



South Huron Hospital Association

Multi-Year Accessibility Plan

2020-2022

Submitted to

President & CEO

This publication is also available at www.shha.on.ca

and will be made available in alternative formats upon request



Accessibility Plan – 2020-2022

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1. PURPOSE

The purpose of the Ontarians with Disabilities Act 2001 (ODA), now the Accessibility for Ontarians with Disability Act 2005 (AODA), is to improve opportunities for people with disabilities and provide for their involvement in the identification, removal and prevention of barriers in the Province of Ontario. To this end, the AODA mandates that each hospital prepares an Accessibility Plan. More specifically, the Integrated Accessibility Standard Regulations (O. Reg. 191/11) require the hospital to create, maintain and communicate a multi-year accessibility plan.

This document is the multi-year Accessibility Plan for the South Huron Hospital Association (“SHHA”). The Plan builds on previous years plans and includes measures that the SHHA will take in the upcoming years to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the SHHA. The Plan will be reviewed at least every five (5) years and updated as barriers are identified and/or eliminated.

2. COMMITMENT TO ACCESSIBILITY

SHHA is committed to excellence in serving all customers, including people with disabilities, and will carry out functions and responsibilities in the following areas as required under Bill 103, Accessibility for Ontarians with Disability Act, 2005 (AODA) and the Integrated Accessibility Standards Regulation (IASR). It is the policy of the Hospital to strive, at all times, to provide goods and services in a way that respects the dignity and independence of people with disabilities. The Hospital is also committed to giving people with disabilities the same opportunity to access our goods and services, allowing them to benefit from the same services, in the same place and in a similar way as other customers. In order to do so, the Hospital will address the specific needs of all persons with disabilities in a timely manner.

The Hospital will establish policies, practices and procedures on eliminating barriers and providing services and supports to people with disabilities. These will be consistent with the core principles of independence, dignity, integration and equality of opportunity.

Documentation that describes this policy and each of its requirements shall be maintained on the Hospital website and provided to individuals upon request in the appropriate format or with communication support.

The Hospital will produce an Accessibility Plan, in consultation with persons with disabilities. The plan will be posted on the Hospital’s website and shall be made available in an accessible

format and with communication supports, upon request. Progress reports on the plan will be provided on the schedule determined by the AODA legislation.

The Hospital maintains and develops policies on how the Hospital will meet its requirements under the AODA and will provide such policies in an accessible format upon request. When procuring goods, services, or facilities, the Hospital will incorporate accessibility criteria and features, unless it is not feasible (practicable). If not practicable, the Hospital shall provide an explanation, upon request.

3. AIM AND OBJECTIVES OF THE PLAN

This report describes:

1. The measures that the Hospital has taken in the past to remove barriers for people with disabilities.
 - A “Barrier” is defined as anything that prevents a person who has a disability from fully participating in all aspects of society. Barriers come in many forms, and can include physical barriers, architectural barriers, informational or communications barriers, attitudinal barriers, technological barriers, or policies and practices that create barriers.
2. The measures that the Hospital will take during the 2020-2022 period to identify, remove and prevent barriers to people with disabilities who use the facilities and services of the Hospital, including patients, visitors, staff and other members of the community.

With respect to identifying, removing and preventing barriers for people with disabilities, this report:

1. Describes the process
2. Reviews efforts to date
3. Describes the measures to be taken during the 2020-2022 period
4. Describes how this plan will be made available to the public

4. DESCRIPTION OF THE ORGANIZATION

Located in Exeter, the nineteen (19) bed primary care facility serves the municipalities of South Huron and Bluewater. For many residents and visitors, the twenty-four (24) hour Emergency Department provides resuscitative, emergent and urgent care and is often the point of entry for inpatient care.

Emergency and specialist clinics serve approximately 17,000 patients annually. It is estimated that another 30,000 patients enter the building annually for services such as lab, x-ray and

physiotherapy. In addition, the South Huron Medical Centre and Walk-in Clinic provide non-urgent/outpatient care to our community.

The Hospital, which is located in LHIN Region 2, has developed many partnerships with community-based providers and local and regional hospitals.

The Hospital employs approximately one hundred and thirty (130) employees.

5. ACCESSIBILITY TEAM

Accessibility Working Group/AODA Team

The Hospital is responsible for establishing an Accessibility Working Group/AODA team. The Hospital will appoint an Accessibility Coordinator, who will be responsible for organizing the activities of the AODA team. Expectations for the AODA team with respect to membership, frequency of meetings, and so on will be set by the team in harmony with applicable legislation.

The responsibilities of the AODA team include:

1. Reviewing updates to legislation and their impact to the SHHA Accessibility Plan
2. Consulting with persons who have disabilities as to the impact and efficacy of SHHA's Accessibility Plans
3. Reviewing and recommending updates to the SHHA Accessibility Plan

Once the above steps have been fulfilled, the Accessibility Coordinator endorses the finalized plan- with the Hospital President & CEO- on behalf of the AODA team.

6. BARRIER IDENTIFICATION METHODOLOGIES

The following barrier-identification methodologies are used to create the list of barriers to be addressed:

- AODA Customer Service Standards
- AODA Integrated Accessibility Standards
- Suggestions and comments from staff, visitors, patients and the public regarding the way the Hospital provides goods and services to people with disabilities can be made by:
 - In writing attention to:
SHHA Accessibility Coordinator
 - By email to:
shha.accessibility@shha.on.ca

- By Phone:
519-235-2700 ext. 0 and asking for the SHHA Administrative Office.
- In Person:
Corporate Office Room 114
- Or by using other methods as agreed upon between the individual and the hospital.
- The participation of people with disabilities in the development and review of its Accessibility Plan.
- Awareness of the current Building Code and improvements for accessibility will be implemented during any reconstruction where feasible.

6.1 LIST OF BARRIERS TO CONSIDER

- Physical
- Hearing
- Speech
- Vision
- Deaf-Blind
- Smell
- Taste
- Touch
- Intellectual
- Mental Health
- Learning
- Other

6.2 ASSISTIVE DEVICES AND SUPPORTS

As part of the Hospital's Accessibility Plan, it is important for the public to know that there are various assistive devices and supports that are encouraged while visiting or staying at the hospital. These include:

- Assistive devices such as wheelchairs, canes and oxygen tanks
- Support persons
- Service animals such as guide, hearing, or special skills animals

Policies outlining the use of such devices and supports are available upon request to the Accessibility Coordinator and on the Hospital's website – www.shha.on.ca . Contact information is listed at the end of this document.

7. REVIEW AND MONITORING PROCESS

The Accessibility Coordinator or Delegate will work with the AODA Team and senior management to:

- Review and revise the Accessibility Plan
- Respond to emerging issues that require attention and review progress
- Review, revise and implement Accessibility Policies and Procedures

8. COMMUNICATION OF THE PLAN

The SHHA Accessibility Plan will be made available on the SHHA web site (www.shha.on.ca) and copies will be available from the Administrative office. On request, the report will be made available in alternate formats.

9. WORK PLAN (ongoing per year)

Barriers identified and being corrected at South Huron Hospital Association

Barrier	Objective	Means to remove/prevent	Status	Responsibility
Vision	Improve internal lighting	Upgrade of fluorescent lighting in clinical areas to LED to better aid those who are visually impaired	Began in 2017 (grant application submitted through energy conservation initiative). Almost complete: only 2 remaining fixtures not yet upgraded.	Director of Facilities
Public Access	Maintain improved access from external entrances	Retrofit of autodoor opening devices on external doors accessed by the public	Completed – 2016/17. Touchless handwave sensors added in 2020.	Director of Facilities
Public Washrooms	Maintain improved access to wheelchair accessible washrooms	Retrofit of autodoor opening devices on accessible washrooms as original units were end of life	Completed – 2016/17. Touchless handwave sensors added in 2020.	Director of Facilities
Vision	Improve external lighting	Upgrade of arc to LED lighting of exterior of SHHA to minimize risk of falls etc.	Completed – 2020.	Director of Facilities
Wayfinding / Vision	Enhance signage to assist in navigation	Clearly define access routes to ensure that all individuals only transition once through the facility without unnecessary retracing of steps. Install braille signage for the visually disabled.	Completed – 2017. Revisions and improvements made in 2019. Braille signage not yet installed; contingent on funding.	Director of Facilities
Accessibility	Improve access to services for patients who require bariatric equipment.	Purchase/update bariatric equipment, including the rental of a bariatric bed	Ongoing as required. Bariatric table purchased in January 2012.	Chief Nursing Executive Director of Ambulatory Services

Barrier	Objective	Means to remove/prevent	Status	Responsibility
Accessibility	Improve accessibility for patients who do not speak English as their first language.	Interpreter Survey: Staff and Physicians surveyed for onsite interpretation services Google Translate: Staff empowered to use Google Translate for interpretation.	Survey: Completed in 2012, re-done in 2020 re: French Lang. Services. Translation: since 2019.	Director of Ambulatory Services, Human Resources Associate
Accessibility	Improve access for patients at Medical Centre.	Installation of handrails at the South Huron Medical Centre	Completed – 2011. Further upgrades made in 2020.	Director of Ambulatory Services
Accessibility	Provide an accessible website that complies with all applicable standards.	Upgrade and revise website as needed to comply with Accessibility needs.	In 2012, website complied with standards then in place: in the top 5% of websites for accessibility. Website will be upgraded / replaced in 2021 to comply with new Jan. 2021 AODA standards.	Executive Assistant
Accessibility	Improve access to the Hospital Elevator.	<ul style="list-style-type: none"> - Upgrade elevator controls to include voice annunciation. - Upgrade lighting for the visually disabled. - Improve accessibility of entry / egress. 	Reviewed as of 2020/2021 fiscal year. Funding not currently available for upgrades of this magnitude.	Director of Facilities
Accessibility	Improve access to parking for patients at SHHA and SHMC	Improved lighting, number of limited mobility parking spots, improved signage	Lighting replaced with LED in 2020. Additional improvements in progress.	Director of Facilities
Accessibility	Renovate washrooms to improve accessibility for patients.	<ul style="list-style-type: none"> - Remove walls & doors to provide 1.5m. x 1.5m. space - Upgrade to wall-mounted toilets, sinks for wheelchair access. 	Reviewed in 2020/2021. Planned for future updates, contingent on funding and room availability (renovations cannot be done while rooms are occupied).	Director of Facilities

Historical record of barriers addressed at the South Huron Hospital Association

Barrier	Objective	Means to remove/prevent	Status	Responsibility
Accessibility	Improve lighting controls for new headwalls	Introduction of pillow switches allows for those with limited mobility to control lighting on headwalls	Completed – 2017	Director of Facilities
Public Access	Renovate front entrance and ER waiting room areas	<ul style="list-style-type: none"> Redesign traffic flow to better serve the needs of those accessing SHHA by retrofit of external doors to improve access/egress Segregate access routes between ER Patients and all other members of public to minimize traffic congestion for those with restricted mobility to navigate less congested pathways Enhanced privacy and infection control as value adds through this initiative	Completed – 2017	Director of Facilities
Redevelopment of the front entrance	Improve ease of access for persons with mobility challenges		Completed – 2016	Director Diagnostics/Operations
Public Access	Improve access to main entrance of SHHA from both east (completed in 2003) and west	Introduction of main entrance west wheelchair ramp to accommodate foot traffic between SHHA and the South Huron Medical Center via junction of Huron Street West and William Street	Completed – 2015	Director of Facilities
Parking	Improve access to SHHA and the South Huron Medical Centre as well as safety of the public	Addition of handicap/limited mobility parking spots and signage	Completed – 2015	Director of Facilities

Barrier	Objective	Means to remove/prevent	Status	Responsibility
Accessibility	Emergency notification provisions for the hearing impaired	<ul style="list-style-type: none"> Installation of strobe lights with fire alarm system for the hearing impaired 	Completed - 2015	Director of Diagnostics/Operations
Public Washrooms	Improve access to wheelchair accessible washrooms	<ul style="list-style-type: none"> Installation of grab bars to accommodate left and right hand dominant patients Renovation of wheelchair accessible washroom in basement	Completed – 2015	Director of Facilities
Accessibility	Expansion of ceiling lifts to all inpatient rooms	Assist in mobility for Patients through access to ceiling lifts in all inpatient rooms	Completed – 2015	Director of Corporate Affairs
Access to SHHA	Improve access to front entrance of hospital	Installation of additional heated sidewalk to the west of the front entrance	Completed - 2015	Director Diagnostics/Operations
Access to wheelchairs	Purchase additional wheelchairs for persons with mobility challenges	Addition of wheelchairs in patient areas	Completed 2015	Director of Clinical Services
Improved Fire Alarm signaling devices	Replacement or augment fire alarm bells with strobe devices for persons with hearing impairments	Review current system, engineer solution and install	Completed - 2015	Director of Diagnostics/Operations
		Diagnostic Imaging washroom renovation – now wheelchair accessible	Completed - 2012	Director of Diagnostics/Operations
		Inpatient washroom renovations <ul style="list-style-type: none"> Retrofitted toilets to ensure correct height as per accessibility and Building Code Swinging grab bars installed to accommodate left and right hand dominant patients 	Completed - 2011	Director of Diagnostics/Operations Director of Clinical Services

Barrier	Objective	Means to remove/prevent	Status	Responsibility
Front entrance improvements	Improve access to SHHA for persons with mobility challenges	<ul style="list-style-type: none"> Sidewalk repaired to ensure no differences in height between the sidewalk and wheelchair ramp Thresholds removed from interior doors at front entrance of facility to improve access for those in wheelchairs	Completed - 2011	Director of Diagnostics/Operations Maintenance Dept.
		Installation of lever style door handles for all remaining public access doors in facility.	Completed – 2010-2011	Director of Operations/Diagnostics
		Electric automatic door access installed in basement wheelchair accessible washroom	Completed - 2009	
		Training of all staff and affiliates in order to be compliant with the required AODA Customer Service Standard	Completed – 2009	
		Development and approval of policies as it relates to the AODA Customer Service Standard requirements	Completed - 2009	
		Final installation and completion of overhead lifts in patient rooms	Completed - 2009	
		Wheelchair accessible washroom installed as part of the ER Renovation Project	Completed - 2008	
		Lever style handle doors upgraded for all doors as part of the ER Renovation Project	Completed - 2008	
		Corridors and public rooms constructed as part of the ER Renovation Project	Completed - 2008	

Barrier	Objective	Means to remove/prevent	Status	Responsibility
		Ceiling lifts installed in patient rooms	Completed - 2005-2007	
		New electric patient beds purchased	Completed - 2007	
		Sidewalk installed from Anne Street to employee parking area	Completed - 2006	
		Wheelchair accessible washrooms and ceiling lifts installed	Completed - 2005-2007	
		Mechanical patient lifts to assist with transfer from bed to chair	Completed - 2006	
		Identification of restricted parking for persons with disability.	Completed – 2006	
		Parking spaces available at front entrance of hospital as well as the South Huron Medical Centre	Completed - 2006	
		Front entrance radiant heated wheelchair ramp and automatic door installed	Completed - 2005	
		Wheelchair accessible washrooms and ceiling lifts installed	2005-2007	
		Existing elevator retrofitted to accommodate Braille buttons for visually impaired	Completed 2005	
		New handrails installed in patient rooms along perimeter walls	Completed – 2003	
		Signage to direct visitors/clients to services in the basement area was improved by increasing numbers of signs.	Completed – 2003	
		The installation of the wheelchair ramp and automatic door was completed during renovations	Completed - 2003	

Integrated Accessibility Standards Compliance Plan

Year	IASR Requirement	Responsibility	Status
2021	Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2021 requirements <u>Information & Communication Standard:</u> <ul style="list-style-type: none"> • Accessible websites and web content 	Executive Assistant	In progress. To be completed by end of summer 2021.
2015-2016	Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2016 requirements <u>Design of Public Spaces Standards:</u> <ul style="list-style-type: none"> • Parking • Maintenance 	Director of Operations/Diagnostics	Completed by 2016
2014-2015	Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2015 requirements <u>Information & Communication Standard:</u> <ul style="list-style-type: none"> • Accessible formats and communication supports The Hospital will provide accessible formats and communications supports as quickly as possible and at no additional cost when a person with a disability asks for them. 	All staff, Physicians, volunteers and affiliates of SHHA	January 2015 requirements complete

Year	IASR Requirements	Responsibility	Status
2013-2014	<p>Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2014 requirements</p> <ul style="list-style-type: none"> • <u>Training</u>: All Hospital staff, Physicians and volunteers are required to complete Accessibility training upon hire/volunteering at SHHA. • <u>Accessible feedback process</u>: Staff, visitors, patients and the public are encouraged to provide feedback by mail, email, phone or in person. • <u>New websites and web content</u>: Upon creation of a new Hospital website, the Hospital will ensure software that supports accessibility is used and that WCAG 2.0 requirements are met. • <u>Accessible employment practices</u>: <ul style="list-style-type: none"> ○ Stated in all job postings/employment offer letters that recruitment and hiring processes will be modified to accommodate their disabilities, if requested. ○ Upon hire, employees and volunteers are asked on a confidential Pre-Employment Health Interview <i>“Do you have a disability, whether permanent or temporary, that requires an accommodation plan and/or may require you to need assistance in an emergency?”</i> 	<p>Accessibility Coordinator/Director of Corporate Affairs</p> <p>Accessibility Coordinator/Director of Corporate Affairs</p> <p>Accessibility Coordinator/IT/Supervising Director</p> <p>Accessibility Coordinator/Director of Human Resources/Director of Corporate Affairs</p>	January 2014 requirements complete

Year	IASR Requirements	Responsibility	Status
2012-2013	Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) – January 2013 requirements <ul style="list-style-type: none"> • Accessibility policies and plans • Accessible procurement, including kiosks 	Accessibility Coordinator/Director of Corporate Affairs/CFO	January 2013 requirements complete
2011-2012	Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11) <ul style="list-style-type: none"> • Workplace emergency information Emergency and public safety info 	Accessibility Coordinator/Director of Corporate Affairs	January 2012 requirements complete