



Accessibility Plan Hospice of Windsor and Essex County

October 1, 2019 – September 30, 2024

This publication is available our Web site at www.thehospice.ca

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1.0 Executive Summary

1.1 Preamble

The Ontario government's goal is a fully accessible Ontario. 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, which came into force on January 1, 2008, requires 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 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." This Act mandates 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, 2019 to September 30, 2024. This plan is developed with references to the Accessibility for Ontarians with Disabilities Act (AODA 2005), whose purpose is to create an accessible Ontario by 2025. Compliance reporting on the Customer Service Standard was completed in 2017, as required by law. The next report will be submitted in December 2019. 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. Related to the *design of public spaces*, references for accessibility are being incorporated into "new builds."

The Hospice has prepared an annual/multiyear plan pursuant to the Ontarians with Disabilities Act, 2001. 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 for persons 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 2019, up to and including 2024.

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 persons 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; or
- 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 that 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; or

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; or
- 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 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

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

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 Inc. supports patients and their families who are living with a life-altering or life limiting diagnosis, and those nearing end-of-life. The services can include wellness programs, support groups, counseling, education, pain and symptom management, home based end-of-life palliative care, residential home care for those at end of life, and bereavement.

Hospice currently employs approximately 60 staff that includes: salaried employees; part time staff; and contract/consulting staff. There are approximately 900 volunteers who serve in a variety of roles at two locations located in the Windsor and Leamington communities.

Together we serve the Windsor-Essex Community.

Commitment to Our Patients

1. Clients/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. Information will be provided to clients in a language they can understand and in terms that they can understand.
4. Clients/patients will be partners in the development of care plans.
5. Clients/patients can expect reasonable accommodations for persons with special needs in accordance with legislation.
6. Clients/patients have the right to give or refuse consent.
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 strive to be a leader in research, innovation and education.

5.0 Accessibility Committee / Membership

At The Hospice, the Health and Safety Committee is the group that is committed to the philosophy of AODA and ODA; and the requirements in order to fulfill the obligations under the Acts. The members of the group are drawn from a cross-section of the organization. The group reports to the Director of the Centre of Excellence and the Leadership Team at The Hospice.

The group was created to:

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

- a) Review policies, practices, services and the physical environment that cause or may cause barriers to persons with disabilities.
- b) Identify barriers that will be removed or prevented in coming year;
- c) Provide recommendations as to how these barriers will be removed or prevented; and
- d) Once approved, report on the outcomes of any changes in the multi-year plan and ensure the plan is made available to the public.

The committee is represented by:

- Nursing
- Social Work
- Volunteer Services
- Quality/Risk
- Marketing and Communications
- Facilities/Maintenance
- Information management/technology
- Administration

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

6.0 Commitment to Accessibility Planning

The 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, and ensures that policies, procedures, practices, programs and services respect the rights and needs of persons with disabilities. This is achieved through the Accessibility Committee and by working in collaboration with persons with disabilities (staff, volunteers, clients/patients and families) to:

- improve access to the facilities, policies, programs, practices, and services;
- enable the participation of people with disabilities in the development and review of the annual accessibility plan as feasible;
- ensure Hospice's by-laws and policies are consistent with principles of accessibility; and

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

7.0 Barrier Identification Methodologies

The Hospice continues to assess and implement processes and initiatives to ensure access for persons with disabilities. The following methodologies are used to identify barriers:

- Patient and visitor feedback
- Employee input
- Surveys (questions found in the patient and family/caregiver survey, Hospice employee survey)
- Impact of architectural and building system elements on accessibility / current building code requirements

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

Barrier Identification methodology		
Methodology	Description	Status
Working Group	<p>Committee members review/update the plan and provide recommendations to the Leadership Team.</p> <p>Accessibility concerns are noted through the health and safety inspections completed monthly.</p> <p>Capital items are forwarded to the Property and Capital Management Committee.</p>	<p>The committee meets quarterly (or at the call of the Chair).</p> <p>Capital items forwarded to the Finance Director for inclusion in the capital plan.</p>
Feedback Management System	<p>The Hospice invites feedback on accessibility through our public website, through email and faxing or directly to staff. The Hospice documents feedback from clients/patients, families, Hospice employees and visitors. Feedback is directed to the Health and Safety/Accessibility Committee.</p> <p>Annual surveys conducted with patients, families and volunteers provide an opportunity to provide feedback related to accessibility concerns.</p>	<p>Websites monitored, emails acknowledged and forwarded to most appropriate person or committee for follow-up</p> <p>Survey results re accessibility are reported to the committee for discussion</p>
Walk About	Tour of the facilities with staff members to identify barriers that exist through organization	Conducted annually

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, and Hospice employees;
- 2) access to the organization's programs and services for clients/patients and their family members, staff, volunteers and physicians;
- 3) the development of a culture that supports barrier-free access to care and services; and
- 4) the establishment of corporate policies and strategies that support barrier free access.

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.

7.2 Barriers Addressed since 2015

The following barriers have been addressed since 2015 up until September 30, 2019.

Type of Barrier	Description of Barrier	Strategy for Removal /Prevention
Physical	Parking	<p>Parking lot repairs to improve mobility for persons with disabilities.</p> <p>Accessible spaces are clearly identified for access to the main building and the residential home</p>
Communication	Way finding	<p>Large print signs are located throughout the public areas inside the building.</p> <p>Accessible washrooms are clearly identified.</p>

Type of Barrier	Description of Barrier	Strategy for Removal /Prevention
Communication	Fire alarms	Audits are conducted by an independent source – fire alarms are both audio and visual in key areas where the public have access.
Communication	Access to TTY communication devices.	One TTY device has been purchased and is available for use through the Volunteer department.
Accessible doors	Public washrooms	The public washrooms and been retrofitted so that doors are now accessible.
Policy	Hospice policy	Revised consistent with changes in legislation. Staff/volunteers have received education on changes. Policy is reviewed annually.

8.0 Accessibility Improvement Plan 2019-2024

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 2019.

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		

The following template was adopted from the Accessibility Ontario). Part I of the plan identifies the key IASR standards/requirements and when they were required to be implemented, and their status. Part II of the plan identifies barriers to be address between 2019 – 2014.

Part I – General Requirements

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
<p>Create policies and procedures for each standard</p> <p>This includes allowing people to use their own personal assistive devices to access services.</p> <p>Ensure policy/procedures are consistent with the core principles of independence, dignity integration and equality of opportunity.</p>	2014-Jan-01	<p>Develop policies consistent with legislation and service recipient or staff needs identified.</p> <p>Policies reviewed at AODA Committee meeting and the Leadership Team.</p> <p>Provide continuous education to staff and volunteers.</p>	<p>Director, Centre of Excellence</p> <p>Accessibility Committee</p> <p>Policy Completed and posted in 2014</p> <p>Reviewed annually in July/August.</p>	NA	COMPLETED
Create multiyear accessibility plan	2014-Jan-01 2019-Sept-30	<p>Completed</p> <p>Review / revise current plan and present to Accessibility Committee.</p>	<p>September 30, 2019</p> <p>Director Centre of Excellence / Accessibility Committee</p> <p>Post Plan to website</p>	NA	Will be completed and posted by October 1, 2019.

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
Consider accessibility features when designing, procuring or acquiring self-kiosks	2014-Jan-01	Hospice does not utilize self-kiosks	NA	NA	NA
<p>Provide training on IASR accessibility standards and Human Rights Code</p> <p>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</p>	2015-Jan-01	<ul style="list-style-type: none"> • Review learning module as required. • Education is initiated on hire. New employees receive 30 minutes of accessibility awareness education during orientation. A learning module is completed (along with a quiz). • Volunteers - During the 30 hours of training, the volunteers have a session that focuses on accessibility. • Board members - receive training during their orientation. • Everyone receives updates when the legislation changes. • 3rd parties and contractors are required to provide evidence of training or complete organizational training. <p>All training is recorded – certificates are placed in the HR files for all staff once the learning module and quiz are completed. List is maintained on an Excel spreadsheet.</p>	<p>Director, Centre of Excellence Coordinator, Volunteer Recruitment</p> <p>2019 - Learning module reviewed/revised</p> <p>2020 – 2021 – review learning module and make changes as appropriate.</p>	NA	<p>COMPLETED</p> <p>Education is ongoing.</p>

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
Complete Government accessibility report	2017-Dec-31 2019- Dec 31	Report to be completed (electronically)	Director, Finance and HR 2019 report –complete by 2019-Dec-31	NA	2017 - Complete 2019 – not yet due

Information and Communication Standards

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
<p>Establish a process for people to provide feedback on how you provide services to persons with disabilities and how you will respond to any feedback and take action on any complaints.</p> <p>Ensure information about your feedback process is readily available to the public.</p>	2015-Jan-01	<p>A variety of options are available for people to provide feedback on accessibility:</p> <ul style="list-style-type: none"> • Direct patient /family input • Annual surveys to service clients/families, volunteers and staff • Website (monitored daily) <p>Feedback is reported to the Accessibility Committee as received. The leadership team receives all recommendations.</p>	<p>2014 and ongoing</p> <p>Accessibility lead – Director, Centre of Excellence (COE) All departments are accountable for receiving information and input from clients and forwarding to the Director COE as required.</p>	NA	<p>COMPLETED</p> <p>Ongoing as required and as different needs are identified.</p>
Make information about your organizations services/facilities accessible upon request	2016-Jan-01	Insert statement regarding availability of alternate formats in all communications regarding feedback processes.	<p>Director Centre of Excellence Community Engagement and Advancement Department (communications)</p> <p>Process is in place. When documents are reprinted/revised, statement to be added.</p>	Barrier – Where cost may prohibit meeting a client’s request.	<p>Process Completed</p> <p>Monitoring is ongoing.</p>

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
		<p>Policy / process enables requests for specific accessibility needs in a format that takes into account their disability to be addressed as able.</p> <p>Provide client/family with information about how we can meet their needs and timelines for the development of specific materials they may have requested.</p>	<p>Department area where request is made</p>	<p>Reasonable requests can be met where they are not cost prohibitive.</p>	<p>Policy – COMPLETED</p> <p>Monitored and request met as able.</p>
<p>Provide accessible formats and communication supports for information (this includes the availability of emergency and public safety information for the service recipients and public using Hospice spaces)</p> <p>Information in accessible formats and/or using communication supports provided:</p> <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>2012-Jan-01</p>	<p>Accessible PDFs with WCAG 2.0</p> <p>Accessible PDF forms with WCAG 2.0</p> <p>Convert client/patient information and emergency public information in an accessible format based on input of client. This might include: Accessibility Compliant PDF format that can be used by screen readers, Braille machines; and large print formats</p> <p>Investigate accessibility options for non-print formats of communications (e.g. text for hearing impaired, captioning, audio captioning etc.)</p>	<p>Community Engagement and Advancement Department (CEA) Accountability for development of website and organizational communications</p>	<p>Cost</p> <p>As a charitable organization, Hospice relies on fundraising to achieve these goals</p>	<p>COMPLETED</p> <p>Each request is discussed with the person in order to ensure we can meet their needs.</p>

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
<p>Internet website and website content conforms with WCAG 2.0 Level A.</p> <p>Internet website and website content conforms with WCAG 2.0 Level AA (excluding live captioning and audio description).</p>	<p>2014-Jan-01</p> <p>2021-Jan-01</p>	<p>Contract with a website provider to redesign / develop a new site for organization Ensure compliance with standards</p> <p>Develop ongoing plan to make any necessary changes or upgrades to ensure level AA as new web pages are created.</p>	<p>Community Engagement and Advancement Department</p>	<p>Cost (see above)</p>	<p>COMPLETED</p> <p>2020-March-31 or as capital dollars are available to continue with the redesign.</p>
<p>Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises that are open to the public, unless the animal is excluded by another law.</p> <p>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.</p> <p>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.</p>	<p>2014-Jan-01</p>	<p>Develop policy that enables this requirement to be met. Policy to include a statement indicating that where the service animal is prohibited by law, the organization will have other measures to provide services to the person with a disability</p> <p>Where fees are charged, the individual is made aware in advance. The support person is charged the "cost" price only to cover the meal.</p> <p>Provide training in orientation to new staff/volunteers and ongoing training to current staff as legislation changes.</p>	<p>Director Centre of Excellence</p> <p>2013-Dec 01</p>	<p>None</p>	<p>COMPLETED</p> <p>Training occurs as soon as feasible when a student or employee begins at Hospice.</p>

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
Provide notice when facilities or services that people with disabilities use is temporarily disrupted	2014-Jan-01	Notice is posted when spaces are not available (e.g. during construction). When elevators are not working-clients are informed in advance and appointments are either rescheduled or moved to another location if possible. Ensure this is a part of the Accessibility Policy	Director Centre of Excellence 2013-Dec-01	None	COMPLETED

Employment

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
Ensure availability of accommodations in recruitment, selection, hiring processes. 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.	2016-Jan-01	Develop strategy for integrating recruitment, selection and hiring processes with information 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.	Director Finance and HR Target date met	Cost - to date, the needs of all new persons have been accommodated.	COMPLETED All advertisements for new position identify Hospice's ability to accommodate potential new employees. The organization works with candidates to assist/provide accommodation.

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
<p>Inform new employees of policies supporting employees with disabilities.</p> <p>Provide update on policies as changes occur.</p>	2016-Jan-01	<p>Review/inform employees at time of hire when paperwork is being completed</p> <p>At Hospice education sessions – provide updates on policies as they change, ensuring staff know where to access them.</p>	<p>Director Finance and HR or Director COE 2016-Jan-01</p> <p>Ongoing</p>	Cost (if there are special needs)	<p>COMPLETED</p> <p>Discussions occurs with each new hire. Ongoing as changes occur</p>
<p>Have in place a written process to develop individual accommodation plans for employees with a disability.</p>	2016-Jan-01	<p>Develop process for employees/volunteers to identify specific accommodation needs Director HR (or volunteer services) then works with individual to develop a personalized accommodation plan.</p>	<p>Director Finance/HR Or Manager Volunteer Services 2016-Jan-01</p>	Cost	<p>COMPLETED</p> <p>Process in place for staff and volunteers to identify needs</p>
<p>Have a written return to work process in place for employees who have been absent due to a disability.</p>	2016-Jan-01	<p>Develop a process to accommodate employees when returning to work (e.g. reduced hours; special equipment; lighting etc.)</p>	<p>Director Finance and HR 2016-Jan-01</p>	Cost	<p>COMPLETED</p> <p>Ongoing based on individual need as it occurs</p>
<p>Have a process for documented individual accommodation plans when returning to work</p>	2016-Jan-01	<p>Accommodation plans are developed in conjunction with Director of Finance and HR and the Manager (with permission of employee). The plan is maintained with HR.</p>	<p>Director of Finance and HR 2016-Jan-01</p>	Financial impact depending on the cost to accommodate	<p>COMPLETED</p> <p>Ongoing based on employee need as it occurs. Monitored by Director Finance and HR.</p>
<p>Utilizing a performance management system that takes into account the needs of employees with disabilities</p>	2016-Jan-01	<p>Education (as required) for management and employee to ensure the work plan that has been developed is taken into</p>	<p>Director HR and Director/Manager in the department. 2016-Jan-01</p>		<p>COMPLETED</p> <p>As changes in legislation or regulations occur</p>

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
		<p>consideration when there is a performance review meeting.</p> <p>Provide performance tools in an accessible format</p>			the Director Finance/HR ensures staff are updated.
<p>Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position</p>	2016-Jan-01	<p>Review process / identify opportunities to integrate accessibility criteria within career development</p> <p>Utilize goal planning section of performance tool to identify new accessibility needs as a part of career planning</p>	<p>Director Finance and HR</p> <p>2016-Jan-01</p>	NA	COMPLETED
<p>When necessary, provide individual plans to help employees with disabilities during emergencies, or emergency information that's formatted so that an employee with a disability can understand it.</p>	2012-Jan-01	<p>Review of emergency codes. Identification of employees that may require assistance – (employee to identify)</p> <p>Provide information in an accessible format or provide employee with a colleague to assist in times of an emergency.</p> <p>Conduct assessment to ensure installation of visual fire alarms in all appropriate public areas.</p> <p>All elevators on site require the assistance of staff for anyone to use as a key is required (note – elevators are not used where there is an emergency, e.g. fire)</p>	<p>Director Finance and HR</p> <p>All program directors/management</p>	NA	<p>COMPLETED</p> <p>Ongoing review and monitoring based on the needs of new employees; or current employees requesting assistance.</p>

Design of Public Spaces

IASR Requirement	Due Date	Steps to Take	Accountability / Target Completion Date	Anticipated Barriers / Cost	Status
<p>Make new or redeveloped spaces accessible and maintain accessible elements of public spaces</p> <p>Technical requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or renovation, in all relevant areas including:</p> <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 	2017-Jan-01	<p>As new spaces are developed, work with architect to ensure they are accessible for persons with disabilities</p> <p>Where there remains identified concerns related to accessibility of spaces, staff are available to assist in accommodations through other means</p> <p>Identify new maintenance requirements as new or redeveloped spaces are built.</p>	<p>Director Finance and HR</p> <p>(Property and Capital Management Committee)</p>	<p>Cost – capital is made available for both programs/operations and capital requirements.</p>	<p>Monitored monthly with recommendations forwarded to the Director Finance and HR.</p>

Part II: Strategies to Prevent and Remove Additional Barriers

Barrier	Steps to Take	Targeted Completion Date And Completion Status	Staff Lead	Potential Costs
Conduct an audit for barrier identification (Windsor site)	Walk through of building and outdoors	April 2020 Erie Shores location – completed June 2019	Maintenance Manager Director Centre of Excellence	NA May be cost impacts of what will be identified.
Doors – in the following locations: Erie Shores Welcome Centre Administration building – Auditorium Doors Admin Building – doors between hallway and reception	Obtain quotes for automatic doors to meet building/fire codes Obtain funder or means to fund; or build into long term capital plan Ensure there is a volunteer or staff available to open doors where there are groups where individuals may require assistance	To be incorporated into the capital plan for: Fiscal 2022	Director Finance/HR	Not yet determined
Children’s home – back porch and ramp	Ramp and porch will require replacement	Within the next 5 years or when capital funds become available (to be maintained until then)	Director Finance/HR	Not yet determined
Windsor Residential Home – Sunroom	Ramp to be developed to the outside Temporarily – build a ramp to enable exit outside of residents in wheel chairs in the event that evacuation is required (and residents are in this space) Long term – build a permanent ramp	Fiscal 2021 Timeline TBD	Director Finance/HR	Not yet determined

Barrier	Steps to Take	Targeted Completion Date And Completion Status	Staff Lead	Potential Costs
Admin Building outdoor areas Make area accessible from the outside	<p>Ramp to be created so that persons with mobility aids can access the outside gardens behind the building.</p> <p>Space is currently accessible by going through the building from the back entrance</p>	<p>Fiscal 2021 or as funds become available. (currently can access gardens through the Admin. Building.</p>	<p>Director Finance/HR</p>	<p>Not yet determined</p>
Wayfinding – exterior signage	<p>Develop new signage that is visible and easy to read</p> <p>Each building to have large numbered signs to meet fire code</p>	<p>Date to be determined Working with a 3rd party to design signs</p> <p>Status – September- signs are being designed. To be installed prior to the end of the fiscal year.</p>	<p>Community Engagement and Advancement Finance/Maintenance</p>	<p>Requires a donor to fund</p>

9.0 Review and Monitoring Process

Accessibility planning is an important means of: improving both the safety and quality of service provided to the people we serve; attracting and retaining employees; and of increasing efficiency of our operations. The Health and Safety Committee and the Director of the Centre of Excellence assumes the responsibility for the monitoring and evaluating the plan, 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 and forwarded to the Property an Capital Management Committee as required;
- Ensure implementation strategies carried out in accordance with the plan and;
- Present plans/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.

10.0 Communication of the Plan

The 2019-2024 multi-year accessibility plan will be posted on the websites of Hospice to:

- Ensure the plan is available to the public in accordance with legislation and;
- 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 a renewed 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 Hospice, in removing 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

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, good 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,

Legislation: <https://www.ontario.ca/page/about-accessibility-laws>

Timelines: <https://www.ontario.ca/page/accessibility-rules-public-sector-organizations>

Appendix 2 – Accessibility Committee – Terms of Reference

The Hospice of Windsor and Essex County Inc.

Accessibility Committee

Terms of Reference

(revised: July 2019)

Purpose of the Committee

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

Objectives

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
8. Receive input from staff, volunteers, clients, persons with disabilities and other community groups as required in the development of the multiyear/annual plan.

Structure

a) Decision making

The Committee is an advisory committee with the goal to work together to identify accessibility concerns and recommend solutions.

b) Reporting

Recommendations from the Committee will be reported to the Leadership group of The Hospice.

c) JHSC Meetings

The Committee shall meet at least every three (3) months or at the call of the Chair.

A quorum will be fifty percent plus one of all members, but not more than fifty percent management members.

Membership and Selection

The membership of the Committee will be the same as the Health and Safety Committee Consisting of representatives from:

- Nursing (Palliative Medicine Program)
- Nursing (Residential Homes)
- Social Work
- Volunteer Services
- Quality / Centre of Excellence
- Marketing and Communications
- WECCC
- Facilities/Maintenance
- Information management/technology
- Administration/Risk

General:

- Meeting minutes will be maintained for all meetings. They will be an item on the agenda for the health and safety committee.
- The committee will annually review the Terms of Reference and the Accessibility Policy.

Appendix 3 – Policy

Title: ACCESSIBLE CUSTOMER SERVICE STANDARD		Number: ADM – 017	
Effective Date:	September 21, 2010	Owner:	Director Centre of Excellence
Last Review Date:	July 2019 (L. Paolatto)	Approved by:	Executive Director

Note: A printed copy of this document may not reflect the current, electronic version of The Hospice of Windsor & Essex County, Inc.’s Policy/Procedure. Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.

A. POLICY

Hospice is committed to establishing procedural guidelines for 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.

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.

B. 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”.

A copy of the training module is available on the “policies_procedures” network drive in the Documentation Resources Folder (link is available at the end of the policy.)

Use of service animals

If a person with a disability is accompanied by a guide dog or other service/support animal, The Hospice will ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law

from the premises/location. If the service animal is excluded by law from the premises, The Hospice will seek alternative measures to enable the person with a disability to obtain services.

Use of support persons

If a person with a disability is accompanied by a support person, The Hospice will ensure that both persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while receiving services. The Hospice may require a person with a disability to be accompanied by a support person when on the premises to ensure the health or safety of the person with a disability or the health or safety of others on the premises.

Notice of temporary disruptions

The Hospice will provide notice of temporary disruption of services. The notice will include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available. Notice will be provided at a conspicuous place or method that is deemed reasonable in the circumstances.

Training for staff

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

1. How to interact and communicate with persons with various types of disability.
2. How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person.
3. How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods or services to a person with a disability.
4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.

The training will be provided to each person as soon as practicable and will be provided to staff on an ongoing basis in connection with changes to the policies, practices and procedures governing the provision of goods or services to persons with disabilities. Staff's certificate of training completion will be kept in personnel file

Feedback process for providers of goods or services

(1) Every provider of goods or services shall establish a process for receiving and responding to feedback about the manner in which it provides goods or services to persons with disabilities and shall make information about the process readily available to the public.

(2) The feedback process must permit persons to provide their feedback in person, by

telephone, in writing, or by delivering an electronic text by email or on diskette or otherwise.

(3) The feedback process must specify the actions that the provider of goods or services is required to take if a complaint is received.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its feedback process and, upon request, shall give a copy of the document to any person.

Notice of availability of documents

(1) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall notify persons to whom it provides goods or services that the documents required by this Regulation are available upon request.

(2) The notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.

Format of documents

(1) If a provider of goods or services is required by this Regulation to give a copy of a document to a person with a disability, the provider shall give the person the document, or the information contained in the document, in a format that takes into account the person's disability.

(2) The provider of goods or services and the person with a disability may agree upon the format to be used for the document or information.

C. GUIDELINES

ACCOUNTABILITY:

The Executive Director or designate shall be responsible for ensuring 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.

D. APPLICABLE FORMS

Please note that if you are accessing this document from The Hospice Website, the links below will not work. Please contact The Hospice at 519-974-7100 to obtain a copy of this information.

[Accessibility Barrier Reporting Form](#) (for staff)

[Accessibility Training Materials](#)

[Form \(Sample\) – Disruption in Service](#) (for staff)

[Visitor Feedback Form](#) (for the public)

[Notice of Feedback Process](#) (for staff)

[Accessibility for Ontarians with Disabilities Act – Website Resources](#)