Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (*).

To start, save the form on your computer. Be sure to open the form with the latest version of Adobe Reader. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your
 organization. You can find it on your federal or provincial tax return. If your organization does not have a business
 number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

Note: If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- · number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- · legal name
- business number (BN9) or AODA identifier
- number of employees in Ontario
- address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- · certifier
- · answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

Note: Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

Begin your report

Follow these steps to complete your form:

1. Download and save the form

- Download and save the form on your computer
- Open the form with the latest version of Adobe Reader

2. Enter your organization's information

Enter your organization's information then select Next

3. Understand your requirements

• If you need information about the requirements, select the website link in **section B: Understand your accessibility requirements**. This will bring you to our website where you can see your requirements.

4. Certify your report

- Complete the Certifier Information section
- · The certifier must:
 - make sure all information on the form is complete and accurate
 - check the box to show they have authority to certify your organization
 - enter the certification date or select it from the drop-down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.

5. Answer the questions

- The questions on the form are based on the requirements that apply to your:
 - organization category
 - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- Each report question has links to:
 - the regulation section that is related to that question
 - helpful resources to help you understand and comply with the requirements
- Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- · Review the accessibility compliance report summary.

6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your
 report, select the Save and Submit button. You will be prompted to save the form on your computer first
 and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
 - a confirmation number
 - an accessible PDF copy of your report

If you have not received a confirmation number upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility@ontario.ca.

2023 Accessibility Compliance Report

Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory. A. Organization information Organization category * Number of employees range * Reporting year 50+ employees Designated Public Sector 2023 **Business details** Organization legal name ' Number of employees in Ontario * Help London Health Sciences Centre 15000 Business number (BN9) * Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 887657153 Organization operating/business name **London Health Sciences Centre** Sector that best describes your organization's principal business activity * Help 62 - Health care and social assistance Subsector (if possible) 622 - Hospitals Industry group (if possible) 6221 - General medical and surgical hospitals Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. Country * The fields below will change based on your selection. Canada () USA International O Street address served by route Type of address * Street address Other Unit number Street number * Street name * 800 Commissioners Street direction Street type City * Province * Road E (East/Est) ON (Ontario) London Postal code (e.g. A1A 1A1) * N6A 5W9 **Business address** (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.) Check if business address is same as mailing address

Country *	Country *					
The fields below	will change based o	n your sele	ction.			
Canada	\bigcirc ι	JSA	○ Inter	national		
Type of address * • Street address (ss C	Street address served by route	○ Other		
Unit number	Street number * 800	Street nam				
Street type Road	Street direction E (East/Est)		City * London		Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * N6A 5W9						



2023 Accessibility compliance report

Organization category Desig	nated Public Sector		
Number of employees range	50+		
Filing organization legal name	e London Health Sciences Ce	entre	
Filing organization business r	number (BN9) 887657153		
Fields marked with an asteris	k (*) are mandatory.		
B. Understand your acce	ssibility requirements		
Before you begin your report, yo	ou can learn about your accessib	ility requirements at ontario.c	ca/accessibility
Additional accessibility requirem • a library board	ents apply if you are:		
• a producer of edu	cation material (e.g. textbooks)		
• an education insti	tution (e.g. school board, college	, university or school)	
• <u>a municipality</u>			
C. A a consideration			
C. Accessibility complian	nce report certification		
	or Ontarians with Disabilities Act, formation has been provided and		
Note: It is an offence under the	Act to provide false or misleading	g information in an accessibil	lity report filed under the AODA.
The certifier may designate a protherwise the certifier will be the	imary contact for the Ministry for emain contact.	Seniors and Accessibility to	contact the organization(s);
Certifier: Someone who can leg	gally bind the organization(s).		
Primary Contact: The person w	vho will be the main contact for a	ccessibility issues.	
Acknowledgement			
✓ I certify that all the information	on is accurate and I have the auth	nority to bind the organization	ı *
Certification date (yyyy-mm-dd)	* 2023-12-06		
Certifier information			
Last name * Chan		First name * Kevin	
Position title * Other	Position title other * Acting President and CEO	Business phone number * 519-685-8500	Extension Check here 58462 if TTY

Email * OfficeOfThePresident@lhsc.d	on.ca	Alternate phone number	Extension	Fax numbe	r
Primary contact for the org	janization(s)	1	1	1	
Check if the primary contact Last name * Sangha	is same as the certifier	First name * Jill			
Position title * Director		Extension	re		
Email * jill.sangha@lhsc.on.ca	·	Alternate phone number	Extension	Fax numbe	r
D. Accessibility complian	ce report questions				
Instructions Please answer each of the follow If you need help with a specific quiew the relevant AODA regulation	uestion, click the help links w	hich will open in a new brows	er window. L	Jse the link o	•
General 1. Has your organization create accessibility by meeting all a Read O. Reg. 191/11, s. 3 (1): E Comments for question 1	pplicable accessibility require	ments in the IASR? *	out your requ	Yes irements for	○ No question 1
Has your organization establ (If Yes, please answer addition)	•	ti-year accessibility plan? *		Yes	○ No
Read O. Reg. 191/11, s. 4 (1): A	,	Learn more abo	out your requ	irements for	question 2
2.a. Does your organization (If Yes, please answer				Yes	○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more abo	out your requ	irements for	question 2.a
Comments for question 2.a 2.a.i Is your organizati	on's accessibility plan posted	on your organization's websi	te? *	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Learn more abou	ıt your require	ements for qu	uestion 2.a.i
Comments for question 2.a.i					

2.a.ii Does your organization provide the accessibility plar when requested? *	2.a.ii Does your organization provide the accessibility plan in an accessible format		○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your red	quirements for qu	ıestion 2.a.ii
Comments for question 2.a.ii			
2.b Does your organization update the accessibility plan at least		Yes	○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans Comments for question 2.b	Learn more about your re	quirements for q	uestion 2.b
3. Does your organization provide appropriate training on: *			
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your re	equirements for o	question 3
3.a. The AODA Integrated Accessibility Standards Regulation?) *	Yes	○ No
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your re	equirements for o	question 3.a
Comments for question 3.a			
3.b The Human Rights Code as it pertains to people with disa	bilities? *	Yes	○ No
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your re	quirements for q	uestion 3.b
Comments for question 3.b			
Information and communications			
4. Does your organization have a process for receiving and responshint is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether cust on your premises (If Yes, please answer an additional question)	•	Yes	No
Read O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your re	equirements for o	question 4
4.a. Does your organization notify the public about the available and communications supports with respect to the feedbac Note: This requirement is applicable regardless of whether on your premises. *	k process? *	Yes	○ No
Read O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your re	equirements for o	question 4.a

	question 4.a				
5.	indirectly ('cont modify content	anization have one (or more) website(s) which it contitrols' means that your organization is able to add, renand functionality of the website)? * answer an additional question)		Yes	No
Re	ad O. Reg. 191/	/11, s. 14: Accessible websites and web content	Learn more about you	r requirements for	question 5
	Web Con pre-recor names ar	ur organization's internet websites conform to World intent Accessibility Guidelines 2.0 Level AA (except founded audio descriptions)? In the comments box, pleas and addresses of your publicly available web content, edia pages, and apps. *	r live captions and se list the complete	Yes	○ No
	Read O. Reg.	191/11, s. 14: Accessible websites and web content	Learn more about you	r requirements for	question 5.a
	Comments for question 5.a	Ihsc.on.ca Facebook - https://www.facebook.com/LHSCC Instagram - https://www.instagram.com/lhscca Twitter - https://twitter.com/LHSCCanada LinkedIn - london-health-sciences-centre			
Cı	ıstomer Servi	ice			
6.	 Staff and vo People invo	olved in developing accessibility policies		Yes	○No
		viding goods, services or facilities on behalf of the org answer an additional question)	janization		
Re		/11, s. 80.49: Training for staff, etc.	Learn more about you	r requirements for	question 6
		training include all of the following: *		Yes	○No
		iew of the purposes of the AODA?	l = 0		
		iew of the purposes of the Customer Service Standar			
	• How t	to interact and communicate with persons with variou to interact with persons with disabilities who use an a ssistance of a guide dog or other service animal or th	assistive device or require		

How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or

What to do if a person with a particular type of disability is having difficulty

Learn more about your requirements for question 6.a

Comments for question 6.a

facilities to a person with a disability?

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

accessing the provider's goods, services or facilities?

Comments for

7.	Does your organization provide information in an accessible format? * (If Yes, please answer additional questions)	Yes) No
Re	ead O. Reg. 191/11, s. 80.51 (1): Format of documents Learn more about	your requirements fo	r question 7
	7.a. Is the provision of information in accessible format done so in a timely manner that takes into account the individual's disability? *	Yes	○ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents Learn more about	your requirements fo	r question 7.a
	Comments for question 7.a		
	7.b. Is the provision of information in accessible format at a cost no more than the regular cost charged to other persons? *	Yes	○ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents Learn more about	your requirements fo	r question 7.b
	Comments for question 7.b		
8.	Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? * (If Yes, please answer an additional question)	Yes	○ No
		your requirements fo	r question 8
	 8.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: * Consult with the person with a disability? 	Yes	○No
	 Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises? 		
	 Determine that there is no other way to protect the health or safety of the person with a disability or others on premises? 		
	191/11, s. 80.47 (5): Use of service animals and support persons Learn more about	your requirements fo	r question 8.a
	Comments for question 8.a		
Eı	mployment		
9.	Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? * (If Yes, please answer additional questions)	Yes	○ No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response Learn more about	your requirements fo	r question 9

3.a.	,	our organization review the individualized workplace enation for all of the following? *	nergency response	Yes	O NO
		en the employee moves to a different location in the or	ganization?		
	• Wh	en the employee's overall accommodation needs or pla	ans are reviewed?		
	• Wh	en your organization reviews its general emergency po	licies?		
	d O. Reg	g. 191/11, s. 27 (4): Workplace emergency response	Learn more about your red	quirements for	question 9.a
	nments fo stion 9.a				
9.b.	workpla	of the employees for whom your organization has provace emergency response information require assistance please answer additional questions)		Yes	○No
	_	1. 191/11, s. 27 (2): Workplace emergency response	Learn more about your red	quirements for	question 9.k
	mation				
	nments fo stion 9.b	or			
	Read C	Has your organization, with the employee's consent, premergency response information to the person designates assistance to the employee? * O. Reg. 191/11, s. 27 (2): Workplace emergency see information	•	● Yes	○ No uestion 9.b.i
	questic	ents for on 9.b.i			
		Was the individualized workplace emergency response soon as practicable after your organization became aw accommodation due to the employee's disability? *		Yes	○ No
		D. Reg. 191/11, s. 27 (3): Workplace emergency se information	Learn more about your requ	uirements for qu	uestion 9.b.i
		ents for on 9.b.ii			

Design of public spaces			
 10. Since January 1, 2017, has your organization constructed new or redefollowing items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas (If Yes, please answer additional questions) 	eveloped any of the	Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your r	equirements f	for question 10
10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standar		Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards Comments for question 10.a	Learn more about your r	equirements f	or question 10.a
10.b. Does your organization's multi-year accessibility plan include propreventative and emergency maintenance of the accessible elen spaces, and for dealing with temporary disruptions when access not in working order? *	nents in public ible elements are	Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your r	<u>equirements f</u>	for question 10.b
Comments for question 10.b			
AODA			
11. Is your organization a municipality with population of 10,000 or more? (If Yes, please answer additional questions)	*	○Yes	No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your r	equirements f	or question 11
11.a. Has your organization established an accessibility advisory composition 29 of the AODA? * (If yes, please answer additional questions) Read Accessibility for Ontarians with Disabilities Act, 2005, S.O.	mittee as described in Learn more about your r	○ Yes	
2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Leam more about your r	<u>equilements l</u>	or question i i.e
Comments for question 11.a			

11.a.i Is the majority of members in the committee persons w	vith disabilities? *	○Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your requir	ements for qu	estion 11.a.i
Comments for question 11.a.i			
11.a.ii Has the committee provided advice to council about sit described in Section 41 of the <i>Planning Act</i>) as well as requirements and implementation of accessibility stand	advice on the	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your requir	ements for qu	estion 11.a.ii
Comments for question 11.a.ii			



2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name London Health Sciences Centre

Filing organization business number (BN9) 887657153

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. **Your organization may be audited to verify compliance.**