identify and address different accessibility issues.

Barrier-Identification Methodologies

The AWG used the following barrier-identification methodologies:

Methodology	Description	Status
Accessible Customer Service Survey	The AWG developed a survey that proposed questions regarding accessibility issues related to customer service.	Results were completed in 2013. Recommendations from this survey are addressed in the five year plan.
Networking	Both Coordinators are members of an Accessibility Networking Group.	Ongoing
Presentation to New Staff	New staff are educated on the Accessibility Standards and are encouraged to identify any barriers they perceive during the term of their employment and during Health and Safety inspections.	Ongoing
Heartbeats	Information regarding any accessibility issues that arise can be communicated through the Heartbeats quarterly newsletter. This newsletter is made public and all staff receive copies. Staff are encouraged to present any barriers that they perceive.	Ongoing

Barriers Identified

In its review the accessibility working group identified many barriers. The barriers identified will assist the AWG to help develop annual initiatives for the next several years. The five types of barriers identified include: (1) Architectural, (2) Physical, (3) Informational/Communication, (4) Attitudinal, (5) Technological.

ARCHITECTURAL	
Description of Barrier	Strategy for removal/prevention
Many accessibility issues are related to the unalterable architectural boundaries of an	Continued re-development of certain areas of the hospital.

outdated building with small restricted patient rooms, inadequate space for programs, services and storage needs for medical equipment.	New Emergency Room construction completed and addressed common accessibility issues.
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PHYSICAL	
Description of Barrier	Strategy for removal/prevention
Elevators not equipped for the hearing impaired and persons who suffer from visual impairments.	Installation of new elevators took place in 2015. Braille buttons and audible location indication installed in new elevators.
Certain doorways are primarily inaccessible to wheelchairs/walkers.	Installation of automatic accessible doors. Continue to identify areas of concern. Updated doors are listed below: Garbage Room, purchasing entrance, link to purchasing hallway, Pharma-save exterior entry door. MDR department installed two automatic doors and accessible sizing. Doorway connecting Hospital to Family Health Team area was widened.
Paper towel dispensers and water faucets are difficult to access for persons with visual or upper extremity impairments.	Installation of wave sensors for faucets and paper towel dispenser will be researched. Ongoing.
Lack of lever-style doorknobs limit access for peoples with upper body deficits.	Lever-style doorknobs installed to provide Accessible access.
Inadequate number of wheelchair parking during construction phase of the new emergency department.	Parking lot was redone following the construction of the new Emergency department to address uneven walking surfaces. 5 Accessible Parking Spaces available in the Main lot.
Lack of accessible washrooms	Investigate wheelchair accessible door button options for the first second floor family washroom.

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INFORMATIONAL/COMMUNICATION BARRIER(S)	
Description of Barrier	Strategy for removal/prevention
Lack of accessibility resources, information and policies for staff and patients.	Provide electronic and hard copy resources for staff and patients. Meeting this initiative on an ongoing basis through educational in-services and new staff orientations.
People who have impairments cannot detect fire alarm.	Investigate visual emergency notification systems for the existing building. The Emergency Department has been furnished with visual emergency notification systems as well as emergency bells.
Need for further networking and communication with community partners associated with disabilities.	Partnering with community organization to provide staff with educational opportunities to increase disability awareness.
Patients/Visitors having difficulties accessing resources/way-finding	Information Desk is provided by our volunteer organization (or Screening staff during the Covid-19 Pandemic) and from M-F a volunteer is there to assist with way-finding or access to wheelchair if needed. Signage updated and way-finding queues painted along walls to assist Patients and Visitors.

ATTITIDINAL BARRIER(S)	
Description of Barrier	Strategy for removal/prevention
Patients with special needs present unique challenges to delivering safe and sensitive care (i.e. patients with hearing and visual impairments, mental health, bariatric patients and those that suffer from addictions).	Educational sessions will be provided during staff meetings, general staff meetings, training sessions, lunch and learns and continuing education opportunities.

TECHNOLOGICAL BARRIER(S)	
Description of Barrier	Strategy for removal/prevention

Lack of technological devices.	Increase knowledge of available technological devices and services for individuals with disabilities.
Website and web content need to meet Level AA standards by January 1, 2021 (other than live captions and audio descriptions).	Continued work with HHS IT Services to update our website to enhance Visitor experience and make it as Accessible as possible.

Barriers that were addressed in 2018-2019:

The accessibility group addressed the following barriers during the above noted year.

1. Ensuring the Accessibility Standards are met throughout the planning of the new Emergency Room. Deal with any issues that arise during this process in a timely fashion.
2. Continually updating hospital signage as needed, with a focus on simplifying signs for those with visual and cognitive deficits.
3. Provide staff education related to attitudinal barriers. Focusing on patients that suffer from addictions and mental health issues. “The New Attitude; the Truth about Mental Health” lunch and learn has been set for September 18th, 2018.

Barriers to be addressed at time of last update (2021-2022):

1. Ensuring Accessibility Standards continue to be met throughout the existing building. Include Accessibility as a regular part of the Joint Occupational Health & Safety Meetings.
2. Enhance Accessibility features of Patient/Visitor Washrooms in the building by ensuring functioning Wheelchair Accessible buttons for all Washrooms.
3. Provide ongoing staff education related to Accessibility. Liason with potential community organizations and persons with disabilities to enhance education.

Review and Monitoring Process

The Accessibility Working Group will meet twice a year to ensure the completion of the Accessibility Plan. In these meetings, the AWG reviews progress with accessibility barrier removal and resolution of associated problems as they occur. Any accessibility issues that arise at HWMH are brought to the AWG to review and resolve as best as possible. Some of these issues may become part of the new Accessibility Plan. The AWG will also process new concerns received from the various sources identified in the methodology section to determine new initiatives to achieve optimal accessibility with the Hospital.

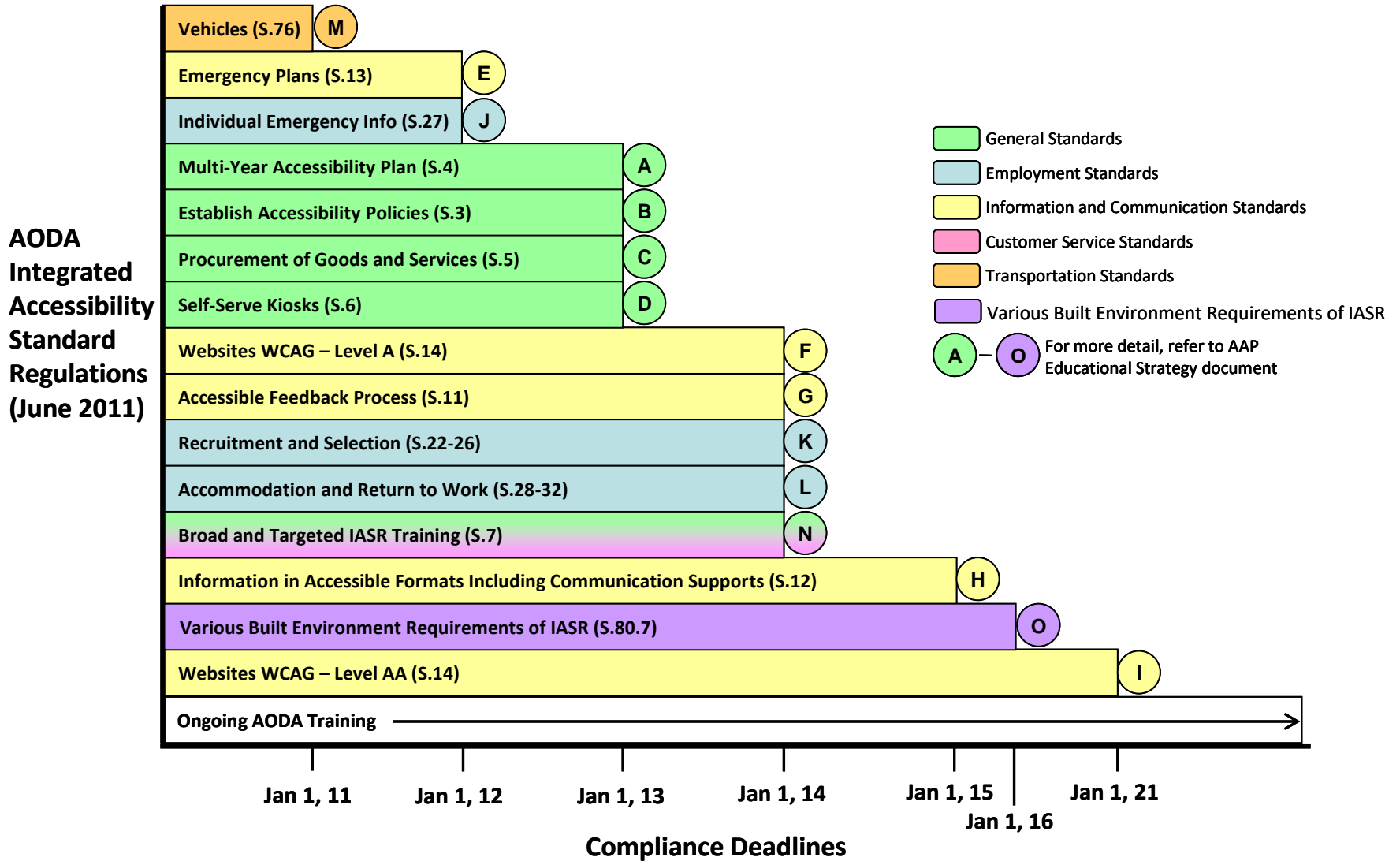
Communication of the Plan

The Hospitals Accessibility Plan will be posted on the HWMH website. Upon request, hard copies of this document can be made available. A copy will be posted in the Joint Occupational Health & Safety Manual for discussion in the meetings.

Haldimand War Memorial Hospital: Integrated Accessibility Standards Regulation (IASR)

Accessibility for Ontarians with Disabilities Act (AODA) 2005

Compliance Schedule for Large Public Sector Organizations (TOH)



AODA Standards / Regulation Reference O. Reg.191/11, s. 3	I: Accessibility Policies Compliance Deadline: January 1st, 2013			
	DELIVERABLES	ACTION PLAN	STATUS	RESPONSIBILITY (MTH/YR)
3.1 Establish accessibility policies	Policies that govern how to achieve accessibility through meeting the IASR requirements are developed, implemented and maintained	Policy Number DIR. No. 1.81 Accessibility for Ontarians with Disabilities	1	Accessibility Committee September 2010
3.2 Statement of organizational commitment	Statement of organizational commitment to meet the accessibility needs of persons with disabilities is included in policy	Policy Number DIR. No. 1.81 Accessibility for Ontarians with Disabilities	1	Accessibility Committee September 2010
3.3 Make policy documents publicly available	Written policy documents are made publicly available and in accessible format upon request	Policy Number DIR. No. 1.81 Accessibility for Ontarians with Disabilities	1	Accessibility Committee September 2010

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	RESPONSIBILITY (MTH/YR)
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	Complete multi-year plan with accessibility working group. Identify areas for improvement and action plans. Completed by Andy Smith in January 2013. Continuously updated.	1	Established 2013. Updated by AWG on Ongoing basis.
	The accessibility plan is posted on website and provided in an accessible format upon request	Once new report is updated it will be uploaded to the website.	1	Established 2013. Most recent updated copy uploaded December 2021
	Plan is reviewed and updated at least once every 5 years	Accessibility advisory committee will meet twice per year to access the status of the report.	1	AWG. Most recent meeting December 2021.

<p>4.2 Conduct consultation with persons with disabilities</p>	<p>Consultation with persons with disabilities and if one exists, an accessibility advisory committee.</p>	<p>Ensure committee consults with people with disabilities.</p>	<p>1</p>	<p>Initial consultation conducted in 2013. AWG will set up further consultations with community.</p>
<p>4.3 Prepare annual status report</p>	<p>Report on the year's progress toward goals and targets identified in multi-year accessibility plan is prepared</p>	<p>Meet with advisory committee to update plan yearly.</p>	<p>1</p>	<p>Accessibility Working Group. Updated on Ongoing basis.</p>
	<p>The report is posted on website and provided in an accessible format upon request</p>	<p>Send report to HHS IT Services and they will post to website.</p>	<p>1</p>	<p>Established 2013. Accessibility Working Group.</p>

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	RESPONSIBILITY (MTH/YR)
5.1 Incorporate accessibility criteria and features into procurement process		Ensure our procurement process are up-to-date with incorporating accessibility criteria.	1	Human Resources 2013
5.2 Provide explanation if impracticable, upon request		Ensure feedback is received if not available to do so.	1	Human Resources 2013

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	RESPONSIBILITY (MTH/YR)
6.1 Incorporate accessibility features when procuring or acquiring self-service kiosks.		As available, Kiosks may incorporate but not limited to the following features: audio connector, tactile keyboard, accessible height, extra time to complete tasks. Self service Kiosks will be located in accessible areas and clear of obstacles.	1	Andy Smith 2013

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	RESPONSIBILITY (MTH/YR)
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.	Present slideshow presentation on Accessibility and Accessibility Policy during orientation process.	1	Established January 2013. Human Resources.
7.2 Training is appropriate to duties	Training is appropriate to the duties of the training participants.	Presentation is related to employee's roles and responsibilities.	1	Established January 2013. Human Resources.
7.3 As soon as practicable	Training is delivered as soon as practicable.	Training is provided during the hiring process/orientation for employees.	1	Established January 2013. Human Resources.

<p>7.4 Training regarding policy changes</p>	<p>Training in respect of any changes to the policy described in Section 3 is provided.</p>	<p>Information regarding policies that are new/updated will be distributed through e-mail/memos to all employees/departments.</p>	<p>1</p>	<p>Established January 2013. Human Resources/Management.</p>
<p>7.5 Record of training</p>	<p>A record of training provided under this section, including dates of training and number of individuals is kept</p>	<p>Records are kept on all education that is provided for staff.</p>	<p>1</p>	<p>Established January 2013. Human Resources/Management.</p>

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	RESPONSIBILITY (MTH/YR)
<p>11.1 Ensure feedback processes are accessible by accessible formats and/or communication supports upon request</p>		<p>Utilize the following resources when necessary: Pocket Talkers, TTY phones, Bell Relay and Language Line, ASL interpreter. Provide larger print, email simplified summaries and/or illustrations.</p>	1	<p>Accessibility Working Group. 2014. Ongoing.</p>
<p>11.3 Notify the public about the availability of accessible formats and communication supports</p>		<p>Insert statement regarding availability of alternate formats in all communications regarding feedback processes.</p>	1	<p>Accessibility Working Group. 2014. Ongoing.</p>

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	RESPONSIBILITY (MTH/YR)
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 	1. Utilize the following resources when necessary: Pocket Talkers, TTY phones, Bell Relay and Language Line, ASL interpreter. Provide larger print, email simplified summaries and/or illustrations. 2. Increase awareness of this amongst patients and staff.	1	Accessibility Working Group. 2013. Ongoing.
12.2 Consult with person requesting alternate format		Assess the needs of each individual requiring an alternate format and provide when necessary.	1	All employees. 2014. Ongoing.

<p>12.3 Notify public of availability of these alternatives Post notices of the availability of alternate formats and communication supports on: -website, directory, signage, pamphlets</p>		<p>Develop messaging and integrate appropriate wording/statement for website, signage, patient services guide and all other channels of communication.</p>	<p>1</p>	<p>Accessibility Advisory Committee. 2013-2017. Ongoing.</p>
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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	RESPONSIBILITY (MTH/YR)
13.1 Provide emergency procedure and public safety information in accessible formats or with communication supports as soon as practicable, upon request		Current emergency procedures will be provided in accessible formats, if required. Hazard assessments identify any barriers.	1	Established 2012. Elaine Wielink, Director of Environmental Services and Health and Safety Specialist. Ongoing.

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	RESPONSIBILITY (MTH/YR)
<p>22.0 Notify about accommodation in recruitment process</p>	<p>All employees and the public are notified about the availability of accommodation for applicants with disabilities in the recruitment process</p>	<p>Develop strategy for integrating recruitment, selection and hiring processes with information concerning accommodations.</p>	<p>1</p>	<p>Established 2013. Human Resources. Ongoing.</p>

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	RESPONSIBILITY (MTH/YR)
<p>23.1 Notify selected job applicants of the availability of accommodations upon request in relation to the materials or processes used for selection</p>		<p>Develop process/policy for involving individual in determination of necessary accommodations.</p>	1	<p>Established 2014. Human Resources. Ongoing.</p>
<p>23.2 Consult with selected applicant and provide/arrange for suitable accommodation in a manner that takes into account the applicant's accessibility needs</p>		<p>Develop process/policy for involving individual in determination of necessary accommodations.</p>	1	<p>Established 2014. Human Resources.</p>

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	RESPONSIBILITY (MTH/YR)
<p>24.0 When making offers of employment, notify successful applicant of policies for accommodating employees with disabilities</p>		<p>Develop process/policy for involving individual in determination of necessary accommodations.</p>	<p>1</p>	<p>Established 2014. Human Resources.</p>

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	RESPONSIBILITY (MTH/YR)
<p>25.1 Inform employees of policies supporting employees with disabilities</p> <p>25.2 Provide this information to new employees as soon as practicable after hiring</p> <p>25.3 Provide updated information on accommodations policies to employees when changes occur</p>		<p>Educate employees upon orientation.</p> <p>Provide information on accommodation and return to work during orientation.</p> <p>Information regarding policies that are new/updated will be distributed through e-mail/memos to all employees/departments.</p>	1	<p>Established 2014. Human Resources. Ongoing.</p>

Part III: Employment Standards – s.26

<u>AODA Standards / Regulation Reference O. Reg.191/11, s. 26</u>	<u>III: Accessible Formats and Communication Supports for Employees</u> <u>Compliance Deadline: January 1st, 2014</u>			
	DELIVERABLES	ACTION PLAN	STATUS	RESPONSIBILITY (MTH/YR)
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	HWMH Accommodation Policy # HS-11-01	1	Established January 2014. Human Resources/Elaine Wielink.
26.2 Consult with employee to determine suitability of format or support		The above policy will include or refer to all prescribed elements.	1	Established January 2014. Human Resources/Elaine Wielink.

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	RESPONSIBILITY (MTH/YR)
<p>27.1 Provide individualized workplace emergency response information to employees who have a disability</p> <p>27.2 Provide information to person designated to provide assistance upon consent</p> <p>27.3 Provide information as soon as practicable after becoming aware of the need</p> <p>27.4 Review individualized workplace emergency response information when:</p> <ul style="list-style-type: none"> • employee moves location • individual plans are reviewed • general emergency policies reviewed 		<p>HWMH Accommodation Policy # HS-11-01</p>	1	<p>Established January 2012. Elaine Wielink/Management.</p>

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	RESPONSIBILITY (MTH/YR)
28.1 Develop written process for documented individual accommodation plans		HWMH Accommodation Policy # HS-11-01	1	Established January 2014. Elaine Wielink/Management/Human Resources.
28.2 Include prescribed elements in process: <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 		The above policy will include to all prescribed elements.	1	Established January 2014. Elaine Wielink/Management.

<p>information will remain private</p> <ul style="list-style-type: none"> • 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</p> <p>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 		<p>The above policy will include all prescribed elements.</p>	<p>1</p>	<p>Established January 2014. Elaine Wielink/Management.</p>
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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	RESPONSIBILITY (MTH/YR)
29.1 Develop a documented return-to-work process		The above policy will include all prescribed elements.	1	Established January 2014. Elaine Wielink/Management/Human Resources.
29.2 Include steps employer will take to facilitate return to work and use documented individual accommodation plans		The above policy will include all prescribed elements.	1	Established January 2014. Elaine Wielink/Management/Human Resources.

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	RESPONSIBILITY (MTH/YR)
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	In accordance with HWMH policies on Performance Review and planning as well as Equal Opportunity, the person’s accessibility needs and individual accommodation will be considered.	1	Established 2014. Human Resources/Management. Ongoing.

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	RESPONSIBILITY (MTH/YR)
<p>31.1 Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position</p>		<p>In accordance with HWMH policies on Performance Review and planning as well as Equal Opportunity, the person’s accessibility needs and individual accommodation will be considered.</p>	<p>1</p>	<p>Established 2014. Human Resources/Management. Ongoing.</p>

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	RESPONSIBILITY (MTH/YR)
32.1 Include accessibility considerations and individual accommodation plans in redeployment processes		HWMH Accommodation Policy # HS-11-01	1	Established 2014. Human Resources/Management/Elaine Wielink.

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

AODA Standards / Regulation Reference O. Reg.191/11, S. 80.16, 80.17, 80.21-80.24, 80.32-80.39, 80.40-80.41, 80.44	IV: Design of Public Spaces Compliance Deadline: January 1st, 2016			
	DELIVERABLES	ACTION PLAN	STATUS	RESPONSIBILITY (MTH/YR)
<p>All sections of the Built Environment Standards (Design of Public Spaces) with relevance to TOH, UOHI and OHRI</p> <p>Ss. 80.32 to 80.39 Accessible Parking</p> <p>Ss. 80.16, 80.17, 80.21-80.24 Exterior Spaces</p> <p>Ss. 80.40 to 80.41 Interior Spaces</p>	<p>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:</p> <ul style="list-style-type: none"> Accessible Parking Exterior paths of travel Outdoor public use eating areas Service Counters Fixed queuing guides Waiting areas Maintenance 	<p>Identify stakeholders involved in development, redevelopment, design, renovation and maintenance of public spaces and share information on status of Built Environmental Standards.</p> <p>New standards implemented as they are made law.</p> <p>Identify current maintenance schedules for interior and exterior spaces.</p> <p>Identify any need to add new maintenance as per requirements of AODA.</p>	<p>1</p>	<p>Established 2016. Ongoing with every new construction project. Ken Hudecki.</p>

<p>Ss. 80.44 Maintenance</p>	<p>1. Procedures for preventative and emergency maintenance of the accessible elements in public spaces as required under this Part.</p> <p>2. Procedures for dealing with temporary disruptions when accessible elements required under this Part are not in working order. O. Reg. 413/12, s. 6.</p>	<p>HWMH Emergency Preparedness Manual – Identifies action plans and procedures for disruptions and Infrastructure losses.</p>	<p>1</p>	
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