



# Annual ODA Report and Multi-Year Accessibility Plan

April 2015 to March 2016

Endorsed by LHSC Board of Directors

Submitted by LHSC's Accessibility Working Group

March 2015

# Summary

At London Health Sciences Centre (LHSC) we are committed to improving access to our facilities and services for patients, their families, employees, physicians, students, volunteers and visitors.

Guided by our values of respect, trust and collaboration, and the principles of the Accessibility for Ontarians with Disabilities Act (AODA) we continue to work towards eliminating barriers at LHSC.

Since 2003, London Health Sciences Centre has prepared annual accessibility plans that address physical, informational, communicational, attitudinal, technological and policy barriers as required under the [Ontarians with Disabilities Act 2001](#), (ODA). The time period for this plan is from April 2015 to March 2016 in alignment with the hospital's fiscal year.

The AODA (June, 2005) requires hospitals to implement specific policies, procedures and plans which will contribute to making hospitals fully accessible by 2025. As of January 1<sup>st</sup>, 2013, a multi-year accessibility work plan has been prepared that addresses the [Integrated Accessibility Standards Regulations](#) (IASR) under the AODA. Documents related to the regulation are available upon request. Annual status updates are also included in this plan.

LHSC's plan will:

- Summarize the actions taken to remove and prevent barriers in the 2014/2015 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions planned to remove and prevent barriers from April 2015 to March 2016;
- Outline the applicable Integrated Accessibility Standards Regulations and LHSC's plan to meet the regulations for the upcoming years
- Outline the status of LHSC's compliance with applicable Integrated Accessibility Standard Regulations
- Describe how the plan will be communicated internally and to the public

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## 1. Description of London Health Sciences Centre

London Health Sciences Centre (LHSC) is an academic health sciences multi-site facility that encompasses University Hospital, Victoria Hospital, Children's Hospital, Westmount Kidney Care Centre as well as Byron and Victoria Family Medical Centres. Staff members total over 10,000 and the budget for last year was approximately \$1 billion. Additional information about LHSC is available at [http://www.lhsc.on.ca/About\\_Us/LHSC/Who\\_We\\_Are/Facts\\_And\\_Stats/FactsandStats2014.pdf](http://www.lhsc.on.ca/About_Us/LHSC/Who_We_Are/Facts_And_Stats/FactsandStats2014.pdf)

LHSC has completed an accessibility plan annually since 2003. Previous plans are posted on LHSC's internet site under *Publications* or go to [http://www.lhsc.on.ca/About\\_Us/LHSC/Publications/index.htm](http://www.lhsc.on.ca/About_Us/LHSC/Publications/index.htm).

## 2. Aim of the Accessibility Plan

This plan will:

- Summarize the actions taken to remove and prevent barriers in the 2014/2015 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions planned to remove and prevent barriers from April 2015 to March 2016;
- Outline the applicable Integrated Accessibility Standards Regulations and LHSC's plan to meet the regulations for the upcoming years
- Outline the status of LHSC's compliance with the applicable Integrated Accessibility Standard Regulations
- Describe how the plan will be communicated internally and to the public

## 3. Accessibility Working Group

In accordance with the ODA, senior leaders from LHSC and St. Joseph's Health Care, London (St. Joseph's) formally constituted the LHSC and St. Joseph's Accessibility Working Groups in April 2003.

The Ministry of Community and Social Services announced that the ODA would be repealed once the AODA was in place. To date this has not occurred. In anticipation of the ODA being repealed, the Accessibility Working Group was disbanded in late 2008; however it reconvened in June 2009 to meet the requirements of the Act.

While some members of the working group have disabilities, other members have experience working with patients and staff members who have a range of disabilities. The working group also has members of the community with disabilities or caregivers of people with disabilities acting as advisors to the group.

## 4. Planning Cycle

According to the [Ontarians with Disabilities Act 2001](#), (ODA), *each year every scheduled organization shall prepare an accessibility plan*. The first plan was due in September 2003 and since then each accessibility plan has covered the time period from October to September. Beginning in 2011, the hospital aligned the cycle with its business planning cycle. The current plan to remove barriers will cover the period from April 2015 to March 2016.

As of January 1<sup>st</sup>, 2013, a multi-year accessibility work plan has been prepared that addresses the [Integrated Accessibility Standards Regulations](#) (IASR) under the AODA. The multi-year work plan will address the hospital's strategies to comply with current and upcoming regulations, working on becoming an accessible organization by 2025. Annual status updates are also included in this plan. Documents related to the regulation are available upon request.

## 5. Barrier removal initiatives for April 2014 to March 2015

**a) University Hospital -Washroom off main floor lobby not accessible.**

Architect engaged in reconfiguring the space. Short term: Automatic door has been installed for a unisex barrier-free washroom. Long term: Reconfigure space for 2 larger barrier-free washrooms. *Project Status: Not feasible to move forward in the near future.*

**b) All Sites – Barriers are often better identified by those with disabilities.**

Representatives from Facilities, member(s) from the Accessibility Working Group, people with a variety of disabilities and/or their caregivers tour targeted areas of the hospital to help identify barriers. *Project Status-Completed tour of UH Ultrasound. Tours to be on-going.*

**c) All Sites – Provide information for people to easily locate accessible washrooms and change tables.**

With the completion of M2P3, updated signage is required to ensure visitors can easily locate accessible washrooms and change tables. *Project Status: In Progress*

**d) All Sites – Staff training rates for excelling at Accessible Customer Service and AODA Accessibility Regulations.**

As of January 9<sup>th</sup>, 2015, LHSC is at 99% compliancy rate for staff completing both the Accessible Customer Service and the AODA Accessibility Regulations e-learning modules. *Project Status-In Progress. Constantly ensuring new staff are trained as they become part of the organization.*

**e) All Sites – People with limited mobility require the shortest route possible from parking to department.**

Tear off maps to be posted on the LHSC website to assist in planning shortest route prior to coming to the hospital. Digital wayfinding kiosks to be installed at high traffic areas within the hospital. *Project Status: In Progress. Two kiosks have been installed at Victoria Hospital.*

- f) **Victoria Hospital –The crosswalk between CNIB and B Zone is a painted lines crosswalk.**  
There is currently a painted lines crosswalk, investigate the feasibility of replacing with an audible, lighted crosswalk. *Project status – In Progress, investigation on-going.*
- g) **Victoria and University Hospital – Addition of audible features to the crosswalks outside C entrance (VH) and outside PDC (UH)**  
There is currently a crosswalk with lights outside C entrance at VH and outside PDC at UH. Investigate the feasibility of adding an audible component to each crosswalk. *Project Status-In Progress, investigation on-going.*
- h) **Victoria Hospital – LRCP washrooms, A1-136 & A1-939, are not accessible for people with limited mobility.**  
Increase accessible features within these two washrooms, replace sinks, lower paper towel holder and automate doors. *Project Status: Complete*
- i) **All sites – Update accessibility features within VH Elevators 7, 30, 31 and UH elevators 9, 10,11, 12**  
Modernization of elevators is in progress, use opportunity to ensure accessibility features are included in project. *Project Status: Elevator 30 and 31 scheduled for completion February 15, 2015. Elevator 7 scheduled for 2015/16. Elevator 9, 10, 11, 12 scheduled for construction beginning in February, and target completion of July 2015.*
- j) **Victoria Hospital – Cardiac Fitness Institute entrance is difficult to open for people with limited mobility**  
Install new door and push button automation, as well as install a new threshold and guardrail. *Project Status: Complete.*
- k) **University Hospital – Both Sanctuary entrances (saloon style doors) are difficult to open for people with limited mobility.**  
Replace both doors and install push button automation. *Project Status: Complete.*
- l) **Victoria Hospital – B1-C44 Pharmacy entrance is difficult to open for people with limited mobility.**  
Install push button automation. *Project Status: Complete.*
- m) **Victoria Hospital – Accessible patient washrooms E4-319 and E4-421 do not have barrier-free mirrors.**  
Replace mirrors in both washrooms with tilt mirrors. *Project Status: Complete.*
- n) **University Hospital – Lack of barrier-free conference space.**

Review conference space at University Hospital to assess if any rooms can be made barrier-free. *Project Status: In-Progress. Auditorium A renovation to a barrier-free space to be completed for March 31<sup>st</sup>, 2015.*

**o) All Sites - Parking garages – Increase the number of accessible parking spaces to have a more standardized number across parking areas at LHSC.**

PDC parking garage currently does not have any accessible spaces. Partner with the parking office to have accessible spaces installed. *Project Status: In Progress.*

**p) All Sites- Increase awareness of staff Accessibility at LHSC.**

Restructure of accessibility intranet site is needed, to provide staff and affiliates a more in-depth understanding of the accessibility resources available at LHSC. *Project Status: Complete. Internal communication tactics were also implemented to make staff aware of the website and resources available (all staff email, article in the Page staff newsletter and messages in E-Cast, weekly all staff electronic broadcast).*

**q) University Hospital – ICU Corridor was not easily accessible for people with limited mobility.**

Install motion sensor automatic door openers on the Bay 5 entrance doors. *Project Status: Complete.*

**r) University Hospital – Patient Registration desk was difficult for patients using mobility aids to access due to the height of the customer service windows.**

Lower both customer service windows to barrier-free height. *Project Status: Complete.*

**s) Victoria Hospital – D1-505 Emergency waiting room washroom toilet was difficult for people with limited mobility to access.**

Install a raised toilet seat to increase the height of the toilet to within the range outlined in the 2015 building code. *Project Status: Complete.*

**t) University Hospital – Lack of adequate directional signage within Ultrasound was identified.**

Increase directional signage within department. *Project Status: Complete.*

**u) University Hospital – Missing handrail within one hallway of Ultrasound (C2-249), makes travel difficult for people with limited mobility.**

Install handrail along entire corridor. *Project Status: In Progress. Handrail has been purchased, installation scheduled for early 2015.*

- v) **University Hospital – C2-219 Ultrasound waiting room is not accessible for people using mobility aids.**  
Remove two walls to increase the amount of open floor space to allow for access for people using mobility aids. *Project Status: Complete.*
- w) **University Hospital - Lack of barrier-free washroom within the Ultrasound.**  
Remove two smaller male/female washrooms (C2-251/C2-253), and construct one unisex barrier-free washroom. Project Status: In Progress.
- x) **Byron Family Medical Centre – Public washroom is difficult to access for people using mobility aids.**  
Install more barrier-free features in current washroom, 124. *Project Status: In Progress*
- y) **University Hospital – B7-002 & A7-025 CNS washrooms are not easily accessible for people with limited mobility.**  
Install push button automation on both washrooms. *Project Status: Complete.*
- z) **Victoria Hospital – B1-006 Paediatrics Family Resource Centre entrance is not easily accessible for people using mobility aids.**  
Increase width of door and install push button automation. Project Status: *In Progress.*
- aa) **Victoria Hospital – Sidewalk adjacent to P1 parking lot is not easily accessible for people using mobility aids.**  
Remove cement barrier on top of sidewalk curb cut. *Project Status: Complete.*

## 6. Barrier Identification Methodology

The Accessibility Working Group uses the following barrier-identification methodologies:

Methodology	Description	Status
Patient Experience office brings forward complaints using their patient feedback software (FM Pro)	Patient, visitor and family complaints and compliments regarding barriers are captured using the software	Complaints were reviewed by members of the Working Group and considered during selection and prioritization
Accessibility Working Group members bring	Working group members identified barriers and initiatives to overcome barriers	This input has contributed to the plan



forward ideas from which they drew from observations, experience and feedback.		
Review of AODA Integrated Accessibility Standards Regulations	The standards outline current legislative requirements including timelines.	The standards and links have been forwarded to the most appropriate departments.
Review of initiatives from 2014/15 plan	Some initiatives are ongoing from the 2014/2015 plan	Each ongoing initiative was reconsidered for the 2015/2016 plan
Review of Project Request forms	Requests from staff for physical building changes regarding accessibility barriers.	Reviewed by Facilities and members of the Working group to assess feasibility and priority

## 7. Opportunities and Barriers to be addressed from April 2015 to March 2016

Barriers can be categorized according to seven barriers: physical, architectural, informational, communication, attitudinal, technological, and policy/practice. These categories are used in the work plan.

The Accessibility Working Group developed the following list of criteria to aid in prioritization of the barriers to be addressed in the 2015/2016 plan.

- Will the program be moving within the next year? If so, the barrier will not be addressed unless it creates a safety risk and then temporary measures will be considered.
- If the program is moving, alert Facilities Management to the accessibility issue so that it may be considered in the new space.
- Does the barrier have an impact on one specific population or does it have an impact on the broader patient population?
- Are the cost and the scope of the barrier within the scope of the Working Group?
- Does the project address access issues for those people with disabilities as defined in the AODA?

In addition to the barriers captured in the plan, other barriers will be addressed as they are identified throughout the year. Patients and visitors can alert the Patient Experience Office to barriers via email, mail, telephone or in person. Staff members can communicate barriers to any one of the Working Group members.

Process to engage Facilities Management (internal document only)

For projects that are classified as physical and architectural, a project request is now submitted to Facilities Management, which assesses the viability of the project and establishes its cost.

Category of Barrier & Location	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
Architectural – UH & VH Emergency Departments	Redevelopment of emergency departments is upcoming, opportunity to add more barrier free features within the spaces.	Remove revolving doors at main entrances. Add a barrier free washroom at UH Emergency department.	A more barrier free department at each site	Facilities and Emergency Department Leaders	<i>Plans are being reviewed, construction to be completed in 2015/2016.</i>
All categories of barriers- VH	Barriers are often better identified by those with disabilities	Consider conducting a tour with a representative from Facilities, people with a disability, and a member of the Accessibility Working Group to identify barriers	Conduct a tour to identify barriers	Representatives from Facilities, members from the Accessibility Working Group, people with a variety of disabilities and their caregivers.	Ongoing, tour(s) to be scheduled for 2015/2016.
Informational and Communicational- All Sites	Providing information for people to easily locate accessible washrooms and change tables.	Providing maps and signage for people to easily locate accessible washrooms and change tables. Also, posting on website for an additional avenue for people to access prior to visiting hospital.	Maps are accessible for users	Wayfinding Action Group	Ongoing, wall mounted maps continue to be updated. Two Digital kiosks have been installed at VH.
Informational – all	Ensure all staff have	Follow up with leadership of	100%	All leaders	Continuously

Category of Barrier & Location	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
sites	completed both training modules: Excelling at Accessible Customer Service and AODA Accessibility Regulations	those staff who are non-compliant on these training web modules.	Compliance rate for staff completing training		monitoring to strive towards 100%, currently at 99% for both modules. Investigate re-certification parameters.
Informational & Communicational – all sites	People with mobility challenges require the shortest route possible from parking to department.	Tear off maps are to be posted on website for people to print at home. Digital wayfinding kiosks are also being installed at busy entrances.	Maps are accessible	Wayfinding Action Group	In Progress. 2 Digital kiosks have been installed at VH. More to be installed in 2015/2016.
Physical – All parking lots/garages	There are no accessible parking spaces, size of spaces and signage in Parking Garages/lots-focusing on PDC	Add barrier free spaces and signage in parking garage	Determine viability, and if viable develop plan	Parking partnering with Accessibility Working Group	Spaces to be added to PDC to in 2015
Physical-VH Crosswalk between CNIB and B Building	There is currently a painted lines crosswalk, potential to install an audible crosswalk.	Investigate feasibility of installing an audible cross walk.	Visitors, patients, staff can safely cross	Facilities Management	2016/2017
Physical – VH & UH; Crosswalk outside C Entrance and outside PDC.	There is currently a crosswalk with lights, potential to install audible component.	Investigate feasibility of adding the audible component to original crosswalks.	Visitors, patients, staff can safely cross	Facilities Management	2015/2016

Category of Barrier & Location	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
Physical - VH Elevators: 7 UH PDC Elevators: 20,21	Elevator modernization is ongoing, use opportunity to ensure accessibility features are included.	Adding audible directions and braille numbers to buttons.	Visitors, patients and staff can easily use elevators	Facilities Management	2015/2016
Physical – UH Conference rooms	Create easier accessibility into conference rooms at UH	Investigate feasibility of improving door access at UH conference rooms.	Staff and visitors are able to access conference rooms	Accessibility Working Group	2015/2016
Informational & Communicational – All Sites	Educate all staff around accessibility website redesign	Complete the Accessibility website redesign	Staff are informed and reference website easily	Communications and Accessibility Working Group	2015
Physical-VH Sidewalks	A review will be completed of sidewalks surrounding Victoria Hospital, use opportunity to ensure accessibility features are included.	Add tactile surfaces and ensure curb cuts are in good repair.	Sidewalks are easily accessible	Facilities Management	2015/2016
Physical-UH Radiology C2-200 Reception Desk	Reception desk is not easily accessible for people using mobility aids	Lower reception area to barrier-free height.	People with mobility aids can access reception area.	Facilities Management	2015
Physical-VH Paediatrics Family Resource Centre, B1-006	The entrance is not wide enough to accommodate some wheelchairs, as well the door is difficult to access for those using mobility aids.	Replace door with a wider opening and install an automatic push button door.	People with mobility aids can easily access centre.	Facilities Management	2015

Category of Barrier & Location	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
Physical-VH B5-040 Genetics Clinic	The entrance to the clinic is difficult to access for people using mobility aids.	Install push button automation.	People with mobility aids can easily access centre.	Facilities Management	2015
Physical-Byron Family Medical Centre, rm 128	Washroom in waiting room is not accessible for people using mobility aids	Install push button door automation, barrier free sink, lower paper towel holder.	People with mobility aids can easily access centre.	Facilities Management	2015
Physical –UH, Ultrasound Corridor	Handrail is missing for the majority of the hallway outside C2-249.	Install handrail throughout the corridor.	Handrail is installed.	Facilities Management	Early 2015.
Physical- UH Ultrasound Washrooms C2-251/C2-253	Ultrasound does not have an accessible washroom within the department.	Construct one unisex barrier-free washroom.	Barrier-free washroom is open to patients/visitors.	Facilities Management	2015. Drawings have been submitted.
Physical –Bethesda Building, Canadian Blood Services Building and Building 16 (G Zone)	Redevelopment of space within building prior to program moves, opportunity to add more barrier free features within these spaces.	Barrier Free entrances and barrier free washrooms.	People can easily access buildings	Facilities Management	2015/2016
Physical – VH Parking Lot P2	The Parking Pay Station is accessed by stairs or traveling up the incline in the parking lot.	Investigate the feasibility of moving the Pay Station or the addition of another pay station.	Easier access to a Pay Station for those using P2 Accessible Parking.	Parking and Accessibility Working Group	2015/2016

## 8. Integrated Accessibility Standards Regulations Work plan

AODA Requirement	Deliverable	Activities	Compliance Date	Annual Status Update as of January, 2015
Reg. 191/11 s.3 Establish Policies	Implement policy on achieving accessibility within organization	Policy established and posted, provided in an accessible format upon request.	January 1st, 2013	Completed. Policy updated Feb 11th, 2014
Reg. 191/11 s.4 Accessibility Plan	Establish & implement multi-year accessibility plan, meeting requirements under the regulation. Post the plan on website. Review and update the accessibility plan at least once every 5 years. Review and update plans in consultation with persons with disabilities.	Create plan, involving applicable departments and Accessibility Working Group as well as advisors with disabilities or caregivers with disabilities. Post on website. Provide report in an accessible format upon request. Post status report on website.	January 1st, 2013	Completed. Annual status update completed as of January 2015.
Reg. 191/11 s. 5 Procuring or acquiring goods, services or facilities	Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities.	HMMS reminds all staff when making purchases to consider accessibility criteria. All RFP documentation has AODA compliance as a consideration.	January 1st, 2013	Completed
Reg .191/11 s. 6 Self-Service Kiosks	Incorporate accessibility features when designing, procuring or acquiring self-service kiosks.	HMMS reminds all staff when making purchases to consider accessibility criteria. All RFP documentation has AODA compliance as a consideration.	January 1st, 2013	Completed
Reg. 191/11 s. 7 Training	Provide training on the requirements of accessibility standards and on Human Rights Code as it pertains to persons with disabilities.	Through e-learning modules, train all employees and volunteers .	January 1st, 2014	In Progress. 99% of staff have completed e-learning module. LHSC hiring managers have also been trained with in-class sessions on employment regulations. Investigate recertification

				parameters.
Reg. 191/11 s. 11 Feedback	Ensure processes for receiving and responding to feedback are accessible to persons with disabilities, upon request. Notify public about the availability of accessible formats.	Post on website the availability of accessible formats for receiving and responding to feedback. Upon request, and in consultation with requester, accommodate process for receiving and responding to feedback.	January 1st, 2014	Completed for both internal and external feedback. Investigate the formation of an Employee Resource Group (ERG) to measure if we are becoming a more inclusive workplace (Target 2015/2016).
Reg. 191/11 s.12 Accessible Formats and Communications supports	Provide or arrange for the provision of accessible formats and communication supports for persons with disabilities, upon request and with consultation of requestor. Notify the public about the availability of accessible formats and communication supports.	Post on internal and external LHSC website the availability of accessible formats upon request. Upon request, and in consultation with requester, provide agreed upon format.	January 1 <sup>st</sup> , 2014	Completed.
Reg. 191/11 s. 13 Emergency Procedure, plans and public safety	Provide emergency procedures, plans and public safety information in an accessible format as soon as practicable, upon request.	Upon request, emergency procedures will be made available in alternate formats, with consultation of requester.	January 1st, 2012	Completed
Reg. 191/11 s.14 WCAG 2.0 Level A	All new Internet websites and web content must conform with WCAG 2.0 Level A (excluding live captioning and pre-recorded audio descriptions)	Establish a procedure that all new websites created cannot be published unless meeting the WCAG 2.0 Level A requirements. Train web designers of the WCAG requirements.	January 1st, 2014	Completed Website redesign has taken place, meeting WCAG 2.0 Level A compliancy.

Reg. 191/11 s. 14 WCAG 2.0 Level AA	All Internet websites and web content must conform with WCAG 2.0 Level AA (excluding live captioning and pre-recorded audio descriptions)	Revise internet website to conform to WCAG 2.0 Level AA requirements.	January 1st, 2021	In-Progress
Reg . 191/11 s. 22 Recruitment	Notify employees and public about the availability of accommodation for applicants with disabilities in recruitment processes.	Statement on all job postings and career website internally and externally.	January 1st, 2014	Completed
Reg . 191/11 s. 23 Recruitment	Notify applicants once selected in assessment process that accommodations are available upon request in relation to materials or processes to be used. If requested, consult with applicant and provide arrangement that accounts for the applicant's accessibility needs.	When inviting all applicants for interview, notify that accommodations are available, if requested. Assess each request on an individual basis to accommodate.	January 1st, 2014	Completed. Trained hiring managers with in-class learning. Additionally, an e-learning module, Recruiting and Retaining Staff with Disabilities, has been released with a 97% compliance rate.
Reg . 191/11 s. 24 Recruitment	When making offers of employment, notify successful applicant of its policies for accommodating employees with disabilities	Add notification to list of offer details (offer letters) HR sends out.	January 1st, 2014	Completed on all offer of employment letters.



Reg. 191/11 s. 25 Informing employees of supports (Accommodation)	Every employer shall inform its employees of policies used to support employees with disabilities, including policies on the provision of job accommodations that take into account accessibility needs. Provide this information as soon as practicable after they begin their employment. Employers shall provide updated information to its employees whenever there is a change to existing policies on the provision of job accommodation	Add reference to duty to accommodate policies in offer letter. Notify employees through e-cast of any changes/updates to the policy.	January 1st, 2014	Completed. Reference to duty to accommodate policy listed on offer of employment letter. Also, face to face meeting set up as soon as possible after hire date between new hire and Occupational Health, to discuss any needs required.
Reg. 191/11 s. 26 Accessible formats & Communication supports for employees	When requested, consult the needs and provide in accessible format: a)information needed in order to perform the employee's job b)information generally available to employees in the workplace	If requested, all duty outlines and job descriptions will be made available in appropriate formats (based on consultation)	January 1st, 2014	Completed. Posted on intranet website and communication sent to all staff to inform that accessible formats are available and to consult leader for individualized requests.
Reg. 191/11 s. 27 Workplace emergency response information	Provide individualized workplace emergency response information to employees who have made aware to their employer the need for accommodation	Individualized work plans have been created by the Manager of Emergency Management to accommodate those employees who have made aware of their need.	January 1st, 2012	Ongoing. As new individuals are identified as having disabilities, more workplace emergency response plans are created.
Reg. 191/11 s. 28 Documented individual accommodation plan	Develop a written policy for developing documented individual accommodation plans (IAP)for employees with disabilities	Develop a policy and train all Human Resources Consultants and Occupational Health on how to develop individualized work accommodation plans.	January 1st, 2014	Completed. Workplace accommodation policy revised October, 2014.

Reg. 191/11 s. 29 Return to Work Policy	Develop & document a return to work (RTW) policy for those who have been absent from work due to a disability and require disability-related accommodations in order to return to work. RTW shall include steps employer will take to facilitate RTW, and use the individualized accommodation plans	Occupational health and Human Resources develop a policy, posting on the policy website. As employees are in process of RTW, Occ. Health, Human Resources Consultant & area leader work with employee to create IAP and assist the employee to return to work.	January 1st, 2014	Completed. Workplace accommodation policy revised October, 2014. An e-learning module, Duty to Accommodate, has been created for leadership and has a 99% compliance rate.
Reg. 191/11 s.30 Performance Management	Take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, with using its performance management process	When rolling out training for new e-performance system, ensure leaders are trained to take into account the accessibility needs of employees.	January 1st, 2014	Completed. Leadership attended in-class learning to ensure they are trained to consider accessibility needs during employee performance.
Reg. 191/11 s. 31 Career Development and Advancement	Take into account the accessibility needs of employees with disabilities as well as any IAP's when providing career development and advancement to its employees with disabilities.	All internal job postings will state accessibility needs will be taken into account during selection process.	January 1st, 2014	Completed. Leadership attended in-class learning to ensure training to consider accessibility needs during employee progression and development.
Reg. 191/11 s. 32 Redeployment	Take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when redeploying employees with disabilities.	HR to create a procedure for redeployment, ensuring accessibility needs are taken into account before redeployment of an employee.	January 1st, 2014	Completed
Reg .191/11 s.76 Transportation	Provide accessible vehicles or equivalent services upon request.	Voyageur Transportation Services provides shuttle service on behalf of LHSC using accessible charter buses. Upon request, will meet specific needs .	July 1st, 2011	Completed

Reg. 191/11 s.80 Design of Public Spaces	For new construction and major changes to existing features of public spaces, adhere to design requirements for the following: recreational trails, outdoor public eating areas, outdoor play spaces, outdoor paths of travel, accessible parking, service-related elements like service counters, fixed queuing lines and waiting areas.	Facilities Management to adhere to regulations and new building code in all construction projects .	January 1st, 2016	In Progress. Education of new requirements for Facilities Management to begin March 2015.
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## 9. Communication of the plan

Each year, LHSC publishes the Accessibility Plan on its Internet website and in hard copy form. The plan is available in alternate formats upon request. The publication of the plan is communicated by the following means:

- An e-cast to staff members
- Notice in the staff newsletter *the Page*
- Posting on the LHSC website under the *Accessibility* section
- A link in a brochure entitled *Attitudinal Awareness: the difference you can make*, which is distributed to new staff members and students receiving clinical experience at LHSC
- Link in the *News and Events* section of the LHSC Internet website
- A copy of the plan is available from Corporate Communications and Public Relations Department, members of the Accessibility Working Group and from the Patient Experience Specialists.