Accessibility Plan
Hamilton Health Sciences

2014-2019

Accessibility Plan

Executive Summary

HHS supports the right of persons of all ages with disabilities to equal opportunity to its health services, programs and employment opportunities. Removing barriers to daily living is not a voluntary measure, but a fundamental human right and constitutional right of equality for persons with disabilities. This is provided under the Canadian Charter of Rights and Freedom, the Accessibility for Ontarians Disability Act (AODA) and the Ontario Human Rights Code. The Canada Health Act guarantees everyone, including those with disabilities, access to health care services. HHS is committed to build on what it has already achieved and to move towards an organization in which no new barriers are created and existing ones are removed.

1.0 Purpose

> To remove the barriers for people with disabilities through increased awareness, understanding and identification of their needs for accessibility planning, implementation and evaluation.

The purpose of this plan is to increase access to services and minimize barriers to participation for people with disabilities within Hamilton Health Sciences (HHS). The goal of the multi year plan is linked to the 2005 *Accessibility for Ontarians with Disabilities Act* (AODA). The AODA is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province.

Effective July 27, 2007, Accessibility Standards for Customer Service under the Accessibility for Ontarians with Disabilities Act (2005) were received. These standards direct public sector organizations to develop a variety of tools and services to ensure citizens with disabilities engage in full participation in activities within the province of Ontario.

These standards were implemented in the public sector January 1, 2010.

They represent substantial changes to Policy and Procedure in Public Sector organizations.
This plan is reflective of ongoing work to address access issues within all sites of Hamilton Health Sciences (HHS).

This plan will outline:

1. The measures that HHS has taken in the past two years (2011-2013).
2. The measures that HHS will take over the next 5 years, 2014-2019, to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of HHS.

This plan addresses the needs of patients and their family members, staff, health care practitioners, volunteers and members of the community (adapted from AODA website).

Hamilton Health Sciences is committed to the needs of Ontarians with disabilities accessing services at HHS; the needs of these individuals are fully considered within the context of the AODA legislation. HHS recognizes the need to ensure that future planning for services and facilities accessed by individuals with disabilities should be fully informed by individuals living with disabilities.

Aim and Objectives

This report will:

- Describe the process by which HHS will identify, remove and prevent barriers for people with disabilities.

- Describe the measures HHS will take in the coming year to identify, remove and prevent barriers for people with disabilities.

- Outline the review and monitoring process of the multi-year Accessibility Plan.

- Describe how HHS will make this Accessibility Plan available to the public.

Background

The Accessibility of Ontarians with Disabilities Act (2005) is aimed at creating a barrier free Ontario by 2025. This corporate plan is meant to continue to build on past progress and accomplishments and to lay the foundation for the development of new accessibility standards under the AODA (2005).

The purpose of the more expansive AODA legislation is to develop, implement and enforce standards of accessibility for all Ontarians. The standards under this Act include the areas of:

> • Customer Service (i.e. services to the public; could include business practices and employee training)

> • Built Environment (i.e. access to, from and within buildings; could include counter heights, aisle/door widths, parking, signs, safety features such as flashing alarms)

> • Employment (i.e. hiring and retention of employees)

> • Communications and information (i.e. materials and tools such as publications, software applications and web sites)[1]

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[1] A Guide to Multi-year Accessibility Planning, under the Accessibility for Ontarians with Disabilities Act, 2005.

Retrieved from:

http://www.mcss.gov.on.ca/documents/en/mcss/accessibility/iasr_guides/plan_50_en.pdf

The AODA adopts the broad definition for disability that is set out in the *Ontario Human Rights Code*. "Disability" is:

a. any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

b. a condition of mental impairment or a developmental disability,

c. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

d. a mental disorder, or

e. an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.[2]

Barriers

What is a barrier?

A "barrier" is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.[3]

Hamilton Health Sciences at a Glance

HHS is a family of seven unique hospitals, an urgent care centre and a cancer centre serving more than 2.3 million residents of Hamilton and south central Ontario. Our facilities – Hamilton General Hospital, Juravinski Hospital, Chedoke Hospital, the Juravinski Cancer Centre, McMaster Children's Hospital, McMaster University Medical Centre, Main West Urgent Care Centre, West Lincoln Memorial Hospital and St. Peter's Hospital – offer a range of acute and specialized services, catering to health care needs from preconception through to aging adults. Each site has specific areas of expertise and together, HHS is one of the most comprehensive health care systems in Canada. Through our affiliation with McMaster University's Faculty of Health Sciences, we are able to offer an academic environment where patients benefit from innovative treatments provided by some of the most talented health care professionals in the country.

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[2] Workplace Safety and Insurance Act, 2005. Retrieved from:

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_980175_e.htm

[3] A Guide to Multi-year Accessibility Planning, under the Accessibility for Ontarians with Disabilities Act, 2005.

Retrieved from:

http://www.mcss.gov.on.ca/documents/en/mcss/accessibility/iasr_guides/plan_50_en.pdf

Our Mission, Vision and Values

Mission

To provide excellent health care for the people and communities we serve and to advance health care through education and research.

Vision

Best care for all

Values

- **Respect:** We will treat every person with dignity and courtesy.
- **Caring:** We will act with concern for the well being of every person.
- **Innovation:** We will be creative and open to new ideas and opportunities.
- **Accountability:** We will create value and accept responsibility for our activities.

Barrier Identification Methodology

Our senior leadership, site leads and managers were requested to provide feedback regarding the identification of barriers and strategies to address them. This included input from Emergency Preparedness, Facilities Management, Public Relations, Information and Communications Technology, Site Leads for the various campuses at HHS, Occupational Therapy, Physio Therapy and Speech Language Pathology. Feedback was also reviewed from patients and families through Patient Experience.

Methodology	Description	Status
Reviewing feedback from patients and visitors	The department of Patient Experience regularly receives feedback from patients and families regarding accessibility issues. Patient Experience then is able to direct the concerns to the most appropriate department, i.e. Engineering.	Ongoing throughout the year.
Canvassing hospital Leadership and management.	E-mail requests were sent out to chiefs of departments, site leads, managers and other stakeholders who would be in a position to be aware of accessibility issues.	Barriers identified, and measures taken to mitigate or remove.
Brainstorming exercise with Accessibility working group.	Members identified actual and potential barriers and sought follow up from the most responsible department.	This has contributed to the current Accessibility plan.
Environmental Scan	Conducted by Engineering to identify areas in need of repair, refurbishment or renovation to maintain or improve accessibility.	On going throughout the year.

Barriers and Opportunities Addressed in 2011-2013

Type of Barrier	Location	Description of Barrier	Strategy for it's Removal/Prevention
Informational and Communications	McMaster University Medical Center	Audit of signage for content and placement for Wayfinding	New signage ordered and when possible signs are installed on walls rather than suspended from ceiling, font size is made as large as possible and additional directories with maps added to the site.
Informational and Communications	Hamilton General Hospital	No clear signage in Main Lobby as to where the nearest accessible washroom is.	New sign posted in Main Lobby to indicate nearest accessible washroom.
Informational and Communications	Hamilton General Hospital	Can be difficult to navigate the hospital with current signage.	Coordinating colors and photos to assist with Wayfinding i.e. a green tree on a green background, to be able to give directions such as, 'when you get to the green tree, turn right'
Informational and Communications	Hamilton General Hospital	Main Entrance sign small and not lit at night	A new sign has been ordered that will be lit up at night
Informational and Communications	West Lincoln Memorial Hospital	Lack of available tools for patients with communication barriers (language, visual or auditory deficits, etc.)	Accessibility communication kit developed. Resource kit containing personal whiteboard, pocket talker, magnifying glass, communication picture cards, etc. available for staff to sign out and use with patients as needed.
Informational and Communications and Attitudinal	All Sites	Difficulty connecting and partnering with our seniors population and their specific needs	The creation of the Personhood Profile, three questions that allow care team members to better understand and relate to the person behind the illness.
Physical and Architectural	Hamilton General Hospital	New renovations incorporating accessible washrooms, doors.	Renovations to the Emergency Department and the Cardiac Arrhythmia Clinic included accessible washrooms and automatic door access.
Physical and Architectural	Hamilton General Hospital	The old Information Desk was difficult to locate and access- high counters and small window.	The Information Desk was moved to a more accessible area in the Main Lobby, has different heights at the transaction counter and better lighting and visibility to people arriving through the main entrance.

Type of Barrier	Location	Description of Barrier	Strategy for it's Removal/Prevention
Physical and Architectural	Hamilton General Hospital	New Admitting area did not have accessible counters.	Accessible counters added to Admitting area.
Physical and Architectural	Hamilton General Hospital	Coffee Shop did not have dedicated accessible seating areas, and counter height was high.	During planned renovations, barrier free counter and accessible seating was included.
Physical and Architectural	Hamilton General Hospital	Parking ramp had issues with poor lighting, lack of accessible doors to parking area, and the Parking Office was not accessible.	Lighting upgrades included converting to LED to improve visibility, painting of the steps and curbs in yellow to improve contrast for visually impaired people, installation of automatic doors to the parking ramp and a barrier free ramp to the Parking Office.
Physical and Architectural	Hamilton General Hospital	Sidewalk at the East Wing required repair, and crosswalk for safety. Could benefit from urban Braille.	New sidewalk and crosswalk installed to improve wheelchair accessibility.
Physical and Architectural	Hamilton General Hospital	Staff Library at 286 Victoria St was not wheelchair accessible	The Staff Library was moved to a wheelchair accessible location at 293 Wellington St.
Physical and Architectural	Juravinski Hospital	Height of curb on the sidewalk in front of the hospital too high for manual wheelchair as reported by a patient.	Engineering notified the City of Hamilton and repairs have been completed
Physical and Architectural	Juravinski Hospital	New build taking place to update and expand the facilities at the hospital presented the opportunity to proactively incorporate accessibility planning.	600,000 sq. ft. new area with ODA approved design, including washrooms, handrails, elevator buttons and doors in the A, B, and C wings.
Physical and Architectural	Juravinski Hospital	New parking lot planned along with new build. Also Poplar parking ramp required a new elevator.	New parking lot is flat, near the entrance and has new handicap parking spots. The Poplar parking ramp has a new accessible elevator.
Physical and	Juravinski	New washrooms created	Three new handicap washrooms in

Type of Barrier	Location	Description of Barrier	Strategy for it's Removal/Prevention
Architectural	Hospital	during renovations, as well as upgrades to existing facilities.	90 Wing, and grab bars added in patient washrooms throughout the site.
Physical and Architectural	Juravinski Hospital F5 – Inpatient Unit	Environment needed improvement for ALC patient population.	Height adjustable tables purchased for patient dining room. Doorway frames painted contrasting colour for visually impaired patients.
Physical and Architectural	McMaster University Medical Center	New public washrooms in the yellow quadrant on level 2. The old washrooms were very small and tight.	The new ones are barrier free and have wheelchair accessible toilets and sinks.
Physical and Architectural	McMaster University Medical Center	The MUMC – Phase 2B projects (PICU, ENDO, DI and POS) have barrier free washrooms in patient areas, as well as accessible counters at Nurse Stations.	Barrier free/accessible provisions allowed in the plans for the new spaces.
Physical and Architectural	McMaster University Medical Center – Emergency Department	Some counters and washrooms not wheelchair accessible.	Created wheelchair accessible counters at registration/care desks. Increased number of barrier free washrooms. Increased number of wheelchair accessible doors.
Physical and Architectural	McMaster University Medical Center – Ophthalmology Clinic	This was a recent renovation, issues addressed in design.	Wheelchair accessible doors installed at main entrance. Wheelchair accessible counter installed at registration desk. In consultation with CNIB, provided the following features to improve way finding for those with vision impairments: - Textured floor pattern installed at all corridor intersections in a contrasting colour - Braille included on all signage

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			Material and colour selections were reviewed to promote awareness in elevation i.e. counter colour in contrast to floor colour
Physical and Architectural	McMaster University Medical Center – Retail Pharmacy	No accessible retail counters.	New design for both areas includes wheel chair accessible prescription drop off and pick up counters
Physical and Architectural	Chedoke	Improvements needed to concrete and asphalt road ways, parking lots, as well as doors to buildings and an accessible washroom.	Repairs and renovations carried out to those barriers identified to allow for safer wheel chair accessibility including new automatic doors to the Wilcox and Evel building, new accessible washroom in the Holbrook building and repairs to walkways, sidewalks and wheelchair ramps throughout the site.
Physical and Architectural	Main West Urgent Care Centre	Senior friendly elements incorporated into the design of the new Urgent Care Centre.	Additional hand rails installed, furniture and colours chosen to optimize contrasts for patients with low vision.
Physical and Architectural	St. Peter's Hospital	Repairs required to Main Entrance and wheelchair ramp to hospital to ensure safety for those with limited mobility.	Repairs competed to Main Entrance, Lorne St. entrance and wheelchair ramp at the front of the hospital to allow for safer wheelchair accessibility.
Physical and Architectural	Wellwood Centre and Spiritual Centre	New renovations, issues addressed during design.	Wheelchair friendly main entrance, with electronic door opener.
Physical and Architectural	West Lincoln Memorial Hospital	Automated main entrance doors – mechanical deficiencies often interfere with patient/visitor entrance/egress. Volunteer information booth too cold to staff depending on weather.	Dual set of new motion/sensor activated main doors improves accessibility to main lobby. Also provides environmental protection to volunteer information booth to permit staffing even during inclimate weather (which assists with information/wayfinding).

Type of Barrier	Location	Description of Barrier	Strategy for it's Removal/Prevention
Policy and Practice	Inpatient Areas All sites	Delirium is a common problem among hospitalized older adults causing mental confusion and often lead to longer lengths of stay, poorer functional outcomes, and increased risk of nursing home placement.	Implementation of the Confusion Assessment Method tool (CAM) and the Hospital Elder Life Program (HELP) to better assess for and prevent delirium and the physical and cognitive decline that occurs in high risk older patients. HHS has been designated as the first international HELP Centre of Excellence.
Policy and Practice	All sites	Patients with dementia and /or delirium can be challenging for staff to care for safely. They often wander, can be challenging to redirect and often restraints are used or code whites are called when working with these patients.	Gentle Persuasive Approaches is a voluntary training session for staff of all disciplines to better understand dementia and delirium, and learn more effective, gentle strategies to care for this population and reduce restraint use and code whites.
Policy and Practice	All Sites	A need for additional resources to respond to physical hazards within the hospital that could potentially injure patients, visitors and staff.	Number of Safety Specialists increased, thereby increasing the capacity of the organization to respond to hazards and barriers.
Policy and Practice	All Sites	A need for additional resources to work with staff who are experiencing occupational and non-occupational injury, or illness.	Number of Ability Services Case Managers increased to work with employees, managers, union reps and external service providers to ensure a safe, timely and sustainable return to work.

Barriers and Opportunities Identified to be Addressed in 2014-2019

Type of Barrier	Location	Description of Barrier	Strategy for Removal/Prevention
Informational and Communications	Regional Rehabilitation Centre, and Inpatient Stroke Unit	Patients on these units often have aphasia that affects their understanding of the spoken word and written language, making it difficult to understand their care team, as well as difficult to navigate around the unit.	Picture symbols to be added in key locations around the unit to provide additional information to assist patients in their communication and navigating the environment.
Informational and Communications	HHS Website	Unclear on the Website for patients and visitors planning their visit where the most accessible entrances are.	To be reviewed as part of broader ICT strategy (further details found in the *Web Accessibility* section)
Informational and Communications	All Sites	Seniors often have difficulty with hearing, and or vision.	Visual Magnifying sheets and hearing amplifiers sourced and units and departments encouraged to purchase.
Technological	Website	Currently able to adjust font size for those who are visually impaired.	Upgrades considered to make the site accessible by eReaders as well as other disability-related features to be evaluated as part of the *Web Accessibility* planning (see separate section of this document)
Physical and Architectural	All sites	No visual alarms for emergency codes.	Will include this aspect as fire alarm systems are replaced or upgraded. The HGH site will be upgraded in 2014 to provide visual alarms West Lincoln Memorial Hospital to propose upgrade of fire alarms to visual alarms.

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Physical and Architectural	All sites	Hospital's physical environment not necessarily accommodating for the unique needs of seniors.	Code Plus Environmental Assessment – the health care team examined over 100 aspects of the care environments across the St. Peters, General and Juravinski sites to determine whether they are senior friendly and are now identifying and implementing cost-effective standardized senior friendly equipment and procedures across all sites.
Physical and Architectural	Hamilton General Site	Elevators did not have voice notification of the floor arrived on or Braille for the visually impaired.	Elevators to be upgraded to include Braille and audio to indicate the floor and direction of travel.
Physical and Architectural	Hamilton General Site	The Auditorium on site did not have automatic doors to access the nearest washroom.	Two automatic doors to be added to improve washroom access.
Physical and Architectural	Hamilton General Site	Main Entrance doors have wheelchair access button but identified as an area that needed to be more accessible as it is most often used. There are no curbs cut at the front door.	New doors to be added to main entrance, changed to a faster folding model, also will improve wheelchair access.
Physical and Architectural	Hamilton General Site –	Renovation under design.	We will incorporate AODA guidelines.

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	Emergency Trauma, Triage & Orthopedic Clinic		
Physical and Architectural	Juravinski Hospital	Ramp leading up to Main Entrance meets building codes but patients in wheelchairs find it to be too steep.	Engineering to identify alternate accessible entrance.
Physical and Architectural	McMaster University Medical Center – MAAC, Pain & Diabetes Clinics	This is a new renovation, issues addressed in design.	Design includes: wheelchair accessible counters at registration / care desks barrier free washrooms accessible doors
Physical and Architectural	Chedoke Site	Wilcox building requiring barrier free upgrades.	Creation of barrier free washrooms, change rooms and waiting areas.
Physical and Architectural	New site for McMaster Children's Health Centre to start construction in 2014	Current location of Children's Treatment Centre at Chedoke posed many accessibility challenges.	New build to address accessibility in the design and location. Scheduled for completion 2015.
Physical and Architectural	Juravinski Cancer Centre - Breast Assessment Centre	New renovation, and issues are addressed in design.	Barrier free washrooms including automatic doors, wheelchair accessible reception counter, accessible seating in Waiting Room, automatic doors at main entrance.
Employment Standards	All sites	(Section 22) Must notify prospective internal and external job applicants that accommodations for applicants with disabilities will be provided on request.	Will address by adding new language (in red) to our job posting templates within Taleo. The text is as follows: Hamilton Health fosters a culture of patient and staff safety, whereby all employees are guided

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			by our Mission, Vision, Values, and Values Based Code of Conduct. Hamilton Health Sciences is a teaching hospital and all staff and physicians are expected to support students and other learners.
			To be considered for this opportunity applicants must apply during the posting period. All Internal applicants may apply online through the Careers website or by submitting a Competition Application Form. External applicants may ONLY apply via the Careers website.
			Hamilton Health Sciences is an equal opportunity employer and we will accommodate your needs under the Canadian Charter of Rights and Freedom, Accessibility for Ontarians with Disabilities Act and the Ontario Human Rights Code. Hiring processes will be modified to remove barriers to accommodate those with disabilities, if requested. Should any applicant require accommodation through the application or interview processes, please contact the Human Resources Contact Centre at 905-393-2700 for assistance.
			This competition is open to all qualified applicants, however, qualified internal applicants will be considered first. Past performance will be considered as part of the selection process. If you are a previous employee of

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			Hamilton Health Sciences, please note: the circumstances around an employee's exit will be considered prior to an offer of employment. Proficiency in both Official Languages, French and English, is considered an asset
Employment Standards	All sites	(Section 23) Employers must notify job applicants who are invited to an interview or selection process that accommodations are available on request. In addition, employers must consult with job applicants to identify the supports they might need.	Text added: required statement for acceptance by applicant for all job submissions within Taleo. The text is as follows: Hamilton Health Sciences is an equal opportunity employer and we will accommodate your needs under the Canadian Charter of Rights and Freedom, Accessibility for Ontarians with Disabilities Act and the Ontario Human Rights Code. Hiring processes will be modified to remove barriers to accommodate those with disabilities, if requested. Should any applicant require accommodation through the application or interview processes, please contact the Human Resources Contact Centre at 905-393-2700 for assistance.
Employment Standards	All sites	(Section 24) Employers must notify successful applicants of its company's policies for accommodation.	The revised Accommodation policy will be included in the new Onboarding process in the required Organization Policy review/sign off section. Step within the Onboarding process. Will address policy sign

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			off/review and is required to be acknowledged by esignature and is dates stamped accordingly by all new hire employees.
Employment Standards	All sites	(Section 28) Large employers must develop a written process to create documented, individual accommodation plans for employees with disabilities.	Health Safety and Wellness has developed and implemented a new Workplace Accommodation Policy which addresses the required elements as follows. Elements of the policy include:

Employee Participation:

2.3.1 states the successful work accommodation is dependent upon open communication, cooperation, collaboration and flexibility between all parties to the return to work process.

4.1 outline responsibilities of workplace parties. Specifically, 4.1.1. sets expectations that employees take an active role in exploring opportunities for work accommodation and participating in the Work Accommodation Program based upon identified functional abilities or Standard Precautions.

Assessed on an Individual Basis:

2.3.2. Determines the factors to be taken into consideration in the development of the Work Accommodation plan including:

- The work accommodation must be suitable (safe, meaningful |

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			and consistent with the employee's functional abilities)
			• The work accommodation should be provided in a manner that respects the dignity of the person
			• There is no compromise to their own, coworker or patient safety as a result of the work accommodation
			3.1.8. of the policy requires that all work accommodation programs be documented with clear review and end dates established in advance as determined in the RTW meeting by all participants.
			Ability to ask for a Bargaining Unit Representative to participate in the development of the plan:
			4.1 outlines responsibilities of workplace parties. Specifically 4.1.3 outlines the Union Representative's responsibilities as follows:
			• Supporting the Employee and ensuring the employee understands the Work Accommodation.
			• Ensuring the employee understands their responsibilities with regard to the program.
			• Facilitating the Work Accommodation within the

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			context and requirements of the Human Rights Code of Ontario.
			• Attending work accommodation meetings and providing input regarding the return to work plan.
			Includes how the employer can request an evaluation by on outside medical expert:
			2.3.3 of the policy states that the employer may request an evaluation by an external medical expert, at the employer's expense, to determine whether and how accommodation can be achieved.
			The steps taken to protect the privacy of the employee's personal information –
			2.2.1 of the policy ensures that throughout the process of providing work accommodation to employees, all those who are involved in assisting the employee with their program will respect the confidentiality of the employee's medical and personal information.
			- How often the individual accommodation plan will be reviewed and updated, and how this will be done -
			Section 3.0 of the policy includes a written procedure for the management of the temporary work accommodation process.

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			Appendix A outlines the required Temporary Work Accommodation process, timelines and activities. The process includes clear timelines and work accommodation program review dates at specified Intervals. 3.1.6. states that temporary accommodation may be provided for an average of 4-6 weeks duration, evaluated regularly and based on functional need.

Section 3.2 of the policy includes a written procedure for the management of long-term work accommodation.

3.2.5 of the policy requires that long term work accommodation will be reviewed on an annual basis.

If an individual accommodation plan is denied, how the reasons for the denial will be communicated to the employee:

3.2.6 notes that should long term accommodation not be possible, stakeholders will be engaged to help determine other options available which may include assisting the employee in pursuing other sources of income such as Canada Pension Plan, LTD (Long Term Disability) or other such avenues.

- How an employee will be provided with an individual accommodation plan in a |

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			format that takes into account her accessibility needs due to disability - 2.2.3 notes that alternate formats of a Work Accommodation Plan may be provided to meet an employee's accessibility needs, if required (i.e. audio, large print, etc).
Employment Standards	All sites	(section 25) Employers must inform all employees of their policies to support employees with disabilities. Employers must provide this information to new employees as soon as possible. Employers must also provide updates of existing policy changes.	HHS has developed a Health and Abilities Intranet Resource housing a number of fact sheets, information on Employee Health Services and contact numbers . The Work Accommodation Program Page includes: - Preparing for a Return to Work – Fact Sheet - Absences and Work Accommodation Brochure - Information on what an employee can expect, and how to prepare for a return to work. The Work Injury Page includes: - Steps Taken When a Workplace Injury Occurs, steps for employee and steps for managers. - Functional Abilities Form (FAF) - Letter to Health Care Provider - WSIB Brochure The Absences and Work Accommodation Brochure will be made available to all employees during orientation starting in

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			October 2013.

An Absence and Work Accommodation poster will be made available starting October 2013.

A 1.5 hour education session for all HHS Managers on the Work Accommodation/Return to Work Program is being delivered via in-class format from September 2013 to November 2013. Starting January 2014, this program will be available via an online learning format. This program is being made available to all Union Stewards upon request.

The Manager Work Accommodation Resource page contains tip sheets, success tips, the Absences and Work Accommodation Brochure, Case Manager contact numbers, a link to the a Modified Work Database (October 2013), an link to the Work Accommodation Protocol (October 2013) and Short-term Disability Protocol (October 2013).

Apart from the Manager Work Accommodation Education Session, employee communication strategies regarding the Work Accommodation Protocol are primarily in written form (posters, fact sheets, brochures, and intranet). Video and powerpoint with audio will be explored. |

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Employment Standards	All sites	(section 26) Upon receiving a request for accommodation, all employers must consult with the employee to provide job-related or other workplace information in accessible formats.	Section 2.2.3 of the Work Accommodation Policy notes that alternate formats of a Work Accommodation Plan may be provided to meet an employee's accessibility needs, if required (i.e. audio, large print, etc). Furthermore, we have reached out to our benefit providers to ensure that benefit booklets and information is available in alternative formats.
Employment Standards	All sites	(Section 27) Every employer must provide, and review when necessary, individualized workplace emergency response information to employees with disabilities. If an employee who receives individualized workplace emergency response information require assistance and with the employee's consent, the employer shall provide the workplace emergency response information to the person designated by the employer to provide assistance to the employee. Employers will provide the information required under section 27 as soon as practicable after the employer becomes aware of the need for accommodation due to the employee's	New Return to Work Plans in development will contain a section for the type of assistance required during a workplace emergency.

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		disability. Every employer shall review the individualized workplace emergency response information, • When the employee moves to a different • When the employee's overall accommodations, needs or plans are reviewed; and • When the employer reviews its general emergency response policies	
Employment Standards	All sites	(Section 29) All employers, with some exceptions, are required to develop and have in place a return to work (RTW) process for employees returning to work following a disability-related absence. Every employer, other than an employer that is a small organization: • Shall develop and have in place a return to work process for its employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work; and • Shall document the process The return to work process shall: • Outline the steps the employer will take to	Section 3.0 of the new Workplace Accommodation Policy includes a written procedure for the management of the temporary work accommodation process including employees who are returning to work from a period of absence due to injury or illness. Appendix A outlines the required Temporary Work Accommodation process, timelines and activities. The process includes clear timelines and work accommodation program review dates at specified Intervals. 3.1.1 . requires employees to advise their manager and Ability Services if work accommodation is required. The appropriate Accommodation Request Form is required for those requests which do not follow an absence from work or a work-related injury/illness. 3.1.2. notes that temporary work accommodation will be made available and offered to an employee, as appropriate,

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		facilitate the return to work of employees who were absent because their disability required them to be away from work; and • Use documented individual accommodation plans. The return to work process requirements do not override any other return to work process created by or under any other statute.	immediately following a work related injury / illness in accordance to the identified functional abilities or using standard restrictions as a precautionary measure. 3.1.3.requries that employees who are off work related to a personal illness or injury submit documentation of their functional abilities in order to assist with facilitating a modified work / work accommodation program. 3.1.8. of the policy requires that all work accommodation programs be documented with clear review and end dates established in advance as determined in the RTW meeting by all participants.
Employment Standards	All sites	(Section 28) Large employers must document an employee's RTW process and include the details in the employee's individual accommodation plan.	The new Workplace Accommodation Policy addresses this requirement by: 2.3.2. of the Work Accommodation Protocol determines the factors to be taken into consideration in the development of the Work Accommodation plan including: • The work accommodation must be suitable (safe, meaningful and consistent with the employee's functional abilities) • The work accommodation should be provided in a manner that respects the dignity of the person • There is no compromise to their own, coworker or patient safety as a result of the work accommodation 3.1.8. of the policy requires that

Type of Barrier	Location	Description of Barrier	Strategy for Removal/Prevention
			all work accommodation programs be documented with clear review and end dates established in advance as determined in the RTW meeting by all participants.
Employment Standards	All sites	(Section 30) Employer that uses performance management should take into account the accessibility needs of their employees with disabilities. Performance management means activities related to assessing and improving employee performance, productivity, and effectiveness, with the goal of facilitating employee success.	Have incorporated adding accommodation language into existing performance management process called "Talk Performance Management" that is available on the intranet to all staff: Will be amending the following documents: •Read me first •Manager FAQ section
Employment Standards	All sites	(section 31) Employers that provide career development and advancement opportunities should take into account the accessibility needs of their employees who have disabilities. This includes providing additional responsibilities within an employee's current position and the movement of an employee from one job to another in an organization that may be higher in pay provide greater responsibility, or be at a higher level in the organization or any combination of them and for	Addition of AODA language into the HR - Career Development & Promotion Policy 2.2 Procedure below: *The Hiring Manager must review individual accommodation plans or accessibility needs of the candidate to ensure their success.* 2.2.1 The Hiring Manager identifies a career development or promotion opportunity and identifies a suitable candidate. The Hiring Manager creates a job opening from the PeopleSoft Recruitment Module and identifies the position as a promotion or career development

Type of Barrier	Location	Description of Barrier	Strategy for Removal/Prevention
		both additional responsibilities and employee movement is usually based on merit or seniority, or a combination of them.	opportunity.
Employment Standards	All sites	(Section 32) Employer that use redeployment should consider the accessibility needs of their employees with disabilities. Redeployment is defined as the reassignment of employees to other departments or jobs within the organization as an alternative to layoff, when a particular job or department has been eliminated by the organization.	Investigating the use of a field in People Soft as a check field if an employee is requiring accommodation. Currently awaiting process on how to use this field and how to use this field during the redeployment process.

AODA Standards Education Plan 2013-2014

Standard	Affected	Education Modality
Information & Communications*	All staff, managers, physicians, volunteers	**All staff** - e-learning – propose to re-issue existing Customer Service content and add new information; add handbook to e-learning and make available via paper as well* **For volunteers/CSS/Nutrition** – handbook available
Design of Public Spaces	Managers	Minimal content (awareness) added to e-learning
Employment	All staff, managers, some physicians	**All staff** – e-learning as above, with paper options for CSS and Nutrition staff Will include some information on the Human Rights Code **Note:** Not applicable to Volunteers and most physicians

Proposed Timeline

January 20, 2014	Handbook in draft for review with content "owners"
January 20 to 29, 2014	Pilot of e-learning content with 8 to 10 staff including content "owners" from HR
February 17, 2014	Handbook complete and ready for distribution
February 17, 2014	E-learning and handbook made available to learners

e-learning
- All new staff assigned e-learning as part of onboarding process with completion within 2 months of start (need to confirm CSS and Nutrition process)
- All new physicians assigned e-learning as part of onboarding process with completion within 4 months of start
- All existing staff assigned centrally, with completion date of June 30, 2014
- Compliance reports will be compiled in July 2014.

Handbook
- Distributed to Volunteers, CSS and Nutrition
- Confirm tracking process for CSS and Nutrition with regards to Learning Management System

Learning Objectives

Standard	Applicable Learning Objectives
Information & Communications	• Identify various disabilities (from Customer Service Standard e-learning) • Describe resources available to support people with disabilities, especially those specific to HHS (from Customer Service Standard e-learning) • Discuss what constitutes an exemption and what flexibility is allowed • Identify how a person with a disability can provide feedback
Design of Public Spaces	• Identify what could potentially be impacted (service counters, waiting areas, etc.)
Employment	• Identify the underlying principles based on the Ontario Human Rights Code • Describe how standards will impact recruitment, career planning and performance development processes on a staff and manager basis • Discuss what work accommodation is and what it means for staff, managers and others • Define what an accommodation plan is and what it contains (including emergency preparedness information) • Discuss how an individual staff member can request an accommodation plan Note that HR, Client Services has developed a "story board" with applicable content related to the Employment Standard and has identified the various groups that will be affected. Content has been developed specifically for each group and the educational materials will be organized by target group.

*Note: Although this standard includes Educational and Training Institutions, HHS is not considered a training institution as we do not grant degrees/diplomas and we are not governed by the Education Act or the Private Career Colleges Act. However, Clinical Practice & Education will be working with its education team to learn more about developing education and training materials that are inclusive and accessible and how we can implement this as part of our educational activities for staff.

Hamilton Health Sciences Plan for Web Accessibility

Overview

The following is a breakdown of Hamilton Health Sciences (HHS) plan for meeting and maintaining the accessibility standards for it's external and internal websites as determined by the the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and Web Content Accessibility Guidelines (WCAG).

Legal Responsibilities

Hamilton Health Sciences falls under the definition of Public sector organizations, businesses and non-profit organizations (50+ staff). With this classification, we are required to meet the following accessibility standards on the associated timelines.

2014   New public websites and web content must conform with WCAG 2.0 Level A.

2021   All public websites and web content posted after January 1, 2012, must conform with WCAG 2.0 Level AA other than criteria 1.2.4 (captions) and 1.2.5 (pre-recorded audio descriptions).

In regards to the 2014 deadline, The HHS Information and Communications Technology team (ICT) has been working closely with internal stakeholder to ensure that any sites currently in development will meet these standards.   2014 will see the launching of 3-5 new external sites, all of which will conform to WCAG 2.0 Level AA standards.

In the meantime, HHS/ICT has been working with our vendor Medseek to assess the current state of our external facing website, including the limitations placed upon it because of its inherent Content Management System (CMS).

Together we have drafted an initial document to redesign this site with the following criteria

   a) Strict conformation to WCAG 2.0 Level AA standards

   b) A portable design template that will allow for ALL external facing CMS-based sites to meet these same standards

A second phase of our plan is already in the initial discussion phase, that being the redressing of our intranet (Corp web). This site will also be examined and either have a similarly new template drawn up to meet WCAG 2.0 Level AA standards or potentially replaced with another CMS system such as Sharepoint.

Associated Issue: Posting of Documents to the Web

In addition to making websites compliant to AODA standards, there is the related issue of making documents posted on the web equally accessible.

There are set steps recommended by WC3 to ensure documents are fully accessible and even offer step-by-step instructions for staff as they prepare documents for posting. These steps are available here: http://www.doi.gov/ocio/information_management/upload/Guide_for_Creating_Accessible_Documents.pdf

Implementing these guidelines will require staff education. This document will not only be made available on our corporate intranet, but also there will be a highly visible cue on the homepage of the site alerting staff to the need for and location of this document.

Our Commitment

HHS will not wait until 2021 to implement these changes and will, over the next 2 years, act proactively to meet these standards and exceed them. In addition HHS and ICT will work to continually assess its web sites and content to ensure compliance is ongoing.

Planning for AODA Legislation and Multi-Year Plan

A steering committee is in place within the hospital with the mandate to assure that HHS meets the requirements under the Accessibility for Ontarians with a Disability Act (AODA 2005). The committee includes representation from HHS Public Relations, Information Communication Technology, Facilities Management, Capital Development, Clinical Practice and Education, Human Resources, Emergency Preparedness, Patient Experience, Clinical areas and several community partners, to develop and monitor HHS's multi year plan. This committee will establish working groups to address the requirements and oversee the implementation of the standards of the AODA, while providing leadership and oversight.

Communication of the Plan

Hamilton Health Sciences Accessibility Plan will be posted on the HHS web site.

The plan is posted on the Hospital's website (www.hhsc.ca) in screen reader compatible format. It is also available through Public Relations in Braille, large print or audio format upon request. Public Relations can be reached at 905-521-2100 ext. 75387.

Review and Monitoring Process

The AODA Steering Committee will be responsible for ongoing monitoring and review of the implementation of improvements to provide enhanced service and access to persons with a disability. The Committee will also be responsible for approving corporate accessibility policies, procedures and communication materials as developed by the working groups.

Related Policies:

- Accessibility Policy

- Accessible Customer Service Policy

- Service Animal Policy

- Support Person policy

- Emergency & Disaster Management AODA Integration Policy

A copy of these policies is available upon request from the office of Patient Experience.