



Alexandra Hospital Ingersoll
Partnering to keep healthcare close to home.

Alexandra Hospital Ingersoll (AHI) Multi-Year Accessibility Plan

April 1, 2020 to March 31, 2025

This publication is available on the following website:

www.alexandrahospital.on.ca

and will be made available in alternative formats upon request.

Anyone wishing to provide feedback on customer service or accessibility at AHI or anyone wishing written information or other forms of communication to be provided in an accessible format may contact the hospital:

- mail at Alexandra Hospital Ingersoll, 29 Noxon Street, Ingersoll, Ontario N5C 1B8, or
 - email at info@ahi.ca, or
 - telephone at (519)485-1700 ext. 8340

1.0 Executive Summary

The purpose of the *Ontarians with Disabilities Act, 2001 (ODA)*/ *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* legislation is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers in the Province of Ontario. To this end, the AODA mandates that each hospital prepare an annual accessibility plan.

Alexandra Hospital Ingersoll (AHI) is committed to the continual improvement of access to the hospitals' premises, facilities, and services; participation of people with disabilities in the development and review of its annual accessibility plans; and provision of quality services to patients, visitors, staff, and all members of the community with disabilities.

The report describes the measures proposed during the period covered by this plan to identify, remove, and prevent barriers to people with disabilities who use the facilities and services of the hospitals, including patients, visitors, staff, and members of the community.

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

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

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, 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) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

1.1 Requirements under the AODA 165/16 Integrated Accessibility Standards

The Act requires that we:

1. Implement policies, practices and procedures on providing goods and services to people with disabilities.
2. Execute a policy on allowing people to use their own personal assistive devices to access goods and services, and provide information about any other means offered by the hospital (assistive devices, services etc.) to allow them access to goods and services.
3. Ensure hospital policies, practices and procedures are in line with the core principles of independence, dignity, integration and equality of opportunity.
4. Communicate with a person having a disability in a manner that takes into account his or her disability.
5. Train staff, volunteers, contractors and other people that interact with the public or other third parties on the hospital's behalf on the topics outlined in the customer services standard, and record all training including the dates the training occurred and names of the individuals trained.
6. Train staff and any other people involved in developing hospital policies, practices and procedures on the requirements regarding goods or services as outlined in the customer service standard.
7. Allow people with disabilities to be accompanied by their guide dog, service animal or support person in areas of the premises unless the animal or person is restricted for health reasons, or by law.
8. Provide information on any admission fees that may be charged for a support person, with as much advance notice as possible.
9. Provide notice when services, goods, or facilities used by people with disabilities are temporarily disrupted.
10. Establish a process for people to provide feedback on the hospital's method of providing goods and services to people with disabilities and how you will respond to any feedback, and take action on any complaints, ensuring information about how the hospital will provide feedback should be readily available to the public.
11. All policies, practices and procedures that govern accessible customer service and associated requirements must be documented.
12. Provide notice to customers that documents required under the customer service standard are available upon request.
13. Ensure the documents required under the customer service standards are available when requested, by a person with a disability, in a format that takes into account the person's disability

2.0 Aim

This report describes the measures that AHI has or will take during the period covered by this plan to identify, remove, and prevent barriers to people with disabilities who use the facilities and services of the AHI, including patients, visitors, and staff, and other members of the community.

2.1 Commitment to Our Patients

Mission & Vision:

Our Mission

To be a key partner in supporting the health of our communities with excellent patient care and accessible specialized services

Our Values

- Quality
- Accessible Care
- Innovation
- Collaboration
- Community

Our Vision
Your regional health hub providing excellent patient care and access to integrated, specialized care through entry points close to home.



Strategic Priorities

3.0 Description of Alexandra Hospital Ingersoll

Alexandra Hospital Ingersoll is located at 29 Noxon Street, Ingersoll, Ontario, N5C 1B8. AHI is a 26 bed, fully accredited acute care hospital serving the tri-county community of Oxford, Elgin and Norfolk Counties. AHI is committed to providing exceptional patient care and promoting health and wellness through collaboration with our health care partners, and is part of the Oxford Ontario Health Team. AHI has a workforce of 225 employees. For more information refer to www.alexandrahospital.on.ca.

4.0 Commitment to Accessibility Planning

- We strive for continuous improvement of access to hospital premises, facilities, and services for patients, visitors, staff, volunteers, and members of the community with disabilities
- We encourage the participation of people with disabilities in the development and review of our annual accessibility plans
- We will provide quality services to all patients, visitors, staff, and members of the community with disabilities
- We will ensure all hospital by-laws and policies are consistent with principles of accessibility

4.1 Objectives

With respect to identifying, removing, and preventing barriers for people with disabilities, this report:

1. Describes the process
2. Reviews efforts to date
3. Lists the facilities, policies, programs, practices and services to be reviewed for the duration of the plan
4. Describes the measures to be taken during the duration of this plan
5. Describes how this plan will be made available to the public

5.0 Barrier Identification Information Sources

- Leadership Team consultations
- Patient and visitor feedback
- Consultation with representatives from the community
- Impact of architectural and building system elements

6.0 List of Barriers to Consider

Physical	Hearing	Speech	Vision
Deaf-Blind	Smell	Taste	Touch
Intellectual	Mental Health	Learning	Other

7.0 Barriers Identified and Addressed at AHI

BARRIER	OBJECTIVE	MEANS TO REMOVE/PREVENT	PERFORMANCE CRITERIA	TIMING (Red = Complete)	RESPONSIBILITY
Fire Alarm Coverage	Ensure all areas of hospital can hear fire alarms	Review current fire alarm system and increase number of alarms if required	Review, once modifications made, to ensure complete hospital coverage	2008 2021	Maintenance
P.A. System Coverage	Ensure P.A. system can be heard by all areas of hospital	Review current P.A. system and increase number of required speakers if required	Review P.A. system coverage once modifications have been made	2008 2015 2022	IT/Maintenance
Access to Wheelchairs	To ensure wheelchairs are available as required for persons with mobility challenges	Review of wheelchair needs and purchase of sufficient wheelchairs to ensure supply always available as required	Elimination of wheelchair shortages Completed annually during Capital planning.	2009 2011 2013 2019 2022	Support Services / Clinical
Improve lighting in interior public spaces	To increase lighting levels	Install LED lighting throughout facility to increase lumens	All lighting retrofitted to new standard	2014 2022	Maintenance

8.0 Future Barriers to be Addressed within AHI Multi-Year Accessibility Plan 2020-2025

BARRIER	OBJECTIVE	MEANS TO REMOVE/PREVENT	PERFORMANCE CRITERIA	TIMING (Red = Complete)	RESPONSIBILITY
Policy	Review Policy and procedure manual	Ensuring appropriateness of policies to accommodate patients & visitors with various types of disabilities.	Policy review complete	Sept 2014 Sept 2015 Sept 2016 Sept 2017 Sept 2018 Dec. 2022	JHSC, Leadership Group, Quality
Architectural	Increase visibility of reserved parking spaces for persons with disabilities	To increase visibility of existing handicapped parking spaces on site.	Increase visibility to make spaces easier to identify	2014 2023	Maintenance
Physical	Improve patient access to beds	Purchase High Low beds	Beds purchased and in service	Ongoing (Capital Process)	Patient Services
Complete semiannual review of physical environment to identify and address any new accessibility barriers	Increased safety and accessibility	Completion of annual review and presentation to Accessibility Committee	Add new items to list below as identified	June/Dec 2014 June/Dec 2015 June/Dec 2016 June/Dec 2017 June/Dec 2018 June/July 2023	JHSC/Accessibility Committee

9.0 Review and Monitoring Process

The Accessibility Plan will be reviewed annually by the Accessibility Committee, in conjunction with Joint Health and Safety Committees (JHSC), Human Resources and Support Services. The review will outline and itemize proposed initiatives and monitor approved projects.

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 Accessibility Committee will assume responsibility for the monitoring and evaluation of current plans and for the development of subsequent annual plans. The Accessibility Committee will:

- Evaluate the previous year's results against identified targets
- Ensure the inventory of new barriers is updated and prioritized
- Ensure implementation strategies are identified and carried out
- Ensure the plans are endorsed by Senior Leadership and that funds are allocated appropriately

This team will liaise directly with program managers and departments to achieve these objectives when appropriate, and will provide updates to Senior Leadership and JHSC on an annual basis. Information will be prepared and circulated on the hospital web site for use by internal and external stakeholders, where appropriate.

10.0 Communication of the Plan

10.1 Objectives

- To publicly communicate the Accessibility Plan as required by the Ontarians with Disabilities Act
- To share the progress the hospital is making to improve access for people with disabilities
- To continue raising staff, physician, and volunteer awareness regarding the challenges faced by people with all types of disabilities
- To solicit support from various stakeholders to facilitate the implementation of a barrier-free environment

10.2 Theme and Key Messages

AHI has responded to *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* by developing an 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 making our facility more accessible to staff, patients and the communities they serve.

Key Messages

- AHI will identify and coordinate the removal of barriers and develop an annual accessibility plan
- Accessibility plans will allow our organization to integrate accessibility planning into other planning cycles.
- AHI is committed to the continual improvement of access to hospital facilities, policies, programs, practices and services for people with disabilities

10.3 Communication Tactics

Internal and External Audiences:

- When planned renovations are occurring, for removing existing barriers, communication (signs, posters, social media) will be designed to further promote the Hospital's commitment to make the public aware while visiting the hospital.
- Post Accessibility Plan on the Internet and Intranet
- Distribution of the Plan to the community partners where applicable

Internal Audiences:

- E-learning module on intranet for staff "Accessibility Training"
- Increased learning opportunities to "front-line staff" by providing Customer service training and education.

External Audiences:

- Release of AHI Accessibility Plan to Board for review and upload to AHI Website

Copies of this plan will be posted in the hospital and on the Hospital website. Upon request, it will be made available on computer disk or large print.

11.0 AHI Compliance with Integrated Customer Service Standards

Standard	Progress/Status	Plans/Timing
1. Establish policies, practices and procedures on providing goods or services to people with disabilities.	Compliant. All policies and procedures developed.	On-going annual review.
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.	Compliant. AHI policy allows for use of own personal assistive devices which include the use of cell phones near medical equipment. AHI Accessibility Guide outlines equipment, services and methods provided by AHI and tips on interacting with people with disabilities. Accessibility Policies, Plan and Guide are available on the intranet.	On-going annual review.
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	Partially compliant. Accessibility awareness training. All new hospital employees and volunteers receive disability awareness education during orientation.	All new employees and volunteers are required to complete Accessibility training during orientation. Volunteers – Complete. Training is in place with online training. Employees – Partially Complete. Covered in new hire orientation. HR to build an online Learning Management System module to track completion. Target date September 30, 2023.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.	Compliant. Accessibility awareness training has been completed with all staff.	As above

Standard	Progress/Status	Plans/Timing
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	Compliant. Accessibility awareness training has been completed with all staff.	As above
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 standards.	Compliant. Accessibility awareness training has been completed with all staff.	As above
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.	Compliant.	Policy in place. Annual review.
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.	Compliant.	Policy in place. Annual review.
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	Compliant/Not Applicable. AHI does not charge admission fees.	Not applicable.
10. Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.	Compliant. All service disruptions are posted.	Policy in place. Annual review.

Standard	Progress/Status	Plans/Timing
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.	In progress. Accessibility survey question to be added to the Patient Feedback surveys.	Departmental and Client surveys are to be revised to include an accessibility question. Target date to revise departmental/client surveys by September 30, 2023.
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.	Compliant. All policies and procedures developed.	On-going annual review.
13. Notify customers that documents required under the customer service standard are available upon request	Compliant. This information is provided in the Accessibility Plan and on website.	Posted publically
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	Compliant. This is covered within Accessibility awareness training that has been completed with all staff.	All new employees are required to complete Accessibility training during orientation.

12.0 AHI Compliance with Integrated Accessibility Standards Regulation (IASR)

IASR Requirement	Status	Timing
General		
1. Create accessibility policies that demonstrate the organizations commitment to becoming more accessible	Compliant.	Annual Policy reviews completed
2. Create a multi-year accessibility plan that outlines what you will do to remove and prevent barriers in your organization	Compliant.	Plan to be reviewed annually and updated as required.
3. Post the multi-year accessibility plan on the organizations website	Compliant.	5 year cycle posted
4. Incorporate accessibility criteria and features when procuring goods, services and facilities, except where it is not practicable to do so.	Compliant.	Complete.
5. Incorporate accessibility features in the design, procurement and acquisition of self-serve kiosks	Kiosks to be investigated for use at AHI.	Completed investigation. Kiosks are not in place at AHI, therefore not applicable.
6. Ensure training is provided on the requirements of the accessibility standards referred to in the IASR and in the Human Rights Code as it pertains to persons with disabilities to employees, volunteers, persons developing the organization's policies and others who provide goods or care on behalf of the organization	Training program exists for all staff, physicians and volunteers.	Training program to be in place with target date of September 30, 2023.
Information and Communication Standards		
7. Have process for receiving and responding to feedback and ensure the process is accessible	Under review. AHI Patient Feedback survey under review	In progress.
8. Upon request, provide or arrange the provision of accessible formats and communication supports for persons with disabilities	Compliant. AHI will provide accessible formats and communications supports upon request.	In progress. Review of current procedures underway. Target date for completion December 31, 2023.
9. If an organization makes emergency procedures, plans or public safety information available to the public it is required to be in accessible formats or with communication supports	Compliant. Emergency information is not currently made public	Complete/Not applicable.

IASR Requirement	Status	Timing
10. All internet and intranet websites and web content must conform to WCAG 2.0 Level AA, other than captions and audio descriptions	Compliant. IT Department has confirmed standards are conformed to as required.	Complete.
Employment Standards		
11. Notify employees and members of the public of the availability of accommodation for applicants with disabilities in our recruitment processes	Compliant. Information contained within AHI application process and on AHI website.	Complete.
12. Notify applicants when they are selected to participate in assessments or selection processes that accommodations are available upon request in relation to the processes or materials being used	Compliant. Information contained within AHI application process and on AHI website	Complete.
13. Applicants are notified of policies accommodating employees with disabilities	Compliant. Information contained within AHI application process and on AHI website	Complete.
14. Inform employees of policies used to support employees with disabilities including provision of job accommodations that take into account accessibility needs due to disabilities	Compliant.	Complete.
15. Provide information required under this section to new employees as soon as practicable after they begin their employment	Compliant. New employees are informed of information during Occupational Health Clearance process during hiring process.	Complete.
16. Provide updates to employees when there is a change to existing policies on the provision of job accommodations	Ongoing.	On-going.
17. Upon request by an employee, provide or arrange for the provision of accessible formats and for communication supports for: <ul style="list-style-type: none"> • Information that is needed to perform the employee’s job • Information that is generally available to employees in the workplace • The employer consults with the employee making the request to determine the accessible format or communication support required 	Compliant. Completed on ad hoc basis upon request.	Complete.

IASR Requirement	Status	Timing
18. Provide individualized workplace emergency response information to employees with disabilities, if the disability is such that the information is necessary, and the employer is aware of the need of accommodation due to the employee's disability	Compliant.	Complete.
19. Develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities	Compliant. Completed during Return to Work process and/or Work Transition process.	Complete.
20. Develop and document a return to work process for employees who have been absent from work due to a disability and require disability related accommodations to return to work	Compliant.	Complete.
21. Performance management shall take into account the accessibility needs of employees with disabilities, as well as accommodation plans	Compliant.	Complete.
22. Employers that provide career development and advancement to its employees shall take into account the accessibility needs of its employees with disabilities as well as individual accommodation plans	Compliant.	Complete.
23. Redeployment shall take into account the accessibility needs of employees with disabilities as well as accommodation plans	Compliant.	Complete.
Transportation Standards		
24. Organizations that are not primarily in the business of transportation, but that provide transportation services shall provide accessible vehicles or equivalent services upon request.	Standard met through outsourcing to compliant vendor(s).	Complete.

IASR Requirement	Status	Timing
Design of Public Spaces		
25. Ensure that new and redeveloped exterior paths of travel follow technical requirements as set out in the standard	Compliant.	Complete.
26. Ensure that when building or making major changes to existing outdoor public eating areas at least 20%, and no fewer than 1, of the tables are accessible to people using mobility aids, that the ground leading to and under the accessible tables is level firm and stable and that, enough space is clear around the accessible tables so people using a mobility aid can approach the tables	Compliant. AHI does not offer outdoor public eating areas.	Complete.
27. Ensure that new or redeveloped parking spaces are created according to the technical requirements as set out in the standard	Compliant.	Complete.
28. When making changes to or adding new service counters ensure that at least one service counter is accessible to people who use mobility aids as per the technical requirements set out in the standard	Compliant.	Complete.
29. When building or making changes to queuing guides ensure that the queuing area is wide enough for people using a mobility aid and people with vision loss can detect the queuing area with a cane	Compliant.	Complete.
30. When constructing or make major changes to waiting areas ensure that 3% of the seating is accessible and that no fewer than 1 seating space is accessible.	Compliant.	Complete.
31. Ensure that the accessibility plan contains preventive and emergency procedures for accessible parts of public spaces, such as posting when regular maintenance occurs and letting people know about alternatives.	Compliant.	Complete.

IASR Requirement	Status	Timing
32. Ensure that procedures for handling temporary disruptions in service when an accessible part of your public spaces stops working, such as putting up a sign explaining the disruption and outlining an alternative	Compliant.	Complete.