

Multi-Year Accessibility Plan

September 2019 - August 2021

*“A Barrier-Free Environment...
Everyone’s Right! Everyone’s Responsibility!”*

This publication is available on the hospital’s website

www.cornwallhospital.ca

and in alternative formats upon request.

Cette publication est disponible en français sous le titre

« Plan pluriannuel d’accessibilité »



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Introduction

People with disabilities represent a significant and growing part of our population. About 1.85 million people in Ontario have a disability. That's one in seven. Over the next 20 years as the population ages, the number will rise to one in five Ontarians.

In recognition of the increasing number of persons with disabilities and the aging population, the Province of Ontario enacted the Ontarians with Disabilities Act, (ODA), in September 2002. The purpose of this Act 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”.

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) provides the standards to achieve accessibility for Ontarians with a complete implementation goal date of 2025. The AODA Standards are: Customer Service implemented January 1, 2010, Integrated Standards consisting of Transportation, Information and Communications, and Employment with implementation phased in between July 2011 and 2017, and Built Environment as of January 1st, 2016.

In accordance with our Mission, Vision and ICARE values and the Multi-year Strategic Plan, Cornwall Hospital will continuously work towards providing a barrier free environment for all persons using their services.

Definitions

Disability is:

- 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;
- A condition of mental impairment or a developmental disability;
- A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- A mental disorder; or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

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.

The Accessibility Committee

The Committee reviews the current Accessibility Plan on an annual basis and includes all CCH work sites. The plan is submitted to the Senior Administration Team, the Quality and Performance Monitoring Committee and the Board of Directors for approval. The membership consists of at least five (5) core staff members. Past committee members, the community at large and other interest groups will be invited to participate and share their expertise as resource persons. The Director of Facilities Services, is appointed as Chair of the Committee. The committee members come from various disciplines within the Hospital including persons involved in renovation and construction projects.

Committee membership	Sector/Service
Chair	Director, Facility Services
1 member	Patient/Caregiver Experience Advisor
1 member	Logistics and Equipment Planning
1 member	Patient Registration
1 member	Corporate and Public Communications
1 member	Administrative Support
1 member	Nursing Management
1 member	Human Resources
1 member	Rehabilitation Services/Occupational Therapy
1 member	Community Mental Health Services

Commitment, Objectives and Implementation:

As mandated by the Ontarians with Disabilities Act (ODA), the Hospital will write, approve, endorse, submit, publish and communicate their Accessibility Plan by September 30 of every year, in consultation with people with disabilities and others. These annual plans allow our organization to integrate accessibility planning into other planning cycles.

The Accessibility for Ontarians with Disabilities Act 2005 (AODA) reporting process and procedure for the Customer Service standard was completed on March 26, 2010. Both the ODA and the AODA processes and procedures are documented in this report for coherency.

This Accessibility Plan, developed by the hospital committee, identifies the measures to be taken (and those already completed) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Hospital. This includes patients and their family members, staff, health care practitioners, volunteers and members of the community. The Plan also identifies the implementation process for the various Standards of the AODA.

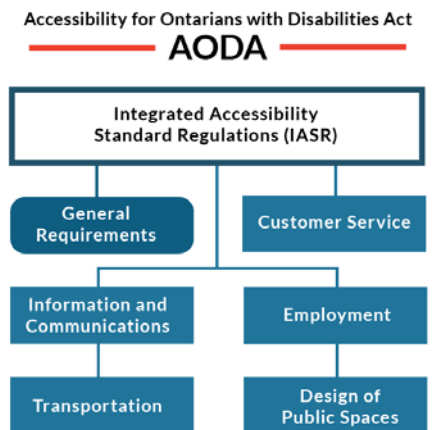
In conjunction with community, staff and other stakeholders the Accessibility Committee will assess the organization to identify, remove, and prevent barriers for all people with disabilities by ensuring the following:

- Enhance staff awareness of accessibility issues through creation of regular ongoing learning opportunities.

- The Accessibility Customer Service training is completed by all staff, volunteers, contractors and others who provide service to persons with disabilities.
- Provide ongoing opportunities to ensure ODA and AODA principles are a part of the culture of the Hospital.
- Have a strong link with the Senior Friendly, Health and Safety, Patient Safety etc. Committees to ensure compliance with the AODA and consistency throughout the facility.
- Update the current plan and continue with assessments of all sites where Cornwall Community Hospital staff work; utilizing various methods including audits (Patient Safety, Senior Friendly, Health and Safety etc.), regular Accessibility Plan review and customer/patient feedback process.
- Make this Accessibility Plan available and accessible to the public in both official languages.

As barriers are identified, they will be prioritized into a multi-year planning framework. This is an on-going continual process and will be monitored by audits.

The AODA Accessibility Standard for Customer Service is now at the implementation stage. Policies and procedures are approved and staff training is ongoing. Accessibility including the AODA's Customer Service Standard, Patient Experience Training and Senior Friendly is part of the orientation process. The AODA's Customer Service Standard and the Patient Experience Training for staff, volunteers and physicians and is required every two years. The Integrated Standards of the AODA are being reviewed and phased in.



Built environment improvements to facilities will continue to be made where technically feasible and fiscally practical. All new capital construction and renovation projects will reflect the Hospital's commitment to the removal of current barriers and the prevention of future barriers.

The prioritization is based upon:

- The impact to patient or staff safety.
- The compliance with building codes or regulations.
- The impact and relevance to our populations.
- The feasibility of addressing the barrier.
- The scope and effect of the removal.

Whether there are other plans in place to address the barrier in the future or through other means, Barrier reduction will be addressed through one of two means:

- During the routine course of hospital business at either no cost or low cost activity; or
- Via other existing hospital fiscal plans such as capital planning, major maintenance, redevelopment or renovation.



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Appendix A

A List of projects and/or Barriers to be addressed

Date Initiated	Requirement (ACT)	Due Date	Action	Plan	Status at yearly review
2005	<i>Accessibility for Ontarians with Disabilities Act (2005)</i> (AODA) to be incorporated into the Hospital Accessibility Plan	2025	Ongoing monitoring of the 5 Standards to be implemented as per information and timelines.	<ul style="list-style-type: none"> • Updated Plan submitted yearly. • Action plan modified to reflect multiyear format. • All satellite sites to be audited to ensure compliance and full accessibility. 	<ul style="list-style-type: none"> • Ongoing
2002 - 2005	General Requirements <i>Ontarians with Disabilities Act</i> and <i>Accessibility for Ontarians with Disabilities Act</i> (ODA and AODA)	2025	As equipment requires replacement it will be replaced with barrier free models/systems.	<ul style="list-style-type: none"> • Self-service Kiosks are accessible including staff computer access, banking, parking machines, and vending machines. • One of three parking machines has been replaced with an accessible model. 	<ul style="list-style-type: none"> • Ongoing
	Accessibility Compliance Reporting	Dec. 31, 2017	Online reporting for public sector organizations AODA.	Completed and in compliance for December 2017. Next report due Dec. 31 st , 2019	<ul style="list-style-type: none"> • Ongoing
	Built Environment: JMP 1 – All patients’ bathrooms – soap/ paper dispensers too high; sliding doors are hard to close by wheelchair users (physical)	2025	<ul style="list-style-type: none"> • Lower soap/ paper dispensers; Assess the sliding door issue for improvement 	<ul style="list-style-type: none"> • Accessible dispensers incorporated into the new additions and all redevelopment projects. • Sliding doors are monitored and wheels are replaced if door is difficult to open • Motion lights installed in all public washrooms 	<ul style="list-style-type: none"> • Ongoing
	Built Environment: There is no accessible washroom on Level 6 South	2025	<ul style="list-style-type: none"> • When this wing is renovated all washrooms will be updated to meet accessibility standards 	<ul style="list-style-type: none"> • Future renovation • Note that there is an accessible washroom on 6N which is available to all patients. 	<ul style="list-style-type: none"> • Ongoing



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Hôpital communautaire de Cornwall

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Appendix B

A List of projects and/or barriers that have been addressed (completed within the last 5 years)

SUMMARY OF BARRIERS IDENTIFIED AND ADDRESSED

Barrier	Strategy for its removal/prevention	Status
<i>Accessibility for Ontarians with Disabilities Act (AODA): Standard – Customer Service to be incorporated into the Hospital Accessibility Plan</i>	Research requirements for Customer Service Standard and implement compliance plan of action.	Customer Service training part of Hospital Orientation. Complete and ongoing. Customer Service Training module updated May 2017. All employees to complete a self-learning package
JMP 1 Elevator – Control button too small; hard to push. Doors close too fast and inside control buttons are hard to push (physical)	Install larger Up/Down buttons and slow speed of door closure.	Complete – meets code requirements.
JMP 2 – Light switch, and plug-ins not easily accessed (physical)	Reposition switches.	Currently meets building code requirements.
Cafeteria tables not accessible to wheelchair users (physical) –	As part of table replacement program, buy one height adjustable table per site. The tables will have the physical disability emblem visible.	Complete
Cafeteria doors heavy and hard to open from wheelchair or walker	Install automatic door openers.	Completed
No barrier free public washrooms centrally located on Level 1.	Choose the most centrally located washroom and install automatic door openers.	Complete Automatic door openers installed on the male and female public washrooms near the Tower elevators.
JMP patient washroom doors heavy and hard to operate.	Replace the sliding door track and make the handle more user-friendly.	Complete and ongoing. New nylon wheels for the track were installed and tested positively. Wheels have been ordered and will be installed on all doors. New handles are being sourced and will be installed on

Barrier	Strategy for its removal/prevention	Status
		all doors.
Feedback process not adequate or available for all staff, patients or family. Publish and advertise process, research other methods of reaching the public	Ongoing: pamphlet/brochure being created to include accessibility information and feedback form.	<ul style="list-style-type: none"> • Hospital website includes a "Contact Us" page with a patient complaint process posted. • The internal phone directory includes Accessibility coordinator contact number. • 2018 Patient Handbook includes accessibility coordinator contact number. Complete
Integrated Accessibility Standards Regulation (IASR)	Employment, Information and Communication, and Transportation (IASR) to be incorporated into the Hospital Accessibility Plan.	Policies reviewed to update and reflect AODA requirements. Complete and ongoing as policies change
Information and Communication Standard	<ul style="list-style-type: none"> • Implementation processes in place. • Discuss with Information Technology to ensure website accessible. • Ensure that the website and other materials published include a reference to alternative formats; e.g. Large print, disc, etc. • Research other methods of reaching public regarding feedback processes. 	Emergency information available in Patient Handbook, Accessibility information brochure available. Complete
Employment Standard	<ul style="list-style-type: none"> • Implementation processes in place. • Policies reviewed. • Individualized emergency response information process available as requested. 	Feedback process in place via web site and Patient Handbook. Complete
Built Environment: Chapel – Main doors too heavy and close too quickly (physical)	Built Environment: Chapel – Main doors too heavy and close too quickly (physical)	New Chapel is now open and fully accessible with an automatic door. Complete

Barrier	Strategy for its removal/prevention	Status
Built Environment: Cafeteria – Tray counter narrow with downward slope and very little space to pass hot food to seated customer (physical)	Area part of Project redevelopment. Temporary new Servery installed a larger counter with an edge and rollers	New Cafeteria is now open with automatic doors and accessible tables. Due to design, at this time, there is no space to add rollers for trays. Additional training for Cafeteria staff has been suggested to ensure the needs of those with mobility issues are being met. Accessible furniture is in place. Complete.
New equipment purchases must meet accessibility standards	The hospital has invested in the purchase of a body plethysmography box (aka body box) designed for wheelchair and ambulatory access. The box is the largest of its kind on the market. Pulmonary function testing is performed in the box or “out of the box” to accommodate the needs of all patients.	Complete
Communication / Customer Service, Training and Education reporting – Program needs to be created to train employees on the Customer Service Standard and Accessible Customer Service	<ul style="list-style-type: none"> • Self-learning package has been updated to include AODA standards. • Regular information articles posted in ‘The Pulse’ and staff learning areas. • The orientation program includes sensitivity awareness for disabilities and Customer Service processes and tips. • Senior Team and Board updated on accessibility progress. 	Complete
Customer Service, Information and Communication – All persons must be able to access information in the format best suited to their needs.	<ul style="list-style-type: none"> • Language Interpretation and Translation Services link available online for front line staff. • Our website is fully accessible and compliant with the AODA customer service guidelines, including photo description and the ability of all text to 	Complete

Barrier	Strategy for its removal/prevention	Status
	<p>be converted via software into speech, large print, symbols or simpler language via screen readers or magnifiers. The new design is also responsive, and will resize for the device on which it is being viewed.</p>	
<p>Accessibility Policies</p>	<ul style="list-style-type: none"> • Policies in place and reviewed as required (corporate procedure every 3 years). • Other policies being reviewed for Integrated Accessibility Standards Regulation (IASR), compliance (Jan 1/14). • Customer Service policies complete (2010). • All Policies including those supporting employees with disabilities are available on-line and updates/changes are published. 	<p>Complete</p>
<p>Customer Service Standard</p>	<ul style="list-style-type: none"> • Implementation processes, in place. • On-going staff education including self-learning packages. • Compliance report completed March 2010. • Ongoing monitor and review of training component and policies. • Customer Service training part of Hospital Orientation including staff and volunteers. • Training records part of personnel files (2005). • This module also included with Workplace Dignity and Respect training for staff and physicians 	<p>Complete</p>

Barrier	Strategy for its removal/prevention	Status
	2013/14. <ul style="list-style-type: none"> Customer Service Accessibility training updated May 2017. All employees to be retrained through a self-learning package 	
Building Standard	<ul style="list-style-type: none"> All satellite sites were audited and project plans created to ensure compliance and full accessibility. St. Denis Centre audited. Building has accessibility and safety issues. Health and Safety issues addressed; clients requiring accessibility are referred to other appropriate facilities as per provincial guidelines. Accessible parking incorporated to include long term lot and short term metered parking. No cost accessible parking spots located very close to Emergency Department entrance. In October 2016, all satellite Addiction Services (excluding the St. Denis Centre) were consolidated at a new building at 850 McConnell Avenue which is fully accessible. All future building projects will incorporate AODA guidelines 	Complete
Built Environment: All Elevators – No system to identify floors for clients with a visual impairment (physical) – McConnell Site	<ul style="list-style-type: none"> Install signal system to identify each floor i.e. bells. Install identification pad in Braille on the inner frame of the elevator door Braille identification pads now installed. Two new public elevators have braille, voice annunciation and larger number 	Complete

Barrier	Strategy for its removal/prevention	Status
<p>Built Environment: Accessibility in some leased spaces does not meet the current requirements of the Plan</p>	<p>displays.</p> <ul style="list-style-type: none"> • All future leased space will be evaluated and conform to the hospital's accessibility requirements. • Specific items have been addressed with landlord(s) and corrected as feasible. • Newly built Community Addiction and Mental Health Services building meets Accessibility Standards. 	<p>Complete</p>