

2014-2021 Accessibility Plan



Accessibility Steering Committee
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Originally published July 2012, revised April 2017

Executive Summary

The purpose of this plan is to increase access to services and minimize barriers to participation for people with disabilities within St. Joseph's Healthcare Hamilton (SJHH). The goal of health equity and inclusion is underpinned by two key pieces of legislation the Ontarians with Disabilities Act (ODA) and the 2005 Accessibility for Ontarians with Disabilities Act (AODA). These two acts establish principles of inclusion and minimum standards organizations must comply with. The ODA is intended 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, and mandates that all hospitals prepare annual accessibility plans. The long-term goal of the AODA is the creation of a barrier-free Ontario for people with disabilities by 2025 through the implementation of accessibility standards for the private and public sectors. The Integrated Accessibility Standards (July 2011) addresses accessibility requirements within Information and Communication, Employment, and Transportation. In 2016, this was expanded to include the Customer Service Standards. What is new about the AODA is the scope of the requirements, minimum mandatory standards for organizations and a mechanism for fines for non-compliance, (fines range from \$500 to \$15,000 per day for corporations and from \$200 to \$2,000 for individuals). The Customer Service standard was the first to be implemented and hospitals were required to meet this standard by January 2010.

SJHH's Accessibility Plan (the Plan), developed with our Accessibility Steering Committee (ASC), and describes measures taken during the 2010-2021 implementation period. The Plan will identify, remove and prevent barriers to people with both visible and invisible disabilities including patients, staff, clients, community, visitors and other members of the SJHH community.

This Plan provides an overview of SJHH and its commitment to accessibility planning including the structure and mandate of the ASC. SJHH recognizes that people with disabilities have a right to expect the same access to health services as everyone else.

The Plan is designed to ensure we meet legal requirements and increase inclusive and equitable treatment of people with disabilities. Our plan is based on several factors: the legislative requirements; 2009 and 2011 reviews of internal policies, information technology and facilities to identify barriers which prevent or limit participation of people with disabilities who live, work in or use SJHH services and facilities; and feedback from ASC members and other SJHH stakeholders. The results of these audits, feedback and current legislation provide the basis for a prioritized barrier-removal strategy included within the Accessibility Plan.

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Section 1 - The Purpose of the SJHH Accessibility Plan

The purpose of the Plan is to satisfy the requirement under the Integrated Accessibility Standard as articulated in Part 1 Section (4) ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005 Integrated Accessibility Standards.

This standard requires public sector organizations and large organizations to:

- (a) Establish, implement, maintain and document a multi-year accessibility plan, which outlines the organization's strategy to prevent and remove barriers and meet its requirements under this Regulation;
- (b) Post the accessibility plan on their website, if any, and provide the plan in an accessible format upon request; and
- (c) Review and update the accessibility plan at least once every five years.

The Plan will describe the measures that SJHH took during the 2010-2013 period and will take in the 2014-2021 accessibility planning cycle to identify, remove and prevent barriers to Ontarians in accessing the Organization's facilities and services, including patients, staff, clients, volunteers, students, families, visitors and other stakeholders of SJHH.

Section 2 - The Objectives of the SJHH Accessibility Plan

The objectives of this plan will be to:

- Describe the process by which SJHH identifies, removes and prevents barriers to people with disabilities;
- Describe the measures that SJHH has taken to fulfill the accessibility requirements within the Customer Service Standard;
- Describe the measures that SJHH will take within the next three years to meet the minimum requirements set out within the IAS legislation;
- Describe SJHH's strategy related to the training, awareness, communication and integration of accessibility into the culture of the organization; and
- Describe the ways that SJHH will make this accessibility plan available to the public.

Section 3 - A General Description of SJHH

Founded in 1890, St. Joseph's Healthcare Hamilton (SJHH) has cared for the community in a spirit of compassion, innovation, and commitment, a drive that has nurtured the growth of the organization into a multi-site, regional, tertiary, academic health science centre. As a premier academic and research health care organization, SJHH commits to making a difference in people's lives and the future of our community, through integrated health services and internationally recognized programs.

SJHH is comprised of three campuses, Charlton, West 5th and King St campus. SJHH has 5,308 employees, of which 3,313 are full-time and 1,995 part-time, 800 physicians and over 850 learners and volunteers within the three campuses.

St. Joseph's West 5th Campus provides specialized tertiary mental health services for residents of Central South Region in Ontario, operating specialized mental health beds and providing leading edge community services to thousands of outpatients. West 5th Campus also provides Medical Outpatient Clinics, a Pre-operative Clinic and a Diagnostic Imaging Centre. St. Joseph's King Campus is a state-of-the-art; stand-alone facility that has pioneered models of ambulatory care and includes a robust Surgery Centre for cataract surgeries and a 39-bed Satellite Dialysis Centre. St. Joseph's Charlton Campus is a tertiary care teaching centre, which includes the regional centre for kidney transplants, oncologic surgery and a large acute care hospital.

The following values, commitment and vision are derived from the St. Joseph's Hamilton (St. Joseph's HealthCare Hamilton, St. Joseph's Villa Dundas and St. Joseph's Home Care) strategic plan.

SJH Values

We commit ourselves to demonstrate in all that we undertake, the vision and values that inspired our Founders, the Sisters of St. Joseph. These are: Dignity, Respect, Service, Justice, Responsibility and Enquiry.

SJH Commitment

In the spirit of compassion, innovation and commitment to the needy, St. Joseph's Healthcare Hamilton will continue to strive for excellence in the care of the people of the Hamilton region and surrounding areas. Together, we are dedicated to these values and will commit our skills and resources to fulfill this mission. SJHH will provide safe, kind and effective care to those we are privileged to serve.

SJH Vision

On behalf of those we are privileged to serve, we will deliver an integrated high quality care experience, pursue and share knowledge, and respect our rich diversity, always remaining faithful to our Roman Catholic values and traditions.

SERVICE EXCELLENCE VISION:

Rooted in the Mission of St. Joseph's Healthcare Hamilton, our service delivery promise is to be an international leader in C•A•R•E to our patients, families and staff.

COMPASSION

We will treat you as a valued human being with individual spiritual, physical and emotional needs. We will engage in open, honest and constructive communication by giving you our full attention and by listening carefully.

ATTITUDE

We will be friendly, courteous and empathetic in all of our interactions with you. We will work with you as a full partner in decisions that affect you in a sensitive and ethical manner. We will always treat you with Dignity and Respect.

RESPONSIVENESS

We will respond to your needs in a timely and positive fashion following up with you to confirm your satisfaction. We value the efforts of our teams and will always collaborate to ensure that we respond appropriately.

EXCELLENCE

We will adhere to the highest standards of professional practice and behaviour in all that we do. We value accountability both as individuals as well as teams. We will use best practice and international standards to serve you better.

Section 4 - Accessibility Steering Committee at SJHH

The Accessibility Steering Committee (ASC) was established in January 2010 and was originally comprised of hospital staff. Based upon the accessibility scope within the IAS, it was decided to broaden committee membership to include representation from community partnership groups including the Canadian Hearing Society, Patient and Family Advisory Committee and Mental Health and Addiction Program Peer Support Council.

Chaired by the Director, Human Resources, the ASC meets on a quarterly basis and monitors organization wide accessibility tasks and functions to ensure that SJHH, at a minimum, meets the legal requirements for disability accessibility legislation through the development, monitoring, and reporting of the annual accessibility plan, and works to promote and increase accessibility, equity and integration for people with disabilities across SJHH.

See Appendix 1 – ASC Terms of Reference.

4.1 Accessibility Subcommittees

Members of the ASC were assigned to a specific task force within three subcommittees to carry out the initiatives within the Integrated Accessibility Standards. The three subcommittees are:

- Built Environment Accessibility Subcommittee, led by the Manager, Redevelopment;
- Employment Accessibility Subcommittee, led by the Manager, Employee Relations & Labour Relations; and
- Information & Communication Accessibility Subcommittee, led by the Senior Specialist, Media & Strategic Issues

The subcommittee leads were responsible for coordinating and delegating tasks associated to the accessibility initiatives within their respective subcommittees and reporting quarterly progress reports to the ASC Committee Chair. The leads also coordinated their subcommittees annual report contributions, to be included in the annual update to the Accessibility Plan.

The ASC Chair collaborated with the subcommittee leads to ensure that target dates were met and provided direction and/or project management support as needed.

Accessibility Steering Committee Members
(As of April 2017)

AODA Steering Committee - Member Listing		
Accessibility Ambassadors	Subcommittee	Department/Representation
Marlene Hall	Chair - Steering	Director, Human Resources
Jamie Wraight (Lead)	Built Environment	Project Manager, Redevelopment
Marlon Martinez	Built Environment	Redevelopment
Maryann Breitigam (Lead)	Built Environment	Redevelopment
Ashleigh Bonnell	Employment	Occupational Health & Safety
Stephanie Trowbridge	Employment	Manager, Emergency Preparedness
Bill Adamson	Info & Communications	Information Technology - Analyst
Brenda Barton	Info & Communications	Manager, Telecommunications
Julie Vohra	Info & Communications	Patient Relations & Risk/Legal
Linda Hollingham	Info & Communications	Manager, Audiology
Lindsay Whelan	Info & Communications	Public Relations Associate
Liz Vagadia	Info & Communications	Sr. Occupational Therapy/PAC
Megan Biekse (Lead)	Info & Communications	Public Relations
Sharlene Wilson	Info & Communications	West 5th Volunteer Resources
Tracey Hutter	Info & Communications	Audiology
Kate Albanese	Steering	HR Sr. Organizational Development Consultant

Section 5 – SJHH's Commitment to the Accessibility Plan

A message from SJHH President, Dr. David Higgins related to the corporate commitment to carry out the intention and action of the Accessibility Plan.

St. Joseph Healthcare Hamilton ("SJHH") is committed to providing a respectful, accessible and inclusive environment for all patients, employees and visitors. We are committed to meeting the standards outlined in the province's Accessibility for Ontarians with Disabilities Act.

Guided by the vision of the Sisters, our respect for human dignity and the core principles of this Act, our goal is to progressively work toward the elimination of barriers to access to the goods, services and employment opportunities provided by St. Joseph Healthcare Hamilton.

*Dr. David Higgins
President, St. Joseph's Healthcare*

Section 6 - Methods used to Identify Barriers at SJHH

Barriers identified by patients, employees, members of the public, advocacy groups, etc. can provide such feedback through our Patient Relations department via email, telephone, mail, fax, or in person. Currently compliments/complaints are welcomed to ensure that we are continuously improving our processes and services, doing so in a manner which is equitable and accessible for all. Members of the ASC will also act as Accessibility Ambassadors, bringing forth recommendations for improved accessibility within SJHH's three sites.

The chair of the ASC will be notified of any complaints received and logged by the Patient Relations department related to accessibility issues and will be responsible to request action be taken by the appropriate functional area within the organization. Such feedback will form the content of the Accessibility Plan, within the following areas: Customer Service, Information and Communication, Employment, Transportation and Built Environment.

Section 7 - Recent Barrier-Removal Initiatives at SJHH

Section 7: What Have We Accomplished - Barrier Removal Initiatives at SJHH: Actions Taken To Date (March 2012)			
Category of Barrier	Action Taken to Improve Accessibility	Means to Prevent/Address Barrier	Status
Customer Service	Creation of an AODA Policy.	The AODA Policy was created in collaboration with UHN. The Policy was vetted through the AODA Committee, community stakeholders, clinical areas and SJHH executive.	Completed
Information/ Communication	AODA Intranet Page created to provide ongoing Customer Service Support tips for staff.	The AODA Intranet Site was updated in March 2012 to be more interactive and user friendly. There is an announcement board where we share any corporate updates related to accessibility and a shared documents centre housing all information related to accessibility policies, procedures, communications, legislation and training materials.	Completed
Customer Service	Review existing policy and companion procedure to ensure compliance with AODA.	A review was completed and recommendation was made to create a procedural document as a subcomponent of the AODA Policy.	Completed
Customer Service	Creation of a Support Persons and Service Animal Procedure as a component of the over-arching AODA Policy.	Both the Support Persons and Service Animal Procedures have been created, reviewed and approved for posting.	Completed
Customer Service	Creation of a Guiding Statement for Accessibility at SJHH.	CEO, Dr. David Higgins' message was published to our internet site and communicated throughout the organization.	Completed
Customer Service	Develop 'Use of Personal Assistive Devices' Policy to improve access and meet AODA compliance.	'Assistive Devices' is included in the AODA Policy as well as on the Intranet and in the training content for all staff.	Completed

Built Environment	Develop a guideline for signage to improve access and ensure AODA compliance.	Two (2) signs were added indicating HC entrances (0 Tower and 0 Martha) to address the more prudent need.	Completed
Built Environment	Assistance with finding at SJHH parking areas.	The parking department posted additional Handicap signage in Ramp 3.	Completed
Built Environment	Develop corporate signage standards and installation process.	Redevelopment is to lead creation of a Corporate Signage Committee to include roles and responsibilities, signage standards and processes to ensure AODA compliance and standardization of all corporate signage.	Completed
Built Environment	Build to anticipated AODA "Built Environment" standards.	New Surgical Tower designed to include "Braille" in elevator cabs, ramp to computer room, installation of push button door openers, appropriate height of patient devices (i.e. waiting room ticket dispenser, speakers, etc.) and service counters.	Completed
Information/ Communication	Ensure notification of cancellation or disruption to services due to inclement weather or mechanical malfunction to ensure AODA compliance.	A process is in place to notify patients and visitors when services are disrupted.	Completed
Information/ Communication	Review designated parking to ensure AODA compliance.	Additional designated parking spots were added to the Charlton Campus.	Completed
Training	Deliver dedicated training for front-line ambassadors such as volunteers, information desk clerks, security and greeters who work in front-line functions and who interact with the general public.	Phase One of training was rolled out in January 2010, focusing primarily on front-line staff through the e-Learning Module.	Completed
Training	Mandatory e-Learning training and accessible multiple modalities offered for team training on the Customer Service Standard.	In January 2012, an accessibility training audit was conducted and Phase Two of Training and Communication was implemented with a cascading presentation roll-out to leadership and management with assigned e-Learning to all employees. Training is also assigned as mandatory training	Completed

		to all new employees and volunteers.	
Training	Volunteer Training Sessions.	Three sessions of Accessibility Training: Customer Service and IAS Awareness training were delivered during the month of May 2012.	Completed
Training	Orient Managers and Supervisors to AODA & Customer Service Standard.	Between January to March 2012, four corporate presentations were presented to over 100 management staff, including senior leaders in compliance with the IAS. Informing leaders on the Organization's responsibilities within Information & Communications, Employment and Transportation, as well as proposed Built Standards.	Completed
Information/ Communication	Provide AODA plan, brochure and booklet on general information to stakeholders.	The Customer Service Plan was created and communicated in January 2010. The Accessibility Plan 2012-2015 is in progress and will be posted externally by January 2013.	Complete (to be reviewed annually)
Information/ Communication	Communicate when services will be or have been interrupted or closed early due to inclement weather or mechanical problems.	Maintenance ensures interrupted services are posted throughout the facilities, in compliance with legislation. Technology service interruptions are emailed through the organization.	Completed
Information/ Communication	Improve on existing feedback mechanism to meet the AODA requirements.	The feedback process was posted to the internet under Patient & Visitor Information.	Completed
Information/ Communication	Ensure feedback mechanism is accessible, tracked and actioned.	The Accessibility Feedback Process meets the requirements of the Customer Service Standard, receiving feedback via multiple mediums, inclusive of ensuring mechanisms are accessible, tracked and actioned.	Completed

Information/ Communication	Communicate changes/improvements to stakeholders.	Communication at Management Forums, Nurse Manager and PAC Meetings, updates to Community Partners and persons who have provided feedback via the feedback process is occurring.	Completed
Information/ Communication	Increase Engagement of Community Partners and Persons with Disabilities or lived experience within the AODA Committee.	Committee membership was extended to the Canadian Hearing Society, to members of the Patient and Family Advisory Committee and the Mental Health Peer Support Provider Council. We now have members from each stakeholder group on the Accessibility Steering Committee and as participants within the subcommittees.	Completed

Section 8 - Barriers that SJHH will address in 2014-2021

Section 8 - Barrier that SJHH will address in 2012-2015					
Category of Barrier	Identified Barrier	Means to Prevent/Address Barrier	Lead	Target Date	Status
Systemic	New Integrated Accessibility Standard requires policy revision (mandatory requirement).	Revise existing policy to reflect requirements of the Integrated Accessibility Standard Regulation: policies must be available in alternative formats upon request & be publicly available.	Manager, Strategic Initiatives	January 1, 2013	Complete (to be reviewed annually)
Systemic	Accessibility Plan (mandatory requirement).	Develop a multi-year Accessibility Plan for SJHH which outlines our strategy to prevent and remove barriers and meet the Act; do an annual update of the plan in January on actions completed and new actions proposed (to meet ODA) and annual status report for AODA. Post the plan publicly on www.stjoes.ca and make it available in alternative format upon request; and engage relevant SJHH departments on specific actions required under the Act (including IS; Clinical Services; Emergency Preparedness; HR; Redevelopment; Public Relations; Internal Communications).	Manager, Strategic Initiatives	January 1, 2013	Complete (to be reviewed annually)
Information/Communication	Emergency Preparedness Employee Accommodation Plan (mandatory requirement).	Individual Accommodation Plans must be available to public and employees upon request. An Emergency Preparedness policy has been developed by the Manager of Emergency Preparedness and will be approved, posted and communicated as per the January 2012 requirement.	Manager, Employee/Labour Relations	January 1, 2012	Complete
Employment	Meet new Integrated Standard (mandatory requirement), current training meets Customer Service standard.	Continue offering current Accessibility e-Learning until new training is developed; Revise the mandatory online Accessibility training to include Human Rights Code and key components of the IASR: training must be provided to staff, volunteers, contract staff and all	Manager, Employee & Organizational Development	January 1, 2013	In Progress

		others who provide services, goods or facilities on behalf of the organization; and keep records of training participants/ dates.			
Information/ Communication	NEW broader requirement for all information and communication must be met by 2015 (including publishing/producers of educational texts. Exception: EDUCATION materials for courses deadline January 2014).	Must provide or arrange for accessible formats upon request 1) in a timely manner 2) no added cost 3) in consultation with the person making the request. Staff need to be aware of duty to provide information and documents in alternative formats upon request: this includes clinical forms; patient information packages; instruction or handouts; policies; procedures and publications – by 2015. NOTE this is already a principle in the current Customer Service Standard.	Manager, Public Relations	January 1, 2014	Complete
Technology	Accessible Websites and Web Content: Educational and training resources and materials must be available by January 2014.	Internet and intranet sites comply with WCAG 2.0 AA standards -all new content on existing sites must comply as of January 2012, (excluding live captioning and audio). Existing sites have until January 2014 (excluding live captioning and audio) to comply. By January 2014 all content and all websites meet WC2. Able to demonstrate efforts to ensure content posted meets this standard.	Manager, Public Relations	January 1, 2021	Complete
Information/ Communication	Improve access to www.stjoes.ca for a range of disabilities.	Develop list of guidelines/tips to support SJHH web content providers in developing web content that is accessible and meets W3C guidelines (i.e. tip to providing text alternatives for non-text content).	Manager, Public Relations	January 1, 2013	Complete
Systemic	SJHH Accessibility Steering Committee (mandatory requirement).	The SJHH Accessibility Committee has been in place since 2009. Since the roll-out of the IAS, the committee membership has been expanded to include patients and community partners-continue to seek/maintain representation of people with disabilities on the committee.	Manager, Strategic Initiatives	January 1, 2013	Complete
Systemic	Procurement of goods or services (mandatory requirement).	Must incorporate "Accessibility Criteria & Features" when procuring or acquiring goods, services or facilities (unless not	Manager, Strategic Initiatives	January 1, 2013	Complete

		practical to do but must be able to explain why not if requested): Discussed with Purchasing; added language in our RFP templates (issued by SJHH), as well as other buying groups such as our SSO (MSCS) and also Medbuy-GPO.			
Built Environment	Information, point of entrance, welcome (mandatory requirement).	Must incorporate accessibility features when designing, procuring or acquiring self serve kiosks -any kind of interactive electronic terminal such as way finding, information kiosks, welcome, point of sales - intended for people to access services, products or goods - ensure Redevelopment is aware of and incorporating into any redevelopment initiatives.	Manager, Redevelopment	January 1, 2014	Complete
Information/Communication	Complaint/feedback process in place for Customer Service Standard January 2010. Must ensure this process is available in alternative formats upon request by January 2014; and must notify public of the availability of accessible formats and communication supports (mandatory requirement).	Must ensure Feedback process is available in alternative formats upon request; and must notify public of the availability of accessible formats and communication supports. This applies to clients, staff, volunteers, family members and anyone who has feedback about accessibility. (This is distinct from Workplace Accommodation dealt with by Occupational Health). The Patient Relations Department is the designated point of engagement. The Patient Relations office deals with feedback as per the existing protocols, but all staff are expected to participate in meeting the standards.	Manager, Public Relations	January 1, 2014	In Progress
Employment	Accommodation in recruitment processes (mandatory requirement).	Recruitment must notify candidates about availability of accommodation for applicants with disabilities. Update equity statement on all job postings to include accommodation; ensure HR staff integrate the standard into practice; revise relevant HR policy.	Manager, Employee /Labour Relations	January 1, 2014	Complete
Employment	Accommodation in employment processes (mandatory requirement).	Review existing Occupational Health and HR Policies on accommodation and return to work & integrate any new changes from this regulation. Includes: a written process	Manager, Employee /Labour Relations	January 1, 2014	Complete

		regarding development and documentation of individual accommodation plans (employees w disabilities); how employee consulted; means by which employer assessed; manner in which employer can request external medical or expert advice; etc. Performance reviews, career development and redeployment must take into account accessibility needs and individual accommodation plans.			
Employment	Accommodation in return to work (mandatory requirement).	Have a written return to work strategy implemented which: outlines the steps employer takes to facilitate the return to work and include an individual documented accommodation plan.	Manager, Employee /Labour Relations	January 1, 2014	In Progress
Built Environment	Accessible pathways change due to redevelopment.	Accessible Way finding: review and create a list of accessible parking, entrances and washrooms (which is posted on Intranet and part of the accessibility training resources).	Manager, Redevelopment	January 1, 2013	Complete

Section 9 - The Accessibility Plan Review Process at SJHH

The SJHH Accessibility Steering Committee will monitor the implementation of SJHH's Accessibility Plan on a quarterly basis. The Plan will be reviewed and updated at the end of each calendar year and posted to reflect annual progress. The ASC Chair will update the Executive Sponsor.

Section 10 -The Accessibility Plan Communication Strategy at SJHH

The St. Joseph's Healthcare Hamilton Accessibility Plan will be posted on the SJHH website at <http://www.stjoes.ca/default.asp?action=article&ID=1636>. The Plan will also be communicated via email, posted to the AODA Page of the SJHH Intranet and available in alternative formats via request to Public Relations.

Appendix 1

ACCESSIBILITY STEERING COMMITTEE TERMS OF REFERENCE

(Revised February 3, 2014)

1.0 Purpose of the Committee

The legislation requires all public hospitals to develop an accessibility plan to lead to full accessibility by 2025. The Accessibility Committee is designated to ensure commitment to accessibility planning and to meet the Hospital's obligation under the Ontarians with Disabilities Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). The Integrated Accessibility Standards Requirements, 2011 (IASR) requires that organizations "establish, implement, maintain and document a multi-year accessibility plan, which outlines the Organization's strategy to prevent and remove barriers and meet its requirements under this regulation".

The purpose of the AODA Committee is to:

- Ensure that SJHH complies with the requirements of both Acts and the IASR through the development of a documented and published accessibility plan for SJHH;
- Provide recommendations relating to the provisions of the ODA and AODA;
- Identify the roles and responsibilities relating to each facility, the delivery of service to patients and as an employer;
- Steer the creation of the accessibility plan, as directed through the IASR to assist SJHH in promoting a barrier-free environment by 2025; and
- Act as a liaison with other committees/councils, external people and partners.

2.0 AODA Committee Activities

- Provide an open dialogue between members with regard to on-going initiatives and concerns;
- Report on measures that will be taken to identify, remove & prevent barriers to people with disabilities;
- Develop and track how SJHH intends to identify, remove & prevent barriers related to the time-phased requirements in the IASR;
- Identify and review the measures in place ensuring that SJHH assesses its proposal for by-laws, policies, programs, practices and services;
- Develop a communication strategy;
- Develop an education & awareness strategy; and
- Maintain current standards and develop new standards as required.

3.0 Objectives/Responsibilities

The Accessibility Committee will actively promote the activities of the Committee and carry out assigned or accepted activities related to the Committee objectives. The Committee objectives will be:

- Review distributed documentation prior to the scheduled meetings. Approve circulated documents as required;
- Attend or send a delegate to all meetings;
- Prioritize suggestions for the prevention and elimination of barriers and submit report to the Chief Planning Officer (CPO);
- Ensure that accessibility plans are posted on the internet and intranet and made available, in multiple formats, to the community, in accordance with the obligations under the ODA and AODA; and
- Assist with preparation of reports and presentations as required.

4.0 Responsibilities of the Chair

- Stimulate and guide the activities of the Committee towards achieving the Committee's objectives;
- Ensure that agendas, minutes and supporting materials are distributed prior to each meeting; and
- Meet with the VP, P&OE on a quarterly basis to provide updates on key issues as required.

5.0 Membership

Membership shall reflect most areas of SJHH in order to appropriately address barrier identification and removal throughout SJHH. Areas of representation include but are not limited to:

- Audiology
- Building Services
- Human Resources
- Medical Affairs/Physician
- Mental Health and Addictions Program
- Risk Management & Patient Relations
- Occupational Therapy
- Occupational Health & Safety
- Public Relations
- Redevelopment
- Security
- Volunteer Resources
- Employee Representative
- Patient and Family Representative(s)
- Community Partner(s)

6.0 Subject Matter Experts

Internal Resources Specialists will be utilized where required to support the work of the Committee and launch of initiatives (i.e. representation from Redevelopment regarding the new West 5th facility).

7.0 Reporting

The Committee will report to the VP, P&OE regarding progress and any revisions to the accessibility plan. Reports and recommendations will be forwarded to the Executive Team via the VP, P&OE.

8.0 Meetings

- Quarterly meetings of the ASC
- Quarterly meetings of the subcommittees
- Ad hoc meetings may be called at discretion of the Chair

9.0 Minutes

Minutes will include a summary of the discussions held, actions and decisions taken and will be circulated to Committee members.