



Chatham-Kent Health Alliance  
Accessibility Plan 2012-2017  
Chatham & Sydenham Campuses

**An Exceptional  
Community Hospital**

Setting Standards - Exceeding Expectations

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## **Plan Objective**

This plan was developed to move Chatham-Kent Health Alliance toward its vision of accessibility for all persons. It was originally developed under the proclamation of the *Ontarians with Disabilities Act, 2001* (ODA) by the Minister of Citizenship. It has been updated and revised to comply with the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) under which *Ontario Regulation 429/07, Accessibility Standards for Customer Service* and *Ontario Regulation 191/11, Integrated Accessibility Standards* were passed.

This plan will outline our initiatives to be achieved in the 12 month period covered as well as the plan to meet the requirements of the recently passed *Integrated Accessibility Standards, 191/11* throughout the next five years.

This plan describes:

- Goals CKHA will set over five years to identify, remove and prevent barriers to persons with disabilities
- How CKHA will make this plan available to the public

## The Accessibility for Ontarians with Disabilities Planning Committee

As an organization dedicated to providing quality, accessible healthcare to all members of our community, Chatham-Kent Health Alliance fully supports the proclamation of the *Ontarians with Disabilities Act, 2001* (ODA) by the Minister of Citizenship.

The Accessibility Planning Committee first met to familiarize themselves with the ODA, and to review plan requirements, the Ontario Hospital Association Toolkit for developing individual facility plans and the Ministry of Citizenship's Guide to Annual Accessibility Planning. As a starting point, the APC's initial objectives were to:

- List methodologies for identifying barriers
- Categorize the types of barriers and conduct facility audits
- Develop an action plan for long-term barrier removal strategies

Based on the resource information available, the APC identified the following methodologies to assist with the identification of existing barriers.

<b>Methodology to Identify Barriers</b>	<b>Description</b>
Site Audits	<ul style="list-style-type: none"> <li>• Site Audits conducted by members of the APC at the Grand Avenue West Site (Chatham) and Margaret Street Site (Wallaceburg). Incorporate community organizations and members with disabilities to audit the facility.</li> </ul>
Complaints, comments received	<ul style="list-style-type: none"> <li>• Review Quality Management reports referring to accessibility issues; refer individual issues to appropriate departments for follow up</li> <li>• Review OH&amp;S Incident reports and complaints received from workers; refer individual issues to appropriate departments for follow up.</li> </ul>
Survey hospital staff	<ul style="list-style-type: none"> <li>• Staff identify areas of concern noted while caring for patients with disabilities, forward comments from family members with disabilities.</li> <li>• Department managers, requested to identify any barriers, improvements, complaints, and policies in place and plans for improvements.</li> <li>• OH&amp;S Members, during monthly departmental tours, identify areas of concern. Departmental issues are referred to the appropriate departments for follow up.</li> </ul>
Resource Tool Kit and Web sites	<ul style="list-style-type: none"> <li>• Information and resources were obtained from several Internet sites regarding accessibility.</li> </ul>
Include Persons with Disabilities in the planning and ongoing review	<ul style="list-style-type: none"> <li>• Audits completed prior to construction on demonstration room with input from both the general public and patients.</li> <li>• Partnered with other APC to assist in the identifying barriers</li> <li>• Rehab Services in conjunction with members from the MS Society and March of Dimes completed a review of the entrances, washrooms and cafeteria.</li> <li>• Issues are captured in the Alliance's long-term Action Plan.</li> </ul>
Meetings with Architects	<ul style="list-style-type: none"> <li>• Identify concerns with new construction/renovation plans.</li> <li>• Acceptance of new construction done by architect in a wheelchair.</li> </ul>

Based on the results of the methodology exercise, barriers were categorized into four main types

Physical, Architectural: For example, door access, entryway and hallway obstructions, counter heights and washroom access.

Information, Communication: For example, signage, large print text, alternate format communication.

Technological: For example, Website design, telephones and TTY devices.

Policies and Procedures, Attitudes: For example, complaint process, staff lack of knowledge regarding disabilities.

### **Our Commitment to Accessibility Planning**

Chatham-Kent Health Alliance is committed to:

- Ongoing improvement of access to facilities and services for patients and their family members, staff, health-care practitioners and member of the community.
- Inclusion of persons with disabilities in the development and review of accessibility plans.
- Ensuring all policies and practices are consistent with the principles of accessibility.
- The continued operation of the Accessibility for Ontarians with Disabilities Planning Committee.

**2012-2017 Plan to meet Mandatory Requirements of the Integrated Accessibility Standard**

#	Objective	Actions to Achieve	Time Frame for Completion	By Whom?	Legislated Compliance Date	How will we know objective is achieved?	Barriers	Status
1	<b><u>Establishment of Accessibility Policies</u></b> Develop, implement and maintain policies governing how the organization achieves or will achieve accessibility through meeting its requirements	<ul style="list-style-type: none"> <li>Review/revise current policies</li> <li>Draft any new policies</li> <li>Inform and educated</li> </ul>	<ul style="list-style-type: none"> <li>Fall 2012</li> </ul>	<ul style="list-style-type: none"> <li>Chair of AODA</li> <li>Members of the committee</li> </ul>	<ul style="list-style-type: none"> <li>Jan 1, 2013</li> </ul>	<ul style="list-style-type: none"> <li>Policies are in place</li> </ul>	<ul style="list-style-type: none"> <li>Timelines</li> </ul>	
2	<b><u>Procurement or Acquiring Goods, Services or Facilities</u></b> Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities	<ul style="list-style-type: none"> <li>Review/revise current procurement policies both CKHA's and PROcure</li> <li>Inform and educate</li> </ul>	<ul style="list-style-type: none"> <li>Fall 2012</li> </ul>	<ul style="list-style-type: none"> <li>Chair of AODA</li> <li>Members of the committee</li> <li>PROcure</li> <li>Procurement committee</li> </ul>	<ul style="list-style-type: none"> <li>Jan 1, 2013</li> </ul>		PROcure not wanting involvement or acknowledging requirement to comply	
3	<b><u>Self-service kiosks</u></b> Incorporate accessibility features when designing, procuring or acquiring self-service kiosks	<ul style="list-style-type: none"> <li>Determine who is responsible for self-service kiosks</li> <li>Create a process to incorporate accessibility features</li> </ul>	<ul style="list-style-type: none"> <li>Early 2013</li> </ul>	<ul style="list-style-type: none"> <li>Chair of AODA</li> </ul>	<ul style="list-style-type: none"> <li>Jan 1, 2014</li> </ul>		Knowledge of kiosks	
4	<b><u>Training</u></b> Provide training on the requirements of	<ul style="list-style-type: none"> <li>Review current training</li> <li>Revise content</li> <li>Establish training team</li> </ul>	<ul style="list-style-type: none"> <li>2013</li> </ul>	<ul style="list-style-type: none"> <li>AODA committee</li> </ul>	<ul style="list-style-type: none"> <li>Jan 1, 2014</li> </ul>		Timelines Cost	

**2012-2017 Plan to meet Mandatory Requirements of the Integrated Accessibility Standard**

#	Objective	Actions to Achieve	Time Frame for Completion	By Whom?	Legislated Compliance Date	How will we know objective is achieved?	Barriers	Status
	the accessibility standards referred to in the regulation	<ul style="list-style-type: none"> <li>Roll out training to employees, physicians, volunteers, 3rd party who provide goods/service</li> </ul>						
5	<p><b>Feedback</b> Ensure that the processes for receiving and responding to feedback are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports upon request</p>	<ul style="list-style-type: none"> <li>Accessible customer service legislation required CKHA to comply with this by 2011</li> <li>Review/Revise current processes</li> <li>Inform and educate staff and public</li> </ul>	<ul style="list-style-type: none"> <li>2011</li> </ul>	<ul style="list-style-type: none"> <li>AODA committee</li> <li>Quality and Patient Safety Department</li> </ul>	<ul style="list-style-type: none"> <li>Jan 1, 2014</li> </ul>	<ul style="list-style-type: none"> <li>Feedback will continue to be gathered and shared in an effective and accessible way</li> </ul>		
6	<p><b>Accessible formats and communication supports</b> Put measures in place to provide or arrange for the provision of accessible formats and communication supports for persons with disabilities</p>	<ul style="list-style-type: none"> <li>Accessible customer service legislation required CKHA to comply with this by 2011</li> <li>Review/revise current processes</li> <li>Educate and inform staff and public</li> </ul>	<ul style="list-style-type: none"> <li>2011</li> </ul>	<ul style="list-style-type: none"> <li>AODA committee</li> <li>Communications &amp; Community Relations</li> </ul>	<ul style="list-style-type: none"> <li>Jan 1, 2015</li> </ul>	<ul style="list-style-type: none"> <li>Clear guidelines and processes in place for people to access accessible communication</li> </ul>		
7	<p><b>Emergency Procedures, Plans or Public Safety Information</b> If CKHA chooses to make emergency procedures, plans or public safety</p>	<ul style="list-style-type: none"> <li>Inventory current emergency procedures plans and public safety information that is currently made available to the public</li> </ul>	<ul style="list-style-type: none"> <li>2011</li> </ul>	<ul style="list-style-type: none"> <li>Chair of AODA committee</li> <li>Emergency Planning Lead</li> </ul>	<ul style="list-style-type: none"> <li>Jan 1, 2012</li> </ul>	<ul style="list-style-type: none"> <li>CKHA currently does not make emergency procedures plans and public safety information</li> </ul>		

**2012-2017 Plan to meet Mandatory Requirements of the Integrated Accessibility Standard**

#	Objective	Actions to Achieve	Time Frame for Completion	By Whom?	Legislated Compliance Date	How will we know objective is achieved?	Barriers	Status
	information available to the public we will provide that information in an accessible format.					available to the public.		
8	<b><u>Accessible Website</u></b> Conform with the WWW consortium Web Content Accessibility Guidelines (WCAG) 2.0 at Level AA	<ul style="list-style-type: none"> <li>• Inform individuals responsible for CKHA internet and intranet sites.</li> <li>• Establish process of ensuring sites meet requirements</li> <li>• Inform &amp; Educate</li> </ul>	<ul style="list-style-type: none"> <li>• On going</li> </ul>	<ul style="list-style-type: none"> <li>• Webmaster</li> <li>• Communications &amp; Community Relations Department</li> </ul>	<ul style="list-style-type: none"> <li>• Jan 1, 2014 for new internet and intranet websites WCAG 2.0 Level A</li> <li>• Jan 1, 2021 All internet and web internet content</li> </ul>	<ul style="list-style-type: none"> <li>• Website is accessible and protocols are in place to ensure it remains that way</li> </ul>		
9	<b><u>Educational and Training Resources</u></b> Provide educational or training resources or materials in an accessible format that takes into account the accessibility needs due to a disability of the person with a disability	<ul style="list-style-type: none"> <li>• Review best practice of educational institutions</li> <li>• Establish process for ensuring education providers provide materials in accessible formats as required</li> </ul>	<ul style="list-style-type: none"> <li>• 2012</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge and Innovation Department</li> </ul>	<ul style="list-style-type: none"> <li>• Jan 1, 2013</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>		
10	<b><u>Libraries</u></b> Provide, procure or acquire an accessible or conversion ready format of print, digital or multimedia resource for a person with a disability upon	<ul style="list-style-type: none"> <li>• CKHA is not an educational and training institution therefore is not required to comply with this section of the legislation</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>		



**2012-2017 Plan to meet Mandatory Requirements of the Integrated Accessibility Standard**

#	Objective	Actions to Achieve	Time Frame for Completion	By Whom?	Legislated Compliance Date	How will we know objective is achieved?	Barriers	Status
	request							
11	<p><b>Employment</b>                      Achieve compliance with requirement as set out in Employment section of legislation                      *Recruitment                      *Notice to successful employees                      *Informing employees of support                      *Accessible formats and communication supports                      *Workplace Emergency response Information                      *Documented Individual Accommodation Plans                      *Return to Work Process                      *Performance management                      *Career Development and Advancement                      *Redeployment</p>	<ul style="list-style-type: none"> <li>Review/Revise Current policies and processes.</li> <li>Inform and educated employees and public</li> </ul>	<ul style="list-style-type: none"> <li>Dec 2013</li> </ul>	<ul style="list-style-type: none"> <li>Lead by HR in collaboration with Occ. Health and other appropriate members</li> </ul>	<ul style="list-style-type: none"> <li>Jan 1, 2014</li> </ul>	<ul style="list-style-type: none"> <li>All policies in place</li> </ul>	<ul style="list-style-type: none"> <li>Timelines</li> <li>Ownership</li> </ul>	

### **Plan Review and Monitoring Process**

The Accessibility Committee will meet a minimum of four times during the year to review and monitor progress in identifying, reviewing and removing barriers. The committee will implement an ongoing strategy to engage and ensure accountability of staff in dissemination and implementing initiatives.

### **Communication and Public Access to the Plan**

The 2012-2017 Accessibility Plan will be posted on the Chatham-Kent Health Alliance internal and external websites. Hard copies will be available upon request and will be provided in a format the best suits the needs of the person making the request.

Additions may be made to the plan as the accessibility committee receives and responds to new and emerging information. If you are aware of a barrier, physical, technical, communication, attitudinal or other please contact:

Vanessa McFadden  
Chair, Accessibility Committee  
Chatham-Kent Health Alliance  
519-352-6400 ext. 5480  
[vmcfadden@ckha.on.ca](mailto:vmcfadden@ckha.on.ca)

ADMINISTRATIVE RESOURCE MANUAL

**Title:** Accessibility Plan Policy

**Policy Number:**  
1-060

**BACKGROUND**

On 30 September 2002 a proclamation was made that brought into law sections of the *Ontarians with Disabilities Act, 2001* (ODA), which outline specific accessibility obligations on the part of the broader public sector, including hospitals. In June 2005, *The Accessibility for Ontarians with Disabilities Act* was made law

**POLICY**

Chatham-Kent Health Alliance is committed to providing healthcare services to all members of our community. In order to provide a barrier-free healthcare environment (to the extent that is technically feasible and possible) for employees and clients with disabilities, the Boards of Directors of the three member hospitals support the establishment of an Accessibility Plan Committee to develop and monitor a plan that will identify and address all types of barriers (e.g. physical, informational, technological, etc.) and the steps being taken by the Alliance to remove and/or prevent these barriers, where possible.

**PROCEDURE**

1. Establish an Accessibility Plan Committee to develop a plan for CKHA in compliance with the applicable components of the *Ontarians with Disabilities Act, 2001* and subsequent *Accessibility for Ontarians with Disabilities Act, 2005*, as well as any and all regulations passed under these laws.
2. Formulate short-term and long-term Action Plans to address the removal and/or prevention of barriers to persons with disabilities.
3. Monitor progress of the steps taken to remove and/or prevent barriers.

**References:**

1. *Ontarians with Disabilities Act, 2001.*
2. *Accessibility for Ontarians with Disabilities Act, 2005*
3. *Accessibility Standards for Customer Service,( Regulation 429/07)*
4. *Integrated Accessibility Standards, (Regulation 191/11)*

<b>Category:</b>	Administrative Overview	<b>Distribution:</b>	All Departments
<b>Originator:</b>	Accessibility Planning Committee	<b>Date:</b> (mm/yy)	09/03 (O) 09/04 (r) 10/05 (r) 10/06 (r) 12/12 (r)
<b>Approval:</b>	Signature on File		
<b>Signature:</b>			

## **Appendix “B”**

### **Chatham-Kent Health Alliance’s Report of Achievements**

#### **Project Completions to Date**

The Accessibility Planning Committee has work diligently create the plan, identify barriers, and develop a plan of action to address those barriers. If our services and programs are not accessible to all, then we are not fully meeting the needs of our community. Below, the APC lists the following accomplishments and projects that have been completed to date.

#### **Physical Barriers**

##### **Main Entrance**

- doorway etched glass for better visualization
- training of volunteers, staff and security in the operation of revolving door, how to stop it and how to collapse the doors
- benches placed in long hallways for patients and visitors to sit and rest
- centralized volunteer desk to assist with wayfinding

##### **Millwork**

- Lowering of several counters and desks in admitting and radiology areas

##### **Waiting Rooms**

- Purchase of more bariatric furniture for each waiting room area

##### **Parking**

- Added extra handicapped parking spaces
- Expanded spaces in the main lot to accommodate side loaded scooter vehicles

##### **Elevators**

- New elevators and upgrades equipped with Braille

##### **Washrooms**

- More wheelchair accessible washrooms
- Replacement of toilets to acceptable height levels
- Adjustments of mirrors, soap dispensers, shelving
- Installation of grab bars

##### **Doors**

- Replacement of door handles to lever style handles in public areas
- Installation of additional automatic door openers in many areas
- Widening of door frames in several locations at both sites

## **Terrace**

- Complete redesign and development of terrace area to accommodate wheelchairs, including replacement of entry doorways to accommodate bariatric wheelchairs and the installation of an electric door operator.

## **Lifts**

- Installation of electronic lifts in patient rooms and treatment areas

## **Off Site Buildings**

- Redesign on new access ramp and installation of automatic door openers ( 47 Emma St.)
- Installation of chair lift with access to all floors

## **Communication**

- New website incorporates text version options
- TTY phones devices available and additional staff trained on use and location
- New way finding maps and directional signage committee and capital plan
- Developed zone colour schemes to assist with way finding
- Mock wayfinding exercise on typical patient day to identify barriers
- Installation of strobe lights for fire alarm system between PG and SJ wings to alert the hearing impaired
- Partnership with Lions Club and donation of Braille signage for all Public washrooms and TTY device for Sydenham Campus.
- Completion of wayfinding program.

## **Education**

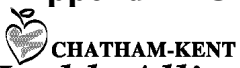
- Established process in which the employer provides individualized workplace emergency response information to all employees who have a disability.
- Completed training for 100% of CKHA staff on Accessible Customer Service Standards and Service Excellence
- Support service retail staff trained in customer service
- Partnered with different groups and organizations MS society, and Chatham-Kent Municipality committee to work together to identify barriers
- Incorporated different individuals into the facility auditing process
- Revitalization/ refresh of APC to meet new Customer Service Standards

## **Facility Planning**

- Committee developed which assesses all renovations and departmental moves to ensure accessibility issues are addressed
- Relocation of Ambulatory Care Department at SDC to main floor level
- Centralization of Admitting Department to main lobby
- Redesign and expansion of Occupational Health and Safety Department
- Expansion of the current oncology department to meet the space limitations and accessibility issues

**Other**

- Submit File Review - Request for Documentation, Accessibility for Ontarians with Disabilities Act, 2005 to the ministry.
- Report to ministry on 100% compliance with the Accessible Customer Service Standard
- Continually review patient concerns and complaints through Quality and Patient Safety Department process
- Developed a long term capital plan
- Dedicated annual capital dollars to accessibility issues and projects

**Appendix “C”**  
  
**CHATHAM-KENT**  
*Health Alliance*

**Accessibility Plan Committee**  
**Terms of Reference**

**Purpose**

The Accessibility Plan Committee is responsible for ensuring Chatham-Kent Health Alliance complies with the *Accessibility for Ontarians with Disabilities Act, 2005* and any subsequent accessibility standards.

**Major Responsibilities**

- Develop and monitor a plan to remove and/or prevent barriers at CKHA, when and where it is technically and financially possible to do so
- Communicate with the general public and staff as to the development of the plan and improvements made as a result of the plan
- Review and revise the plan as necessary to meet changes within the Act
- Develop strategies to address subsequent standards arising from the Act

**Membership**

Core membership shall consist of, but is not be limited to:

- Vice President and Chief Nursing Officer
- Director, Support Services
- Director, Occupational Health and Safety
- Manager, Nutrition & Porter Services, Chair
- Patient Relations Coordinator
- Manager, Housekeeping Services
- Coordinator, Quality, Risk and Patient Safety
- Staff Member representing Outpatient Rehabilitation Services
- Community Member representing Ontarians with Disabilities

Ad hoc membership shall consist of, but is not limited to:

- Director, Knowledge & Innovation
- Staff Member representing Human Resources
- Staff Member representing Communications & Community Relations
- Coordinator, Infection Prevention and Control

**Accountability**

The Committee is accountable to the Leadership Council.

**Quorum**

A quorum will have been reached when 50% or more of the members are present.

**Evaluation**

The Committee shall annually evaluate its effectiveness in meeting its major objectives and designated responsibilities.

**Frequency of Meetings**

Quarterly, or at the call of the Chair.