

Accessibility Plan Hospice of Windsor and Essex County

October 1, 2014 – September 2018

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1.0 Executive Summary

1.1 Preamble

The Ontario government's goal is a fully accessible Ontario within 20 years. In 2001, The Ontarians with Disabilities Act (ODA) was passed. This was followed in 2005 by The Accessibility for Ontarians with Disabilities Act (AODA) and most recently by the Accessibility Standard for Customer Service, Ontario Regulation 429/07 (see Appendix 1). This Law came into force on January 1, 2008. This Ontario law is the first accessibility standard created under the authority of the AODA 2005, which the Province of Ontario had enacted on June 2005, to require the provincial government to work with the public and private sectors and the disabled community to jointly develop standards to be achieved in stages of 5 years or less. The preceding Ontarians with Disabilities Act, (ODA 2001) however remains in force until repealed. The purpose of this Act was 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." This Act mandated hospitals and other identified public sector organizations to write, approve, endorse, submit, publish and communicate their accessibility plans.

The Hospice of Windsor-Essex County Accessibility Plan will cover the period from October 1, 2014 to September 30, 2018. This plan is developed with references to the Accessibility for Ontarians with Disabilities Act (AODA 2005), which builds on the ODA and whose purpose is to create an accessible Ontario by 2025 through the development of standards and enforcement mechanisms. Compliance reporting on the Customer Service Standard was completed in 2010, as required by law, and ongoing customer service standard initiatives continue. Legislated standards in the areas of Information and Communications, Employment and Transportation are combined in the Integrated Accessibility Standards Regulation (2011), and the phased-in nature of the IASR is reflected in the targets and timelines in the current multi-year plan. Finally, a preliminary plan to implement the Design of Public Spaces Standard, released in draft form by the Province of Ontario in August 2012, is included in summary form within the multi-year plan, in anticipation of this standard also becoming law in 2013.

The Hospice has prepared an annual/multiyear plan pursuant to the Ontarians with Disabilities Act, 2001, which requires other public sector organizations to publish such plans each year. In addition, the Hospice, as a designated public sector organization has the obligation to record all training including the dates on which the training is provided and the number of individuals to whom it is provided. This plan has been developed with input from staff and persons with disabilities, through the Occupational Health and Safety Committee. The Hospice continually monitors its compliance and works to remove/prevent barriers to persons with disabilities.

2.0 Aim

To identify, remove and prevent barriers to people with disabilities who live, work in or use the organization, including patients and their families, staff, service providers, volunteers and members of the community. This plan documents the measures that Hospice Windsor-Essex has taken and describes the measures they plan to take in 2015, up to and including 2018.

3.0 Definitions

A “barrier” is defined as 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.¹

Architectural and **physical** barriers are features of buildings or spaces that cause problems for people with disabilities. Examples are:

- hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker
- counters that are too high for a person of short stature
- poor lighting for people with low vision
- doorknobs that are difficult for people with arthritis to grasp
- doors that are difficult to open (heavy)
- parking spaces that are too narrow for a driver who uses a wheelchair
- telephones that are not equipped with telecommunications devices for people who are Deaf, deafened or hard of hearing

Information or **communications** barriers occur when a person can't easily understand information. Examples are:

- print is too small to read
- websites that can't be accessed by people who do are not able to use a mouse
- signs that are not clear or easily understood
- a person who talks loudly when addressing a person with a hearing impairment

Attitudinal barriers are those that discriminate against persons with disabilities. Examples are:

- thinking that persons with disabilities are inferior
- assuming that a person who has a speech or hearing impairment does not understand you
- a receptionist who ignores a customer in a wheelchair

Technological barriers occur when a technology can't be modified to support various assistive devices. An example is:

- a website that doesn't support screen-reading software

Organizational barriers are an organization's **policies, practices or procedures** that discriminate against persons with disabilities. Examples are:

- a hiring process that is not open to persons with disabilities
- a practice of announcing important messages over an intercom that persons with hearing impairments cannot hear clearly²

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,

¹ A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, <http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>, p. 8

² Ministry of Community and Social Services website -

http://www.mcscs.gov.on.ca/en/mcscs/programs/accessibility/understand_accessibility/what_barriers.aspx

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, 1997.³

4.0 Description of Hospice Windsor-Essex

The Hospice Windsor-Essex, located in Windsor Ontario, plays a unique role in Windsor-Essex serving patients and their families who are living with a life-altering diagnosis. Hospice services are available to patients and families from pre-diagnosis to bereavement. The services can include wellness programs, support groups, fitness programs, counseling, education, pain and symptom management, palliative care and bereavement

Hospice currently employs approximately 60 staff which include salaried employees, part time staff, and contract/consulting staff. There are approximately 700 volunteers who serve in a variety of roles. Together we serve the Windsor-Essex Community.

Commitment to Our Patients

1. Our patients will be treated with respect and courtesy, regardless of age, color, creed or cultural background.
2. The privacy of patients will be maintained by all staff and volunteers. Knowledge shared by the patient will remain confidential unless there is a signed consent to share information.
3. We will provide information to you in a language you can understand and in terms that you can understand.
4. Patients will be a partner in the development of plans regarding their care.
5. Patients can expect reasonable accommodations for persons with special needs in accordance with legislation.
6. Patients have the right to give or refuse consent to the provision of a community service.
7. Hospice will remain true to our roots: hospitable, accepting and welcoming, responding to the needs of all who contact Hospice.
8. Hospice values good stewardship and strong partnerships.
9. Hospice will collaborate, coordinate, communicate and be consistent.
10. Hospice will strive to be a leader in research, innovation and education.

³A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, <http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>, p. 8

5.0 Establishment of Group & Membership

At Hospice, the Health and Safety Committee is the group to oversee the philosophy and requirements for the AODA and ODA, and to fulfill the obligations under the Acts. The members of the group are drawn from a cross-section of the organization. They are committed to the philosophy of the AODA and ODA and to fulfilling the obligations under the Acts. The group reports to the Management Team at Hospice.

The terms of reference for meeting the requirements of the AODA and ODA are attached as 'Appendix 2'

The group was created to:

- a) Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities.
- b) Identify barriers that will be removed or prevented in coming year;
- c) Describe how these barriers will be removed or prevented; and
- d) Prepare a plan for these activities.
- e) Once approved by the Executive Director, make the plan available to the public.

Areas Represented on the Accessibility Working Group

- Human Resources
- Program Representation
- Facilities / Maintenance services
- Patient Advocacy
- Health and Safety
- Administration
- Volunteer Services
- Centre of Excellence / Privacy Officer

6.0 Commitment to Accessibility Planning

Hospice is committed to building a diverse, accessible and inclusive organization that takes into account the principles of dignity, independence, integration and equality of opportunity to ensure that policies, procedures, practices, programs and services respect the rights and needs of persons with disabilities, and to doing so in close collaboration with persons with disabilities through:

- the continuous improvement of access to the facilities, policies, programs, practices, and services for patients and their families, staff, health care practitioners, volunteers and members of the community
- the participation of people with disabilities in the development and review of the annual accessibility plan;
- ensuring Hospice's by-laws and policies are consistent with principles of accessibility
- the establishment/presence of an accessibility working group at Hospice

The Executive Director has authorized the preparation of the accessibility plan that will enable Hospice to meet these commitments.

It is the mission and tradition of Hospice to support, educate and empower those who are affected by or are caring for a person with a life-altering diagnosis. Hospice endeavors to provide an oasis of peace, comfort and trust supporting the whole person with respect, compassion and empathy.

7.0 Barrier Identification Methodologies

The Hospice continues to assess and implement processes and initiatives to ensure access for persons with disabilities. The following are consulted/considered in the process:

- Patient and visitor feedback
- Employee input
- Accessibility surveys (questions found in the patient and family/caregiver survey, Hospice employee survey)
- Consultation with representatives from community groups to ensure solutions are as sensitive as possible to their needs
- Impact of architectural and building system elements on accessibility / current building code requirements

7.1 Progress and Recommendations

The Hospice continually assesses the need to reduce or eliminate barriers throughout the organization focusing on:

- 1) The provision of quality services to all clients/patients and their family members, Hospice employees and members of the community with disabilities
- 2) The continual improvement of access to the organization, its policies, programs, practices and services for clients/patients and their family members, staff, physicians, Hospice employees, volunteers and members of the community with disabilities
- 3) The participation of persons with disabilities in the development and review of its Plan. The fundamental foundation for ensuring the development of an accessible environment is the development of a culture that supports barrier-free access to care and services and the establishment of corporate policies and strategies that set and maintain clear expectations and resources for barrier identification and removal.

This foundation provides the basis for our future plan. As barriers are identified they will be prioritized and improvements will be made where technically feasible and fiscally practical. All new capital construction and renovation projects in the planning stage or currently underway will reflect Hospice’s commitment to the removal of current barriers and the prevention of future barriers.

The following identifies the methodology to be undertaken to identify/assess and prioritize barriers at Hospice:

Barrier Identification methodology		
Methodology	Description	Status
Working Group	Members meet to monitor and update the Plan. They provide recommendations to the Management Team regarding processes/procedures and structural changes that may be required. The group meets quarterly (or at the call of the Chair) to discuss issues related to accessibility.	Issues are brought to the Health and Safety Committee for information and follow-up
Feedback Management System	The Hospice invites feedback on accessibility through our public website through email and faxing or directly to the Director of Finance and Corporate Services. The Hospice manages and documents feedback from clients/patients, families, Hospice employees and visitors for quality improvement purposes, including feedback about accessibility. Feedback is directed to the Health and Safety	Websites monitored, emails acknowledged and forwarded to most appropriate person / department for follow-up

Barrier Identification methodology		
Methodology	Description	Status
	Committee.	
Walk About	Initiate a tour of the facilities with staff members to identify barriers that exist through organization	Conducted annually
Internet Research	Research the web sites of groups working with persons with disabilities and the barriers that their clients face. Look for these barriers within the Hospice environment.	Ongoing

7.2 Barriers Addressed since 2010

The following barriers have been addressed since 2010 up until September 30, 2014.

Type of Barrier	Description of Barrier	Strategy for Removal /Prevention
Physical	Parking	Parking lot has been resurfaced to provide improved mobility for persons with disabilities. Accessible spaces are clearly identified for access to the main building and the residential home
Communication	Way finding	Large print signs are located throughout the public areas of the building. Accessible washrooms are clearly identified.
Communication	Fire alarms	Audits are conducted by an independent source – fire alarms are both audio and visual in key areas.
Communication	Access to TTY communication devices.	One TTY device has been purchased and is available for use through the Volunteer department
Policy	Hospice policy	Revised consistent with changes in legislation. Staff/volunteers have received education on changes.

8.0 Barriers / Processes to be addressed in 2015

- 1) Conduct an Audit for continued identification of barriers.
- 2) Review all program areas to ensure barrier-free access to public spaces (e.g. washrooms, meeting rooms, reception etc.)
- 3) Re-launch mandatory learning program to ensure staff and volunteers understand the needs of persons with disabilities.
- 4) Develop a Guidebook for staff and volunteers.
- 5) Review web contact for compliance with WACG Level A compliance, consistent with new or pending legislation.
- 6) Review/Audit signage for way-finding to ensure accessibility requirements are met

8.1 Accessibility Improvement Plan 2015

The Hospice continues to review its processes and make changes in order to ensure accessibility to its programs and services. The following outlines activities to be undertaken for 2015 and up to 2018.

Legend:			
ADMIN	Administration	COE	Centre of Excellence
HR	Human Resources	CEAD	Community Engagement and Advancement Department
IT	Information Technology	HS	Health and Safety
VOL	Volunteer Department		

Part I – General Requirements

AODA/IASR 191/11 Section 7 Compliance: Jan 1, 2014	ACTION PLAN	Timeline and Responsibility
7.1 Provide training on IASR accessibility standards and Human Rights Code All employees, volunteers, persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization, receive training	Review learning module as required. Collaborate with Volunteer Department to ensure ongoing training/ education of volunteers Develop and launch Accessibility Communications Strategy across the organization	Ongoing – COE 2014 and ongoing - AWG, Volunteer Services 2014-2017 CEAD

AODA/IASR 191/11 Section 7 Compliance: Jan 1, 2014	ACTION PLAN	Timeline and Responsibility
	Develop and Accessibility Guide Book for use by programs and volunteers New employees receive 30 minutes of disability awareness education during orientation.	2015 - COE Ongoing - COE
7.3 Deliver training as soon as practicable	Education is initiated on hire and is ongoing as required. A learning module is to be completed by all staff during their orientation. Volunteers also have a session in their training that focus on accessibility	Ongoing – COE and VOL
7.5 Record of training	Keep current record of all training activities	Ongoing – COE and VOL

Part II – Information and Communication Standards

AODA/IASR 191/11 Section 11 Compliance: Jan 1, 2014	ACTION PLAN	Timeline and Responsibility
11.1 Ensure feedback processes are accessible by accessible formats and/or communication supports upon request	A wide variety of options are available for people to provide feedback on accessibility <ul style="list-style-type: none"> • Report out to the Health and Safety Committee and the Management team identifying issues and recommending action plans • Solicit feedback on accessibility through multiple channels – direct patient/family input, on line, by phone, fax, email and, patient/family caregiver surveys etc. 	2014 and ongoing Accessibility lead –Director of Finance and Corporate Services CEAD Other
11.3 Notify the public about the availability of accessible formats and communication supports	Insert statement regarding availability of alternate formats in all communications regarding feedback processes	2014 CEAD, HS

AODA/IASR 191/11 Section 11 Compliance: Jan 1, 2014	ACTION PLAN	Timeline and Responsibility
	Audit for way finding – conduct annual audit	2015 - HS COE
AODA/IASR 191/11 Section 12 Compliance: Jan 1, 2014		
12.1 Provide accessible formats and communication supports for information Information in accessible formats and/or using communication supports provided: <ul style="list-style-type: none"> - In a timely manner that takes into account the persons accessibility needs due to disability and - At a cost that is no more than the regular cost charged to other persons 	<p>Accessible PDFs with WCAG 2.0 Accessible PDF forms with WCAG 2.0</p> <p>Testing Phase to begin with the Accessibility guide and then to roll out to other forms</p> <p>Create a standard process for requesting alternate format, request form and online request form for patients and staff</p> <p>Convert client/patient information and forms to Accessibility Compliant PDF format that can be used by screen readers, Braille machines; and large print formats (where feasible) – make available as requested</p> <p>Investigate accessibility options for non-print formats of communications (e.g. text for hearing impaired, captioning, audio captioning etc)</p>	<p>2014 – CEAD</p> <p>2014-2015 - CEAD</p> <p>2014 – CEAD</p> <p>2014-2016</p> <p>2014-2017 CEAD, Director. Finance and Corporate Services</p>
12.2 Consult with person requesting alternate format	Integrate consultation with the requestor into the standard process for requesting alternate format	Ongoing
12.3 Notify public of availability of alternatives as they become available Post notices of the availability of alternate formats and communication supports on : <ul style="list-style-type: none"> - Internal and External website - Patient Services Directory 	Develop messaging and integrate appropriate wording/statement for website, signage, patient services guide and other means for communication	2014 and as developed

AODA/IASR 191/11 Section 11 Compliance: Jan 1, 2014	ACTION PLAN	Timeline and Responsibility
<ul style="list-style-type: none"> - Volunteers - Signage - Pamphlets 		
AODA/IASR 191/11 Section 14 Compliance: Jan 1, 2014 (Level A) Compliance: January 1, 2021 (Level AA)		
14.1 Ensure Internet and Intranet websites and web content conform to WCAG 2.0 guidelines (Web Content Accessibility Guidelines at the following levels: <ul style="list-style-type: none"> - New websites and web content to Level A by January 1, 2014 (14.4) - All websites and web content to Level AA by January 1, 2021 (other than live captions and audio descriptions (14.4) 	<p>Consult with external consultant for web services re WCAG compliance</p> <p>Conduct GAP analysis of current external website by evaluating current status relative to CAP 2.0 level A</p> <p>Develop ongoing plan to make any necessary changes or upgrades to ensure level A as new web pages are created</p> <p>Conduct end stage evaluation website once redesigned to ensure compliance</p> <p>Determine necessary upgrades for Level AA compliance and create plan</p>	<p>completed</p> <p>2015 – CEAD</p> <p>ongoing – CEAD</p> <p>CEAD</p> <p>2015-2018 - CEAD</p>

Part III - Employment Standards

AODA/IASR 191/11 Section 22*24, 26, and 32 Compliance: January 1, 2014 Employment Standards	ACTION PLAN	Timeline and Responsibility
Ensure availability of accommodations in recruitment, selection, hiring processes	Develop strategy for integrating recruitment, selection and hiring processes with information	Ongoing - HR

AODA/IASR 191/11 Section 22*24, 26, and 32 Compliance: January 1, 2014 Employment Standards	ACTION PLAN	Timeline and Responsibility
Consult with individual on determining necessary accommodations Include accessibility considerations in redeployment processes Provide accessible formats and communication supports for job or workplace information upon request	concerning accommodations Develop process/policy for involving individual in determination of necessary accommodations Develop strategy for addressing accessibility considerations in redeployment processes Develop process for the request of workplace information in alternate format and/or with communication supports and implement	
AODA/IASR 191/11 Section 25 Compliance: January 1, 2014		
25.1 Inform employees of policies supporting employees with disabilities	Develop method of informing employees of policies supporting employees with disabilities	2014 and ongoing – HR
25.2 Provide this information to new employees as soon as practicable after hiring	Updated orientation to add basic information on accommodation and return to work during orientation	2013 and ongoing – HR
25.3 Provide updated information on accommodations policies to employees when changes occur	Accommodation and return to work policies available to staff	2014 – HR
AODA/IASR 191/11 Section 28 Compliance: January 1, 2014		
28.1 Develop written process for documented individual accommodation plans	Review and update procedures for accommodations	2013 and ongoing – HR

AODA/IASR 191/11 Section 22*24, 26, and 32 Compliance: January 1, 2014 Employment Standards	ACTION PLAN	Timeline and Responsibility
28.2 Include prescribed elements in process	The above process is to include all prescribed elements	2013 and ongoing – HR
28.3 Individual accommodations plans shall: - Include an information regarding accessible formats and communications supports provided, if requested - Include individualized workplace emergency response information is required - Identify any other accommodation that is to be provided	As prescribed elements will be included as required by individual	2013 and ongoing – HR
AODA/IASR 191/11 Section 29 Compliance: January 1, 2014		
29.1 Develop a documented return to work process	Review/update return to work policy and processes as required	2013 and ongoing – HR
29.2 Include steps the employer will take to facilitate return to work and use documented individual accommodation plans	Review policy and processes as required for work and non-work return to work programs	2013 and ongoing – HR
AODA/IASR 191/11 Section 30 Compliance: January 1, 2014		
30,1 Include accessibility considerations in performance management processes The use of the performance management processes takes into account the accessibility needs of employees with disabilities, including	Review performance process and identify opportunities for integration of accessibility criteria Ensure that the performance tools will be available in alternate formats and/or communication support, upon request	October 2013 and ongoing –HR 2014 – HR

AODA/IASR 191/11 Section 22*24, 26, and 32 Compliance: January 1, 2014 Employment Standards	ACTION PLAN	Timeline and Responsibility
existing accommodation plans	Develop questions(s) that ensure accessibility needs are identified and addressed in the process Integrate questions into the performance management tool Integrate question into the probationary assessment	2014 – HR 2015 – HR
AODA/IASR 191/11 Section 31 Compliance: January 1, 2014		
31.1 include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position The use of the performance tool will identify any barriers due to disability relative to career development and prompts discussion o accommodation or supports needed	Review process and identify opportunities for integration of accessibility criteria within career development section Develop question(s) that ensure accessibility needs are identified relative to career development, including additional responsibilities/opportunities within current position Integrate questions into performance management tool	2013 and ongoing, HR Ongoing – HR 2014 - HR
AODA DRAFT Design of Public Spaces Standard (not yet legislated)		
S. 80I16, 80.22, 80.33, 80.37, 80.39-80.42 Technical requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or	Identify stakeholders involved in development, redevelopment, design, renovation and maintenance of public spaces and share information on status of built Environment standards	2012-2017 ongoing ADMIN, Facilities, Maintenance

AODA/IASR 191/11 Section 22*24, 26, and 32 Compliance: January 1, 2014 Employment Standards	ACTION PLAN	Timeline and Responsibility
renovation, in all relevant areas including: <ul style="list-style-type: none"> - Accessible parking - exterior paths or travel - outdoor public use eating areas - service counters - fixed queuing guides - waiting areas maintenance - elevators - doorways 	<p>Identify and inform relevant stakeholders of proposed new standards for Accessible Parking</p> <p>New standards implemented as they are made law</p> <p>Identify current maintenance schedules for interior and exterior spaces</p> <p>Identify the need to add new maintenance as per requirements of AODA, once proposed standards are legislated</p> <p>Conduct assessment to ensure installation of visual fire alarms in all appropriate public areas.</p> <p>Investigate the feasibility of auditory indicators in the existing elevators (currently the use of the elevators by clients/patients requires the presence of staff accompaniment as a key is required to operate)</p>	<p>Facilities – 2015-16</p> <p>Facilities - 2016</p>

Part IV - Transportation

AODA/IASR 191/11 Section 76(1)	ACTION PLAN	Timeline and Responsibility
<p>Designated public sector organizations described in paragraphs 2, 3 and 4 of Schedule 1 that are not primarily in the business of transportation, but that provide transportation services, shall provide accessible vehicles or equivalent services upon request. O. Reg. 191/11, s. 76 (1)information upon request</p>	<p>Hospice provides a volunteer transportation service to its clients. Where accessible transportation is required – equivalent services are available. Hospice will arrange for accessible vehicles to provide the transportation service. When the Hospice vehicle requires replacement – the feasibility of purchasing an accessible vehicle will be investigated</p>	<p>2016-2018 - HS</p>

9.0 Review and Monitoring Process

Accessibility planning is an important means of improving both the safety and quality of service delivery to the populations we serve, of attracting and retaining employees, and of increasing efficiency of our operations. The Health and Safety Committee and the Director of Finance and Corporate Services will assume responsibility for the monitoring and evaluation of current plans and for the development of subsequent annual plans.

Specifically, Health and Safety committee will:

- Evaluate the previous year's results against the identified targets
- Ensure the inventory of new barriers is updated and prioritized
- Ensure implementation strategies are identified and carried out
- Present plans and annual reports to the Management Team for discussion, and further recommendations for implementation

The Health and Safety Committee will liaise directly with programs/services to achieve these objectives when appropriate. The committee will provide updates to the Management Team on a quarterly basis or as required. All accessibility planning documentation and reporting will be available in alternate formats and/or with communication support, upon request.

The multi-year plan was developed for the period 2014-2018. Hospice is committed to revising the plan to include the period up to 2021 when all regulations/legislation are to be fully implemented.

10.0 Communication of the Plan

The 2013-17 multi-year accessibility plan will be posted on the websites of Hospice to:

- To publicly communicate the Accessibility Plan as required by the Ontarians with Disabilities Act.
- To share the progress Hospice is making to improve access for people with disabilities.

The multi-year accessibility plan has been produced using formatting that will facilitate conversion to alternate formats such as large font. The plan will be made available in alternate format and/or with communication support, upon request.

10.1 Theme and Key messages

Theme

The Hospice Windsor – Essex County has responded to *The Ontarians with Disabilities Act* by developing its seventh Accessibility Plan. The identification and removal of barriers, be they attitudinal, physical, architectural, informational, communicational, technological, a policy or a practice is the first step in the journey of making our facility more accessible to staff, patients and the community-at-large. Accessibility for all our stakeholders is an integral part of our vision, and our values of compassion, respect for the individual, working together and of commitment to quality.

Key Messages

- The Health and Safety Committee at Hospice is required to prepare accessibility plans in consultation with people with disabilities and others, and make them public in accordance with the Ontario Government – Ontarians with Disabilities Act.

- A Health and Safety Committee is accountable for identifying and recommending changes to the Management Team that will result in the removal barriers.
- The Committee is responsible for the development of Accessibility plans will allow The Hospice to integrate accessibility planning into other planning cycles.
- The Hospice is committed to the continual improvement of access to buildings/facilities, policies, programs, practices and services for people with disabilities.

The removal of barriers means that:

- Services, policies and procedures will meet the needs of all people
- All people, including the elderly will be better served
- More people will have access to information resources

11.0 Compliance with Customer Service Standards

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
1. Establish policies, practices and procedures on providing goods or services to people with disabilities.	Accomplished as laid out in the mission statements of the organization	Ongoing.
2. Set a policy on allowing people to use their own personal assistive devices to access your goods and use your services and about any other measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.	This standard is met	A policy directly stating that persons with a disability (PWD), need and use personal devices to access, and benefit from our services must be developed and publicized throughout the Hospice by 2010.
3. Use reasonable efforts to ensure that your policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.	All new employees receive 30 minutes of disability awareness education during orientation. Volunteers receive education during the required training in order to volunteer with Hospice.	Education is ongoing. All employees are required to complete a mandatory learning module from the
4. Communicate with a person with a disability in a manner that takes into account his or her disability.	Accessibility Guide developed to support communications	Education is ongoing. Alternative formats for information to give to PWD are available upon request and are based on the individual's needs.
5. Train staff, volunteers, contractors and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.	As described above, e-learning modules and accessibility guide	Education is ongoing.

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
6. Train staff, volunteers, contractors and any other people who are involved in developing your policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service	As described above, staff complete a learning module and volunteers receive a presentation on accessibility standards.	Education is ongoing.
7. Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public, unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.	100% compliance	Policy developed
8. Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.	100% compliance	Achieved
9. Where admission fees are charged, provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability.	Not applicable to our sector.	N/A
10. Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.	Education and orientation sessions support this	Education is ongoing. Policies developed that ensures when usual plans are not operating, accessible alternatives are well publicized and marked.

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
11. Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public. ⁹	Website is monitored daily and questions and feedback are acknowledged and forwarded to the required individuals, departments and services. Patient/Caregiver survey includes questions on accessibility. Departmental surveys and feedback forms have been developed and will be distributed widely and the information is shared appropriately.	Ongoing
12. Document in writing all your policies, practices and procedures for providing accessible customer service and meet other document requirements set out in the standard.	Ongoing review and revision	Completed – annual review occurs.
13. Notify customers that documents required under the customer service standard are available upon request.	This information is printed on the front page of the accessibility plan and as posted on the Web site.	Ongoing
14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person’s disability	Education sessions to disability awareness and accessibility improve these outcomes. Client input is sought on best available means to accommodate their needs.	Ongoing

Appendix 1 – Customer Service Standards

The Customer Service standard requirements that apply to all providers are as follows:

1. Establish policies, practices and procedures on providing goods or services to people with disabilities.
2. Set a policy on allowing people to use their own personal assistive devices to access your goods and use your services and about any other measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.
3. Use reasonable efforts to ensure that policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.
5. Train staff, volunteers, contractors and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.
6. Train staff, volunteers, contractors and any other people who are involved in developing policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.
7. Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public, unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.
8. Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.
9. Where admission fees are charged, [provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability].
10. Provide notice when facilities, goods or services used by people with disabilities are temporarily disrupted.
11. Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.

Public sector organizations and providers with 20 or more employees are further required to:

12. Document in writing all your policies, practices and procedures that govern accessible customer service and meet other document requirements set out in the standard.
13. Notify customers that documents required under the customer service standard are available upon request.
14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person's disability.

A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001,

<http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>,

http://www.mcsc.gov.on.ca/mcss/english/pillars/accessibilityOntario/what/AODA_guide.htm

<http://209.167.40.96/page.asp?unit=cust-serv-reg&doc=guide&lang=en>

Appendix 2 - Health and Safety Committee – Terms of Reference for Accessibility - Draft

Purpose:

To oversee the development, review, implementation and evaluation of the organizations' Accessibility Plan

Functions:

The Committee will:

1. Have an understanding of the organizations' facilities, by-laws, legislation, policies, programs, practices and services
2. Have an understanding of the barriers to access issues for people with disabilities
3. Review recent initiatives and successes in identifying, removing and preventing barriers
4. Identify barriers that may be addressed in the coming year
5. Set priorities and develop strategies to address barrier removal and prevention
6. Make recommendations to the Management Team on the priorities to be addressed each year.
7. Develop and monitor the annual/multi-year plan

Membership:

Representation from:

- Health and Safety
- Human Resources
- Program Representation
- Facilities
- Patient Advocacy
- Volunteer Services
- Administration
- Centre of Excellence / Privacy Officer

Input from:

- Staff and Volunteers work groups as required
- Community members with disabilities
- Community Groups as required

Meeting frequency: Quarterly or at call of the Chair

Reports to: The Quality Council

Appendix 3 – Policy

THE HOSPICE OF WINDSOR & ESSEX COUNTY INC

Number: ADM –017

SUBJECT: ACCESSIBLE CUSTOMER SERVICE STANDARD

DATE ADOPTED: September 21, 2010

PURPOSE: The purpose of this policy and the related procedural guidelines is to establish accessibility standards for patient, family, volunteer and guest service that ensures respect, dignity and equality for persons with disabilities, in accordance with Accessibility for Ontarians with Disabilities Act, 2005 and Accessibility Standards for Customer Service, Ontario Regulation 429/07 by all agency staff.

POLICY: All staff will follow the established procedural guidelines that ensure that The Hospice of Windsor and Essex County Inc. communicates with people with disabilities in ways that take into account their disability and respect their independence and dignity.

PROCEDURE: The Hospice of Windsor & Essex County Inc. will provide this policy and procedural guideline information to all persons, upon request, in a format requested by the person.

Staff and other representatives of the agency will receive Accessible Customer Service training regarding the purpose of the Accessibility for Ontarians with Disabilities Act and other areas as outlined in the “Accessible Customer Service Standard: Procedural Guidelines” under the staff training section.

A copy of the guidelines will be kept in each department.

ACCOUNTABILITY: The Executive Director or designate shall be responsible for insuring that this policy is implemented and receives regular monitoring.

DEPARTMENTAL RESPONSIBILITIES:

The Directors will ensure that all staff understand and are made aware of this policy and ensure compliance with the policy.

Training will be conducted on an on-going basis as changes arise in the Act.

Accessible Customer Service Standard

Procedural Guidelines

Use of Service Animals

A person with a disability who is accompanied by a guide dog or other service animal is permitted to enter the Hospice of Windsor and Essex County premises and expected to keep the animal with him or her during their visit. Staff, volunteers and other individuals dealing with the public will be properly trained on accessible customer service standards with regard to the use of service animals. If a service animal is excluded by law from being on the premises, The Hospice of Windsor and Essex County will make every effort to ensure the person with a disability can obtain services.

Use of Support Persons

A person with a disability, accompanied by a support person will be permitted to enter the premises together. The person with a disability will have access to the support person while receiving services. The Hospice of Windsor and Essex County may require the support person to sign privacy and confidentiality documentation depending on the type of service received by the person with a disability. Support persons are encouraged to accompany the person with a disability in order to ensure their health and safety or the health and safety of others on the premises. The Hospice of Windsor and Essex County will consider all requests submitted by persons with disabilities regarding the attendance of their support persons at a Hospice sponsored event.

Use of Assistive Devices

The Hospice of Windsor and Essex County allows the use of physical assistive devices (wheelchairs, walkers, oxygen tanks) and provides communication assistive devices (TTY phone) on its premises.

Notice of Temporary Disruptions

The Hospice of Windsor and Essex County's notice of temporary disruption of any of its services will include information about the reason for the disruption, its anticipated duration and if possible or applicable a description of alternative facilities or services that are available. Notice will be provided for public view near the location of the disruption or by any other means deemed reasonable in the circumstances.

Training for Staff

The Hospice of Windsor and Essex County will provide training to all employees, volunteers, students and others who deal with the public or any other third parties acting and representing on their behalf. Board members involved in the development, reviews and approvals of policies and procedures, will also receive training during their initial orientation. If the work placement is temporary, The Hospice of

Windsor and Essex County will ensure and may request proof of most recent training from the persons working on the premises or publically representing The Hospice of Windsor and Essex County.

Staff who work with members of the public or other third parties will receive Accessibility training that will include:

1. A review of the purpose of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the Accessible Customer Service Standard.
2. Guidelines for interacting and communicating with persons with various types of disabilities.
3. Guidelines for interacting with persons with disabilities who use assistive devices or require the assistance of a support person, guide dog or other service animal.
4. Guidelines for using equipment or devices available on The Hospice of Windsor and Essex County's premises or otherwise provided by The Hospice of Windsor and Essex County that may help with the provision of programs or services to a person with a disability.
5. Guidelines for proper initiating and responding if a person with a particular type of disability is having difficulty accessing The Hospice of Windsor and Essex County's programs or services.

AODA Accessible Customer Service Standard training will be provided to each person as soon as is practicable and will be provided on an ongoing basis for updates on legislation, changes to the agency policies, practices and procedures governing the provision of programs or services to persons with disabilities. Staff completion of training certificates will be kept in the personnel files. Letters or documents of proof of training from contractual service providers will be kept on file as well.

Feedback Process

- (1) The Hospice of Windsor and Essex County will invite its visitors to provide feedback and will survey patients, caregivers and employees twice yearly with a question on accessibility.
- (2) The Hospice of Windsor and Essex County will respond to the feedback within a maximum time period of 5 days and in a format that takes into account accessibility concerns.

Methods by which The Hospice of Windsor and Essex County receives and responds to feedback include:

- a. in person;
- b. by telephone;
- c. in writing (using the Feedback Form) /or by delivering an electronic text by email;
- d. on diskette, or otherwise;
- e. TTY telephone;

SAMPLE FORMS

The following provides a sample of forms developed by Hospice to ensure appropriate communication and to guide staff in the development and use of materials to notify the public and to obtain input from persons with disabilities. As required, other forms and materials will be developed as required consistent with the needs of persons requiring accessible materials/notices.

DISRUPTIONS IN SERVICE- Public Notification

(Date): M/D/Y

Sample 1:

Dear visitors,

The following _____ (program/service) is currently unavailable. We expect to have _____ (program/service) available within _____ (days/hours, etc).

In the interim, we have made arrangements for our visitors to use _____ at the following location: _____.

We apologize for any inconvenience.

Thank you.

Management

Sample 2:

Dear visitors,

Our _____ is out of service due to _____. A repair person will be on the premises tomorrow _____ to fix it.

In the interim, we have made arrangements for our guests to use _____ at the following location _____.

We apologize for any inconvenience.

Thank you.

Management

Visitor Feedback Form

Thank you for visiting The Hospice of Windsor and Essex County. We value all of our friends and strive to meet everyone’s needs.

Please tell us the date and time of your visit:

Date: _____

Time: _____

Did we respond to your needs today?

YES

NO

Was our service to you provided in an accessible manner?

YES

SOMEWHAT

NO (please explain)

Did you have any problems accessing our staff and services?

YES (please explain)

SOMEWHAT (please explain)

NO

Please add any other comments you may have:

Contact information (optional)*:

Thank you.

Director of Finance and Corporate Services.

Notice of Feedback Process

Dear valued friends of Hospice,

We strive to improve accessibility for our visitors with disabilities. We welcome your feedback. Please call 519 974-7100, email information@thehospice.ca or visit our website at www.thehospice.ca and download our **Feedback Form** to share your comments or to request a copy of our accessibility policy and guidelines.

Thank you.

Management

Record of Visitor Feedback

Date of feedback received: _____

Name of visitor [optional]: _____

Contact information (if appropriate)*: _____

Details:

Follow -up:

Action(s) to be taken:

Staff Member: _____

Date: _____