



Timmins and District Hospital

Multi-year Accessibility Plan

2021 – 2025

Executive Summary

The *Ontarians with Disabilities Act* (ODA) was enacted in 2001 to “*improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of accessibility barriers*”. The *Accessibility for Ontarians with Disabilities Act* (AODA) was enacted in 2005 for the purpose of creating “*accessibility for all by 2025*”. Regulations under the AODA including the *Integrated Accessibility Standards Regulation* (IASR) establish specific accessibility targets including timelines for compliance with the various requirements of the IASR. One of the requirements is to have a *Multi-Year Accessibility Plan*.

This multi-year plan is a 5 year plan describing the measures TADH will take to further identify, remove and prevent barriers to people with disabilities that use, work at or visit the hospital, including patients, staff (incl. potential staff), students, vendors, visitors and volunteers.

This plan was developed in consultation with the Senior Management Committee (SMC) and has been approved by the hospital’s President and Chief Executive Officer (CEO)

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1. Objectives of the plan

This plan is intended to:

1. Describe the process by which TADH identifies, removes and prevents accessibility barriers ;
2. Describe the measures TADH will take to identify, remove and prevent accessibility barriers ;
3. Describe how TADH will make this plan available to the public.

2. Definitions

A “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 co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- b. a condition of mental impairment or a developmental disability,
- c. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. a mental disorder, or
- e. an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

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

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

- hallways, washrooms and doorways that are too narrow for a person using a wheelchair, electric scooter or walker ;

- counters that are too high for a person of short stature ;
- poor lighting for people with low vision ;
- doorknobs that are difficult for people with arthritis to grasp ;
- parking spaces that are too narrow for a driver who uses a wheelchair ;
- telephones that are not equipped with telecommunications devices for people who are deaf, deafened or hard of hearing.

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

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

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

- thinking that persons with disabilities are inferior ;
- assuming that a person who has a speech impairment can't understand you ;
- a receptionist who ignores a customer in a wheelchair.

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

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

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

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

3. Description of the Timmins and District Hospital

The Timmins and District Hospital (TADH) is a level C, fully accredited (Accreditation Canada) referral and teaching hospital serving the residents of the City of Timmins and Cochrane District as well as the adjoining areas of the Temiskaming, Sudbury and Algoma districts. TADH is dedicated to providing health care services that are consistent with the needs of our community and catchment area. The hospital offers a full range of medical, surgical, critical care, maternity, newborn, pediatric, long-term care and mental health services as well extensive health education and district services. TADH houses 134 beds hospital wide and has approximately 800 frontline staff and 70 physicians. The hospital is a leader in state-of-the-art telecommunications and diagnostic equipment connecting physicians and staff to medical practitioners and specialists throughout Canada.

4. Hospital's Commitment to Accessibility

The Timmins and District Hospital is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner. We will do so by preventing and removing barriers to accessibility and by meeting accessibility requirements under the *Accessibility for Ontarians with Disabilities Act*.

5. TADH Accessibility Committee

The President and Chief Executive Officer (CEO) of the Timmins and District Hospital has authorized the Accessibility Committee to:

- Review the hospital's policies, practices, programs, and services that cause or may cause barriers to people with disabilities and make recommendations for improvement;
- Review the feedback we receive from internal and external sources regarding barriers to people with disabilities and respond accordingly;
- Monitor the hospital's implementation and on-going compliance with the *Ontarians with Disabilities Act* and the *Integrated Accessibility Standards Regulation*;
- Act as a liaison with the community and appropriate external agencies in regards to accessibility planning; and
- Maintain the *Accessibility Plan* (i.e. review, recommend and revise) and make it available to the public.

The President and CEO of the hospital has appointed our *Chief Human Resources Officer* as the executive lead of the Accessibility Committee and our *Health and Safety Coordinator* as its Coordinator.

6. Barrier Identification methodologies

Methodology	Description
Accessibility requirements	Compliance with existing requirements and changes to applicable Acts and Regulations. Monitoring of previous activity to ensure ongoing compliance.
Patient issues / concerns / suggestions	Complaints / suggestions received by way of discharge questionnaires
Visitor issues / concerns / suggestions	Issues / concerns and suggestions received by staff in Reception areas (Reception, Registration, DI, Dialysis, Day Surgery and Endoscopy)
Employee input	Staff raising issues / concerns or providing suggestions as a result of accessibility training
Risk Management issues / concerns	Issues / complaints identified through incident reports and site inspections
Accessibility Committee issues / concerns	Issues / concern raised by committee members.
Review of construction projects	Concerns and issues identified as a result of renovations and new construction
Accessibility feedback mechanism	Emails (issues / concerns and suggestions) received via the hospital's accessibility email address

7. Review and Monitoring Process

The Accessibility Committee will meet at least once every three months to review progress. Meeting dates and times for a given year shall be established at the first meeting of that year by the committee members in attendance. The chair of the Accessibility Committee reserves the right to reschedule a meeting if half the members will be absent.

8. Communication of the Plan

The hospital's Accessibility Plan is posted on the hospital's website and a printed copy is available in our Administration office. The Accessibility Plan is also available in alternate formats upon request.

9. 2021 – 2025 barrier removal initiatives

Type of barrier	Issue / Concern	Plan	Responsibility	Target completion date
Attitudinal	Competing priorities as a result of limited budgets and work loads	Provide Leadership group with annual AODA compliance refresher training.	Accessibility Coordinator	Annually by March 31st
Attitudinal	Lack of awareness and sensitivity of disabled persons at receiving areas (Reception, Registration, DI, Physio / Fracture Clinic, MHU, Surgery, Endoscopy, and Dialysis)	Provide accessible customer service training to new reception staff.	Unit Manager	Ongoing - Part of corporate orientation
		Provide annual refresher training on accessible customer service to all reception staff.	Unit Managers	Annually by March 31st
Physical and architectural	Clutter on promenade near stairwell	Develop / implement a standard for rest areas	Risk Mgt.	As soon as possible
Physical and architectural	Periodic Clutter on promenade near Tuck Shop and lecture theater	Develop and implement a policy for periodic promenade events that require alternate accessibility measures	Risk Mgt.	As soon as possible
Physical and architectural	Hallway clutter on clinical units	Develop policy and procedures that reduce clutter	Clinical Mgrs., Risk & OHS	On-going
Physical and architectural	Preventative and emergency maintenance of accessibility elements and temporary disruptions	Perform maintenance of physical and architectural accessible elements in public spaces	Maintenance dept.	Ongoing
Physical and architectural	Accessible washroom cubicles lacking space for use by person in wheelchair and a support person	Improve accessibility in cubicles on ground floor	Accessibility Committee	March 31, 2022

Physical and architectural	Technical requirements outlined in the AODA are met in all new construction and/or renovation, in all relevant areas including: <ul style="list-style-type: none"> • Accessible Parking • Exterior paths of travel • Outdoor public use eating areas • Service Counters • Fixed queuing guides • Waiting areas • Maintenance of accessible elements 	Ensure compliance with regulatory requirements for the construction / renovations of public spaces	Purchasing / Maintenance	Ongoing
Physical and architectural	Promenade doors to DI do not have auto door access. After-hours appointments are required to push open two sets of doors.	Install auto door openers at both DI entrances on Promenade	Maintenance	Nov. 30, 2022
Info and communication barriers	Audio paging is not appropriate for hearing impaired person in Emerg, DI, Day Surgery and Physic / Fracture clinic	Develop and implement an appropriate notification process that considers the patient's disability	Unit Mgrs.	March 31, 2022
Info and communication barriers	The font on some department-made signs is inappropriate (i.e. size and font style).	Develop and implement standards for public signs and video screens.	Purchasing & Communications	March 31, 2022
Info and communication barriers	Paging, fire alarms and overhead emergency calls might not be effectively communicated in all areas	Perform audit and identify problem areas. Develop / deliver recommendations to SMC to correct.	Emergency Response Committee	March 31, 2022

Update December 2025

2021 – 2025 barrier removal initiatives -

April 2024 Update

Type of barrier	Issue / Concern	Plan	Responsibility	Target completion date	Progress as of April 2024	Completed Y or N (end of 2025)
Attitudinal	Competing priorities as a result of limited budgets and work loads.	Provide Leadership group with annual AODA compliance refresher training.	Accessibility Coordinator	Annually by March 31st	Completed Yearly	Y
Attitudinal	Lack of awareness and sensitivity of disabled persons at receiving areas. (Reception, Registration, DI, Physio / Fracture Clinic, MHU, Surgery, Endoscopy, and Dialysis)	Provide accessible customer service training to new reception staff. Provide annual	Unit Manager Unit Managers	Ongoing - Part of corporate orientation Annually by March 31st	Completed during new hire process. Completed through Surge Learning yearly.	Y

		refresher training on accessible customer service to all reception staff.				
Physical and architectural	Clutter on promenade near stairwell	Develop / implement a standard for rest areas	Risk Mgt.	As soon as possible	Completed.	Y
Physical and architectural	Periodic Clutter on promenade near Tuck Shop and lecture theater	Develop and implement a policy for periodic promenade events that require alternate accessibility measures	Risk Mgt.	As soon as possible		Y
Physical and architectural	Hallway clutter on clinical units	Develop policy and procedures	Clinical Mgrs., Risk & OHS	On-going	Completed. Added to slips / trips and falls	Y

		that reduce clutter			policy.	
Physical and architectural	Preventative and emergency maintenance of accessibility elements and temporary disruptions	Perform maintenance of physical and architectural accessible elements in public spaces	Maintenance dept.	Ongoing	Completed when made aware.	Y
Physical and architectural	Accessible washroom cubicles lacking space for use by person in wheelchair and a support person	Improve accessibility in cubicles on ground floor	Accessibility Committee	March 31, 2022	Completed.	Y
Physical and architectural	Technical requirements outlined in the AODA are met in all new construction and/or renovation, in all relevant areas including: <ul style="list-style-type: none"> • Accessible Parking 	Ensure compliance with regulatory requirements for the construction / renovations	Purchasing / Maintenance	Ongoing	Completed with new construction projects.	Y

	<ul style="list-style-type: none"> • Exterior paths of travel • Outdoor public use eating areas • Service Counters • Fixed queuing guides • Waiting areas • Maintenance of accessible elements 	of public spaces				
Physical and architectural	Promenade doors to DI do not have auto door access. After-hours appointments are required to push open two sets of doors.	Install auto door openers at both DI entrances on Promenade	Maintenance	Nov. 30, 2022	Not yet complete. Being put as main priority on list.	Y
Info and communication barriers	Audio paging is not appropriate for hearing impaired person in Emerg, DI, Day Surgery and Physic / Fracture clinic	Develop and implement an appropriate notification process that considers the patient's disability	Unit Mgrs.	March 31, 2022	Not complete. Looking at vibrating notification system and TV screens. Have visual electronic numbering	Y – Added digital number display in D.I. None in ER and Fracture

					system in central reg. Have new nurse call bell.	Clinic - To be added for next plan.
Info and communication barriers	The font on some department-made signs is inappropriate (i.e. size and font style).	Develop and implement standards for public signs and video screens.	Purchasing & Communications	March 31, 2022	Spoke with Communications, they will have lunch and learns this summer to address signs, posters, and surveys. They will also look at creating a guidance document in regard to signage.	Y – Now being addressed through Accessibility Committee. Done some changes and will continue to work on signage.