



**London Health Sciences Centre**

**Annual ODA Report and Multi-Year Accessibility Plan**

**April 2013 to March 2014**

**Submitted to LHSC Board of Directors**

**Submitted by LHSC's Accessibility Working Group**

**January 23<sup>rd</sup>, 2013**

## ***Introduction***

At London Health Sciences Centre 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 and collaboration, and the principles of the Accessibility for Ontarians with Disabilities Act (AODA) Customer Service Regulation we continue to work towards eliminating barriers to our care and services.

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 2013 to March 2014 in alignment with the hospital's fiscal year.

The AODA (June 2005) Customer Service Regulation requires hospitals to implement specific policies, procedures and plans. These will contribute to making hospitals fully accessible by 2025. Documents related to the Customer Service Regulation are available upon request. Additionally, as of January 1<sup>st</sup>, 2013, a multi-year accessibility work plan has been prepared that addresses the [Integrated Accessibility Standards Regulations](#) under the AODA.

LHSC's plan will:

- Summarize the actions taken to remove and prevent barriers in the 2012/2013 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions planned to remove and prevent barriers from April 2013 to March 2014; and
- Outline the applicable Integrated Accessibility Standards Regulations and LHSC's plan to meet the regulations for the upcoming years.
- 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 centre with the following primary facilities: University Hospital, South Street Hospital, Victoria Hospital, and Children's Hospital. Staff members total over 15,000 and the budget for last year was about \$886 million. Additional information about LHSC is available at [http://www.lhsc.on.ca/About\\_Us/LHSC/Who\\_We\\_Are/Facts\\_And\\_Stats/FactsandStats10.pdf](http://www.lhsc.on.ca/About_Us/LHSC/Who_We_Are/Facts_And_Stats/FactsandStats10.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 2012/13 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions planned to remove and prevent barriers from April 2013 to March 2014;
- Outline the applicable Integrated Accessibility Standards Regulations and LHSC's plan to meet the regulations for upcoming years
- 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. In the upcoming year, the working group will extend invitations to several members of the community to join 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 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 2013 to March 2014. 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.

## 5. Barrier removal initiatives for April 2012 to March 2013

### a) University Hospital - Prepare signage for UH Voyageur drop off point to the main elevators

For people with mobility challenges, the shortest distance from the Voyageur drop off point to the main elevators is through the side corridor. Signage can help people navigate this route. *Project Status: In Progress; working with Facilities Planning to complete signage.*

### b) University Hospital – Main lobby washroom is not accessible

Washroom off main floor lobby not accessible, engage architect in reconfiguring space. *Project Status: In Progress; washroom has had an automatic door installed. Reconfiguration will take place as part of the larger redevelopment on the 1<sup>st</sup> floor of University Hospital.*

### c) Victoria Hospital – Install an automatic opener for C2-500

The door is creating a barrier for those in wheelchairs entering non-invasive cardiology. *Project Status: Complete*

### d) University Hospital – Redesign change rooms in medical imaging (C2-241/243)

Change room not large enough to accommodate someone in a wheelchair or scooter, must allow for patients using wheelchairs to change in privacy. *Project status: In progress; project request submitted to Facilities Planning.*

### e) Victoria Hospital - Conduct a tour to identify barriers

Barriers are often better identified by those with disabilities. Conduct a tour with a representative from Engineering, someone with a disability, and a member of the Accessibility Working Group to identify barriers. *Project Status: Conduct tour in 2013 with people that have a variety of disabilities.*

**f) All sites - Post maps of accessible parking spots on the external website and inform people who often provide directions of these maps and website**

Insufficient information is available for people using wheelchairs and scooters to plan their trip to and from the hospital. *Project Status: In Progress, Victoria Hospital Public Parking Garage and University Hospital Parking Garage is posted, continuing with other parking areas.*

**g) All sites – Staff do not know where accessible washrooms are located.**

Consider providing maps of accessible washrooms for each site (including the Family Medical Clinic). Post these maps on the external website and inform people who often provide directions of these maps. *Project Status: In progress; Working Group to determine definition of accessible washroom, and work with Facilities Planning to locate and map all washrooms.*

**h) All sites – Create maps showing locations of TTY telephones.**

It is unknown where TTY phones are located and how to access them. List locations and how to find a TTY phone on external website. *Project Status: Completed.*

**i) Victoria Hospital – Address the accessibility issues with the Dentistry doorway**

Investigate whether door jams leading into the Dentistry Department are too narrow to allow people in wheelchairs and scooters to pass through, using standards and guidelines. *Project Status: Completed.*

**j) University Hospital – Address accessibility issues with door automation and size of spaces within the Parkade**

Other than the first level, manual doors in parking garage between parking and the elevator lobbies are heavy and present as a barrier for those people in wheelchairs (who have parked in wheelchair accessible spots). Space on either side of accessible parking spots is tight leaving little room to maneuver a wheelchair. *Project Status: In Progress; More accessible spaces have been created, spaces have been made wider, and moved more spaces to levels that have automated doors.*

**k) University Hospital – Automate heavy doors from walkway to PDC**

Two sets of heavy doors leading from elevator banks across walkway to the main building. *Project Status: In progress; architect has surveyed the garage and currently submitting a plan outlining recommendations.*

**l) University Hospital – Automate doors to washrooms in PDC**

The doors to the washrooms in PDC require automation. *Project Status: Complete.*

**m) Victoria Hospital - D zone entrance doors are heavy and not easily accessible**

Install a push button automatic door to increase accessibility to this entrance. *Project Status: Complete*

**n) Victoria Hospital – NICU doors are difficult to open and push a wheelchair through**

Install a push button automatic door to increase accessibility to this entrance. *Project Status: Complete*

**o) All Sites-Emergency Measure publications available**

All Emergency Measure publications are available in alternate formats upon request. *Project Status: Complete.*

**p) All Sites – Training rates for Excelling at Accessible Customer Service**

As of Jan 21<sup>st</sup>, 2013, LHSC is at 97.5% compliancy rate for staff completing online training. *Project Status: In progress to strive toward 100% compliancy.*

**q) Victoria Hospital – Mental Health Outpatients (A2-601 and A2-511) doors are difficult to open**

Install a push button automatic door to increase accessibility to this entrance. *Project Status: Complete*

**r) Victoria Hospital – MU building Call Centre (F3-130), doorway is difficult to access for employees using scooters**

Install a push button automatic door to increase accessibility to this entrance. *Project Status: Complete*

**s) Victoria Hospital – Adult Mental Health (B7-066 & B7-025), doorways are heavy and difficult to access**

Install a push button automatic door to increase accessibility to this entrance. *Project Status: Complete*

**t) South Street Hospital-Education Building**

Members of the accessibility working group toured and submitted recommendations for making the entrance and other areas in the Education Building more accessible. *Project Status: In Progress*

**6. Barrier Identification Methodology**

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

| Methodology   | Description   | Status   |
|---|---|--|
| Generated reports from the patient feedback software (FM Pro)   | Patient, visitor and family complaints and compliments regarding barriers are captured using the software | Reports were reviewed by the Working Group and considered during selection and prioritization exercise |
| Conducted a brainstorming exercise of Accessibility Working Group members from which they drew from observations and experience | Working group members identified barriers and initiatives to overcome barriers                            | This input has contributed to the plan   |
| 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 2012/13 plan   | Some initiatives are ongoing from the 2012/2013 plan  | Each ongoing initiative was reconsidered for the 2013/2014 plan  |
| Review of Project Request forms   | Requests from staff for physical building changes regarding accessibility barriers.                       | Reviewed by Engineering and the Working group to assess feasibility and priority                       |



## 7. Opportunities and Barriers to be addressed from April 2013 to March 2014

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 2013/2014 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.
- Is the area moving? If so, alert Facilities Planning 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 Working Group 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 Planning (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           |
|---|---|--|----------------------|--------------------------------|------------------|
| Information/<br>University Hospital<br>(low cost) | For people with mobility challenges the shortest distance from the Voyageur drop off point to the main elevators is through the side corridor. Signage can help | New signage<br>Planning to prepare signage<br>Engineering to Install | Sign mounted         | Facilities Planning/Wayfinding | Complete in 2013 |

| Category of Barrier & Location   | Identified Barrier or Opportunity   | Means to prevent or remove barrier  | Indicator of success   | Accountability   | Timing  |
|--|---|---|--|--|---|
|  | people navigate this route.   |   |  |  |   |
| Architectural / University Hospital  | Washroom off main floor lobby not accessible.   | Architect engaged in reconfiguring the space. Short term: Automatic door has been installed.  | Accessible washrooms   | Planning Facilities  | <i>Complete by 2014.</i>  |
| Architectural – University Hospital Medical Imaging – 2 <sup>nd</sup> floor C2-241/243 (Facilities Planning to determine cost) | Change room not large enough to accommodate someone in a wheelchair or scooter  | Redesign change rooms to make one larger<br><br>Project request submitted to Facilities Planning  | Patients using wheelchairs can change in privacy                       | P Renaud<br>Planning Facilities  | Will review with Planning   |
| 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 Engineering, member from the Accessibility Working Group, people with a variety of disabilities and their caregivers. | Complete in 2013  |
| Communicational  | Insufficient information is available for people using wheelchairs and scooters to plan their trip to and from the hospital | Consider providing maps of accessible parking spots for each site (including the Family Medical Clinic). Post maps on the external website and inform people who often provide directions of these maps and website | Visitors are able to easily locate and access accessible parking spots | Parking, and L. Richardson   | Parking Garages at VH and UH are posted, continue posting other parking lots. |
| Communicational  | Staff report not knowing where accessible washrooms   | Consider providing maps of accessible washrooms for   | Visitors are able to easily locate                                     | Planning, and  | Continuous as Planning  |

| Category of Barrier & Location                                     | Identified Barrier or Opportunity  | Means to prevent or remove barrier   | Indicator of success  | Accountability   | Timing  |
|--|--|--|---|--|---|
|  | are located  | each site (including the Family Medical Clinic). Post these maps on the external website and inform people who often provide directions of these maps. | and access accessible washrooms   | working group to determine definition of accessible washroom     | reconfigures spaces, but have some washrooms posted online in 2013. |
| Physical – PDC   | Two sets of heavy doors leading from elevator banks across walkway to the main building. The width of these doors and the height of the button may also create barriers. | Assess the need for automated doors and other actions to improve accessibility. May require a new type of door.  | Request submitted and review completed  | Architects are submitting recommendations<br>Facilities Planning | Complete by 03/2014   |
| Informational – all sites  | Ensure all staff have completed the training: Excelling at Accessible Customer Service.  | Follow up with leadership of those staff who are non-compliant on this one time training web module.   | 100% Compliancy rate for staff completing training                                | All leaders  | Continuously monitoring to strive towards 100%                      |
| Physical – University hospital Occupational Health & Safety A1-450 | Entrance to Occupational Health is heavily used and difficult to open.   | Install an automatic push button door opener.  | Staff can enter without difficulty  | L. Richardson  | Quote received, Complete 2013.                                      |
| Communicational-All sites  | Wayfinding-patients with mobility issues require the shortest distance possible from parking spot to department  | Investigate similar wayfinding aides at other hospitals, (example St. Joseph's Health Centre)  | Patients with mobility challenges use more direct routes to travel to destination | L. Richardson  | 2013/2014   |
| Physical-All parking   | Number of accessible parking   | Outline accessibility standards  | Determine   | L. Richardson,   | 2013/2014   |

| Category of Barrier & Location   | Identified Barrier or Opportunity  | Means to prevent or remove barrier  | Indicator of success                       | Accountability                    | Timing    |
|--|--|---|--|-----------------------------------|-----------|
| garages  | spaces, size of spaces, signage, and door access should be standardized across all parking garages   | that should be met surrounding all parking garages  | viability, and if viable develop plan      | Parking and P. Renaud             |           |
| Communicational-Posted Floor plans at VH and UH  | Informing visitors/patients location of accessible washrooms, change tables, and adult sized change tables   | Identifying items on the floor plans that are posted for visitors, example level 2, B zone  | Identified on floor maps                   | L. Richardson and Planning        | 2013/2014 |
| Physical-VH Crosswalk between CNIB and B Building as well as cross walk outside C Entrance | There is currently a painted lines crosswalk, potential to install an audible crosswalk.   | Identify to planning concerns of patients/staff crossing and costing of installing an audible cross walk. There may be opportunity to look at this if road redesign takes place within the next year. | Visitors, patients, staff can safely cross | P. Renaud and Facilities Planning | 2013/2014 |
| Physical-VH Crosswalk outside C Entrance   | There is currently a crosswalk with lights, but as patient drop off point is on the other side of the street, visually impaired have difficulty crossing the street. | Identify to planning concerns of patients/staff crossing and costing of installing an audible cross walk. There may be opportunity to look at this if road redesign takes place within the next year. | Visitors, patients, staff can safely cross | P. Renaud and Facilities Planning | 2013/2014 |
| Physical-UH Crosswalk across Perth drive from main building to PDC                         | The colour of lights in the crosswalk is difficult to see in the sunlight.   | Have the colour of the lights replaced.   | Visitors, patients, staff can safely cross | L. Richardson and Engineering     | 2013      |

## 8. Integrated Accessibility Standards Regulations Work plan

| AODA Requirement   | Deliverable  | Activities  | Compliance Date                  |
|--|--|---|----------------------------------|
| Reg. 191/11 s.3<br>Establish Policies                                    | Implement policy on achieving accessibility within organization  | Policy established and posted, provided in an accessible format upon request.   | January 1st, 2013<br>Completed   |
| Reg. 191/11 s.4<br>Accessibility Plan                                    | Establish & implement multi-year accessibility plan, meeting requirements under the regulation.<br>Post the plan on website.<br>Review and update the accessibility plan at least once every 5 years.<br>Review and update plans in consultation with persons with disabilities. | Create plan, involving applicable departments and Accessibility Working Group.<br>Consult with London AAC on plan.<br>Post on website.<br>Provide report in an accessible format upon request. Post status report on website. | January 1st, 2013<br>Completed   |
| Reg. 191/11 s. 5<br>Procuring or acquiring goods, services or facilities | Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities.   | Train staff making procurement decisions on accessibility criteria that needs to be considered (adding a checklist).<br>Also add accessibility as criteria in score carding on RFP's.   | January 1st, 2013<br>In Progress |
| Reg. 191/11 s. 6<br>Self-Service Kiosks                                  | Incorporate accessibility features when designing, procuring or acquiring self-service kiosks.   | Train staff making procurement decisions on accessibility criteria that needs to be considered.   | January 1st, 2013<br>In Progress |
| Reg. 191/11 s. 7<br>Training   | Provide training on the requirements of accessibility standards and on Human Rights Code as it pertains to persons with disabilities.  | Through e-learning, train all employees and volunteers using the tools offered on <a href="http://accessforward.ca">accessforward.ca</a>  | January 1st, 2014<br>In progress |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| Reg. 191/11 s. 11<br>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<br>In progress |
| Reg. 191/11 s. 13<br>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<br>Completed   |
| Reg. 191/11 s.14<br>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<br>In Progress |
| Reg. 191/11 s. 14<br>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                |
| Reg . 191/11 s. 22<br>Recruitment                                 | Notify Employees and Public about the availability of accommodation for applicants with disabilities in recruitment processes.   | Statement on all job postings, internally and externally.  | January 1st, 2014                |

|  |  |  |                   |
|--|--|--|-------------------|
| Reg . 191/11 s. 23<br>Recruitment  | Notify applicants once selected in assessment process that accommodations are available upon request in relation to materials or processes to be used.<br>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<br>Assess each request on an individual basis to accommodate. | January 1st, 2014 |
| Reg . 191/11 s. 24<br>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 |
| Reg. 191/11 s. 25<br>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 duty to accommodate policies in corporate orientation. Notify employees through e-cast of any changes/updates to the policy.                                 | January 1st, 2014 |
| Reg. 191/11 s. 26<br>Accessible formats & Communication supports for employees | When requested, consult the needs and provide in accessible format:<br>a) information needed in order to perform the employee's job<br>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 |

|  |   |  |                                |
|--|---|--|--------------------------------|
| Reg. 191/11 s. 27<br>Workplace<br>emergency response<br>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 Emergency Planning Specialist to accommodate those employees who have made aware of their need.   | January 1st, 2012<br>Completed |
| Reg. 191/11 s. 28<br>Documented<br>individual<br>accommodation<br>plan | Develop a written policy for developing documented individual accommodation plans (IAP) for employees with disabilities   | Develop a policy and train all HRC's and occupational health on how to develop individualized work accommodation plans.  | January 1st, 2014              |
| Reg. 191/11 s. 29<br>Return to Work<br>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.<br>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 & HRC will work with employee to create IAP and help the employee to get back to work.  | January 1st, 2014              |
| Reg. 191/11 s.30<br>Performance<br>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. Have a statement within e-performance program that leaders have taken into account accessibility needs (check box system). | January 1st, 2014              |
| Reg. 191/11 s. 31<br>Career Development<br>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              |



|                                   |  |  |                   |
|-----------------------------------|--|--|-------------------|
| Reg. 191/11 s. 32<br>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 |
|-----------------------------------|--|--|-------------------|

## 9. Communication of the plan

Each year, LHSC publishes the Accessibility Plan on its Internet website and in hard copy form. 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 Relations specialists.

- On request, the plan is available in alternate formats.