MULTI-YEAR ACCESSIBILITY PLAN

Red Lake Margaret Cochenour Memorial Hospital
Accessibility Advisory Committee
2013

Executive Summary

Background information on the AODA

The Accessibility for Ontarians with Disabilities Act 2005 (AODA) was created to improve accessibility across the province. The purpose of this Act is to benefit all Ontarians by developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025. It requires that organizations identify, remove and prevent barriers for people with disabilities in key areas of daily living.

The Accessibility Standards for Customer Service, Ontario Regulation 429/07 came into force on January 1, 2008. The deadline for compliance for designated public sector organizations was January 1, 2010. It was the first accessibility standard created under the authority of the AODA.

The Integrated Accessibility Standards, Ontario Regulation 191/11 came into force July 1 2011. This Regulation establishes the accessibility standards for each of information and communications, employment and transportation.

Accessibility Plans:
The Integrated Accessibility Standard 4.1 requires designated public sector organizations to establish, implement, maintain and document a multi-year accessibility plan, post the plan on the website, and provide the plan in an accessible format upon request. The organizations must review and update the accessibility plan at least once every five years.

The accessibility plans must be established in consultation with persons with disabilities and if there is an established accessibility advisory committee, the organization shall consult the committee. Large designated public sector organizations shall meet these requirements by January 1, 2013.

RLMCMH Policy on Accessibility:

The Red Lake Margaret Cochenour Memorial Hospital (RLMCMH) is committed to preventing, identifying and removing barriers that impede the ability of people with disabilities to access care and services. We will ensure that our policies, practices and procedures are consistent with the core principles:
- Dignity
- Independence
- Integration
- Equality of Opportunity

This policy applies to all hospital employees, physicians, volunteers, contractors and any other who interact with the public on behalf of the Red Lake Margaret Cochenour Memorial Hospital.

RED LAKE MARGARET COCHENOUR MEMORIAL HOSPITAL

POPULATION:

Located at the northern end of Highway 105, the Municipality of Red Lake is the most northwesterly municipality in Ontario. With a population of approximately 4,400, the full service northern community is made up of six distinct town sites, Red Lake, Balmertown, Cochenour, Madsen, McKenzie Island and Starratt Olsen.

The municipality of Ear Falls with a population of approximately 1000 is located 70 km south of Red Lake on Highway 105. Ear Falls residents receive primary health care through the Ear Falls Family Health Team and access emergency and urgent medical care through the RLMCMH.

First Nations Communities: Pikangikum First Nation community with a population of 2400 is a remote community located 100 km north of Red Lake. Wabauskang First Nation community with a population of 270 is 116 km south of Red Lake on highway 105. There are approximately 600 self-identified aboriginal and Metis adults and children registered with the Red Lake Indian Friendship Centre in Red Lake.

ECONOMY:

Red Lake has a vibrant economy based on mining, tourism and wood resources. Balmertown is home to one of the world's richest gold mines, which is the area's largest employer. The area is also home to many resorts and lodges, specializing in fishing, hunting or canoeing.

HOSPITAL:

The building that the hospital occupies was built in 1973 and renovated in 2005. There are 80 part-time and full-time employees and seven physicians. The hospital has 18 beds, including 12 acute care, 2 obstetrics and 4 complex continuing care beds and provides 24/7 Emergency Care service. Diagnostic services include clinical laboratory, x-ray, ultrasound and stress EKG. The hospital provides outpatient chemotherapy, Telehealth services and physiotherapy for inpatients and selected outpatients. The hospital sponsors the Community Counseling and Addictions Service and Job Connect.

VISION: Red Lake Margaret Cochenour Memorial Hospital's vision is to ensure excellent, safe and appropriate health care by highly skilled and competent professionals in the programs we deliver or facilitate.

MISSION: The Red Lake Margaret Cochenour Memorial Hospital's focus is the delivery of inpatient, emergency and outpatient health care to Red Lake and surrounding communities. We support and promote preventative health care.
We deliver safe health care utilizing best practices while maintaining fiscal responsibility.
We are committed to achieving standards of excellence and continuous performance improvements.

VALUES: The values and beliefs of the Red Lake Margaret Cochenour Memorial Hospital guide our decision and actions:
- No one with a health care need will be turned away.
- Treat all patients with respect, compassion and dignity
- Build a work environment where each person is valued, respected and has an opportunity for personal and professional growth
- Strengthen our relations and partnerships; to collaborate fully with other service providers and stakeholders
- Operate in a financially, medically and socially responsible manner.

2013-2018 ACCESSIBILITY PLAN

STATEMENT OF OBJECTIVES: The Red Lake Margaret Cochenour Memorial Hospital will:
1. Identify, remove and prevent barriers to people with disabilities.
2. Meet the General, Information and Communications and Employment Standards that the organization is obligated to meet according to the schedule identified in the Integrated Accessibility Standards, of the AODA and included in this Plan.
3. Outline in a multiyear Accessibility Plan the measures that RLMCMH will take to remove and prevent barriers to people with disabilities and review the plan on an annual basis.
4. Make the 2013-2017 Accessibility Plan available to the public on the RLMCMH website.
5. Make the Accessibility Plan available in alternate formats on request.

ACCESSIBILITY ADVISORY COMMITTEE

The Accessibility Advisory Committee has the following responsibilities:
1. Preparation of the multi-year accessibility plan
2. Advise the RLMCMH on accessibility issues with respect to the review of existing and new/proposed by-laws, policies, programs, practices and facilities projects.
3. Monitor the progress of annual accessibility plans
4. Advocate, educate and promote accessibility issues and goals with the staff and the community.

The Accessibility Advisory Committee conducted a review of the Red Lake hospital building and structures in December 2012 and completed the Accessibility Plan using universal design standards. This plan was developed in consultation with persons with disabilities.

Committee Member	Department
Angela Bishop, Chair	Director of Patient Safety and Quality Improvement
Janette Harpiak	Community Representative
Jason Keetash	Community Representative
Debbie Larson	Chief Nursing Officer
Arlene Proskiw	Registered Nurse
Tammy Cameron	Finance Manager
Ken Burgess	Facilities Supervisor
Tracy Vilks	Physiotherapist

Built Environment							
BARRIER TYPE	DESCRIPTION OF BARRIER	STRATEGY to ADDRESS	2013	2014	2015	2016	2017
Public Washrooms	Emergency waiting area • Washroom is small and inaccessible	• Redevelop public washroom by combining the staff washroom and adjacent public washroom into one large accessible washroom in the patient waiting area • Designed with a 36″ entrance width • Designed to permit a wheelchair to turn in an open space that has a diameter of not less than 96″ • Toilet top of the seat between 15 ¾ and 18 inches from the floor • Grab bars, drop-down or two grab bars set at 90 degree angles to each other • Collapsible coat hook not more than 47″ from the floor on a side wall • Mirror and washroom accessories conforming with accessible standards • Soap and towel dispensers with reach of a seated person • Lavatory with the top located not more than 34″ from the floor • Lavatory with a clearance of 30″ wide by 29″ high • Capable of being locked from the inside with one hand and being released from the outside • Soap dispenser located so that dispensing height is not more than 47″ above the floor					
	Ultrasound room • Grab rail is positioned on a 45 degree angle	• Drop-down grab bars or two grab bars set at 90 degree angles to each other					
	Laboratory department • 15″ toilet • One grab rail on 45 degree angle	• Install 17″ toilet • Drop-down grab bars or two grab bars set at 90 degree angles to each other					
	X-ray department • One grab rail on 45 degree angle	• Drop-down grab bars or two grab bars set at 90 degree angles to each other					

Built Environment								
BARRIER TYPE	DESCRIPTION OF BARRIER	STRATEGY to ADDRESS	2013	2014	2015	2016	2017	
Public Washrooms	Emergency department washroom • 24.5″ clearance at front edge of lavatory • Soap dispenser is located 55″ above the floor	• 29″ clearance at front edge of lavatory • Reposition soap dispenser so that dispensing height is not more than 47″ above the floor						
	Lower level washroom located across from Board room entrance • Open space diameter is 48 ″ • Toilet is 15 ½ ″ in height • There are no grab rails	• Open space diameter of not less than 96″ • Redevelop public washroom by combining the staff washroom and adjacent public washroom into one large accessible washroom in the patient waiting area • Designed with a 36″ entrance width • Designed to permit a wheelchair to turn in an open space that has a diameter of not less than 96″ • Toilet top of the seat between 15 ¾ and 18 inches from the floor • Grab bars, drop-down or two grab bars set at 90 degree angles to each other • Collapsible coat hook not more than 47″ from the floor on a side wall • Mirror and washroom accessories conforming with accessible standards • Soap and towel dispensers with reach of a seated person • Lavatory with the top located not more than 34″ from the floor • Lavatory with a clearance of 30″ wide by 29″ high • Capable of being locked from the inside with one hand and being released from the outside						

Built Environment							
BARRIER TYPE	DESCRIPTION OF BARRIER	STRATEGY to ADDRESS	2013	2014	2015	2016	2017
Wheelchair Seating Space	No allocated wheelchair seating spaces in the common waiting areas: • Emergency department waiting area • Family room • Diagnostic/rehab waiting area	• Incorporate a clear floor space not less than 30″ by 54″ in common waiting areas • Signage to identify wheelchair seating space					
Customer service areas	Front entrance • Information and reception service counter is not accessible to the full range of visitors.	• Redevelop front entrance to include at least one section usable by persons in wheelchairs: • Between 28″ and 35″ above the finished floor, and at least 36″ wide • Knee space below of at least 27″ by 19″ deep.					
	Front entrance • Distance between external/internal doors is too narrow	Renovate to increase distance between internal and external sliding doors					
	Vending machine area • Doorway is 29″	• Redesign vending machine area to include an entrance way that is at minimum 36 " wide					
Door Handles	Door handles are not usable by persons with upper extremity weakness or limited mobility. • Family Room • Boardroom • Cafeteria service area • Laboratory washroom • Physiotherapy department • X-ray washroom	• Replace knob-style door handles with lever-style door handles: ❖ Boardroom ❖ Cafeteria service area ❖ Laboratory washroom ❖ Physiotherapy department ❖ X-ray washroom					

January 1	EMPLOYMENT STANDARDS	ACTION	RESPONSIBILILTY	STATUS
2012	Workplace emergency response information: • RLMCMH is committed to providing the customers and clients with publicly available emergency information in an accessible way upon request	ACTION: 1. Include availability of emergency information in an accessible format in the Accessibility Policy.	Accessibility Coordinator	In progress
	• RLMCMH will provide employee with disabilities with individualized emergency response information when necessary. • Provide information to person designated to provide assistance upon consent	ACTION: 1. Develop Policy, "Emergency Response Planning for Employees with Disabilities" 2. Integrate self-identification process for new employees into Employee Health nurse screening at orientation. 3. Memo to all staff offering opportunity for self-identification of disability and need for individualized emergency response plan. 4. Review individualized emergency response plans with OH&S committee.	Accessibility Coordinator	In progress

**The Employment Standards apply to employees (do not apply to volunteers and other non-paid individuals)

January 1	GENERAL STANDARDS	ACTION	RESPONSIBILITY	STATUS
2013	Establish accessibility policies • Policies that govern how to achieve accessibility through meeting the IASR requirements • Statement of organizational commitment to meet the accessibility needs of persons with disabilities • Written policy documents are made publicly available and in accessible format upon request	ACTION: 1. Develop, implement and maintain Accessibility Policy 2. Policy posted on hospital website	Accessibility Coordinator	In progress
	Accessibility Plans • A multi-year accessibility plan outlining strategy to identify, remove and prevent barriers and meet requirements of IASR is posted on website and provided in an accessible format upon request • Plan is reviewed and updated at least once every 5 years • The plan is developed in consultation with persons with disabilities • Annual progress report is prepared • The report is posted on website and provided in an accessible format upon request	ACTION: 1. Review of built environment in consultation with persons with disabilities 2. Plan developed using principles of universal design 3. Plan posted on the website.	Accessibility Coordinator	In progress
	Procuring or acquiring good, services or facilities: • Incorporate accessibility criteria and features into procurement process except where it is not practicable to do so, and, • If it is not practicable to do so, provide, upon request, an explanation	ACTION: 1. Add a statement of accessibility criteria to the "Procurement of Services and Supplies and Supply Chain Code of Ethics" Policy ADM-FIN-II-12.	Accessibility Coordinator Purchasing	In progress

he Employment Standards apply to employees (do not apply to volunteers and other non-paid individuals)

January 1	EMPLOYMENT STANDARDS	ACTION	RESPONSIBILILTY	STATUS
2014	Recruitment, general • All employees and the public about the availability of accommodation for applicants with disabilities in recruitment processes. Recruitment, assessment or selection, • Notify selected job applicants that accommodations are available upon request in relation to the materials or processes to be used for selection. • Consult with selected applicant and provide/arrange for suitable accommodation in a manner that takes into account the applicant's accessibility needs. Notice to successful applicants • When making offers of employment, notify the successful applicant of policies for accommodating employees with disabilities.	ACTION: 1. Add statement of availability of accommodation for applicants to "Employment Principles" Policy #ADM-HR-I-14 2. Include statement of availability of accommodation in all internal/external job postings, interview package material and offers of employment.	Accessibility Coordinator Chief Nursing Officer	
	Informing employees of supports • Inform its employees of its policies used to support employees with disabilities • provide the information as soon as practicable • provide updated information on accommodations policies to employees when changes occur	ACTION: 1. Include information on policies used to support employees with disabilities in the orientation binder. 2. Inform employees at Annual mandatory education sessions.	Accessibility Coordinator Chief Nursing Officer	

January 1	EMPLOYMENT STANDARDS	ACTION	RESPONSIBILILTY	STATUS
2014	Processes to accommodate employees • Provide accessible formats and communication supports for information that is needed in order to perform the employee's job • Information that is generally available to employees in the workplace.	ACTION: 1. Develop a policy and procedure for the provision of accessible formats and communication supports for employees.		
	Documented individual accommodation plans • A written process for the development of documented individual accommodation plans • The process for the development of the plans shall include the elements in section 28.1 • Plans shall include (if requested) information regarding accessible formats and communications supports; if required, individualized workplace emergency response information, and any other accommodation that is to be provided.	ACTION: 1. Develop an HR policy/procedure for development and implementation of individual accommodation plans, including, but not limited to, accessible formats and communication supports.	Accessibility Coordinator Occupational Health & Safety Committee	
	Return to work process • Develop a documented process for its employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work; use individual accommodation plans	ACTION: 1. Add requirement for documented process and disability-related accommodations to RLMCMH Policy, "Early & Safe Return to Work", OHS-OH-II-01		

January 1	EMPLOYMENT STANDARDS	ACTION	RESPONSIBILILTY	STATUS
2014	Performance management • Take into account the accessibility needs of employees, as well as individual accommodation plans Career development and advancement • Take into account the accessibility needs of its employees when providing career development and advancement (both additional responsibilities and employee movement) Redeployment • Take into account the accessibility needs of its employees with disabilities	ACTION: 1. Human Resource policy statement that includes a commitment to take into account the accessibility needs of employees for the purposes of performance management, career development, advancement and redeployment.	Accessibility Coordinator Chief Nursing Officer	
	GENERAL	ACTION	RESPONSIBILILTY	STATUS
2014	Training on IASR accessibility standards and Human Rights Code • All employees, volunteers, persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization receive training • Training is appropriate to the duties of the participants • Training is delivered as soon as practicable • A record of the training provided, including the dates and number of individuals to whom it is provided is kept	ACTION: 1. Training for the Board of Directors, and Senior Leadership Team. 2. General training information included in new staff orientation package. 3. General training for all staff delivered during Annual Mandatory education session.	Accessibility Coordinator	

January 1	INFORMTION AND COMMUNICATION	ACTION	RESPONSIBILILTY	STATUS
2014	Feedback • Ensure that the processes for receiving and responding to feedback are accessible by providing or arranging for the provision of accessible formats and communications supports • Notify the public about the availability of accessible formats and communication supports	ACTION: 1. Feedback processes through the hospital website include information on provision of accessible formats. 2. 'Patient Relations' brochure to include information on accessible formats.	Accessibility Coordinator	
	Accessible websites and web content • New internet websites and web content will conform with WCAG 2.0 Level A • Applies to web content published on a website after January 1, 2012	ACTION: 1.	IT Manager	
2015	Communication support • Provide or arrange for the provision of accessible formats and communication supports at a cost that is no more than the regular cost, upon request • Notify the public about the availability of accessible formats			
2021	• Ensure all internet websites and web content conform with WCAG 2.0 Level AA			