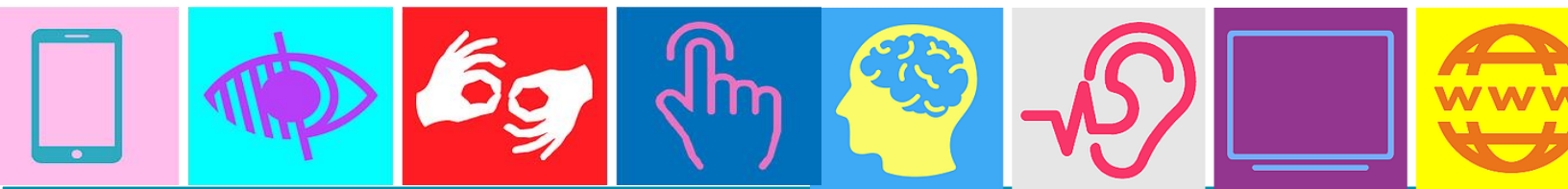




WOMEN'S COLLEGE HOSPITAL

ACCESSIBILITY PLAN

(2024 – 2028)



Prepared by: The Women's Accessibility Steering Committee
for AODA Hospital compliance

Approved: XXXX, 2024

LAND ACKNOWLEDGEMENT

We acknowledge the land we work and meet on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

Table of Contents

Introduction.....1

Accessibility Legislation in Ontario.....2

Four Core Principles of the Accessibility for Ontarians with Disabilities Act.....3

Integrated Accessibility Standards Regulation (IASR).....4

WCH Accessibility Plan..... 7

WCH Accessibility Milestones.....8

WCH Priorities and Action Items.....10

Accountability Framework.....26

Monitoring Progress..... 28

Communication of the Plan.....28

Glossary of Terms.....29

Introduction

Women's College Hospital (WCH) is a world leader in health for women, health equity and health system solutions – a hospital designed to keep people out of hospital. WCH is committed to equity and striving to be an organization that reflects the diversity of the world we live in and the communities we serve, offering the best healthcare options for all.

Revolutionizing Healthcare for a Healthier, More Equitable World

We see a future of **Healthcare Revolutionized** – where we are setting a new pace for radically redesigning healthcare. Like our founders, we aim to shift the balance of power, to confront gender and social inequities that threaten people's health, to bring virtual care into the mainstream and to reimagine how ambulatory healthcare services are delivered so we can provide substantial health system solutions and close the health gaps for all.

WCH's equity vision underscores the hospital's strategic commitment to healthcare as a human right, identifying and addressing gaps in health outcomes and healthcare access.

It also emphasizes the importance of patient and community engagement in the design, development and advocacy aspects of this work. Each tenet of the equity vision aims to increase access and reduce or eliminate barriers to our services, and to promote health equity as an integral part of our planning.

WCH's Commitment to Accessibility and Barrier-Free Environments

WCH, in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the Ontario Human Rights Code, 1990, (as it pertains to people with disabilities), is committed to providing inclusive and responsive goods, services and employment supports in a manner that respects the dignity and independence of all persons with disabilities. We are committed to creating the conditions for a healthy, respectful and positive environment for individuals that work, visit and receive care at WCH.

Making our information, programs and services accessible to all patients, visitors and staff is our legal responsibility and our ethical obligation. Our goal is to ensure we comply with all required legislation, and - where possible - ensure we exceed those requirements.

We acknowledge that it is only by working together to learn, understand and comply with our responsibilities and by continually challenging ourselves to find new and better ways to support accessibility that we will be able to provide equal access to high quality, patient and family-centred care for the people of our community and our region.

In this way, WCH is committed to the ongoing identification, removal and prevention of barriers to persons with disabilities and those who require accommodations, where a barrier can be considered as anything that makes it challenging or impossible for a person with a disability to access a service, program or a building.

This may include:

- **Attitudinal barriers**, where some people may not be aware of difficulties in navigating everyday life and common daily activities.
- **Information or communication barriers**, that would make it difficult for people who have disabilities that affect hearing, speaking, reading, writing, and or understanding; and who would require alternative ways to communicate in comparison to people who do not have these disabilities or require accommodations.
- **Physical barriers**, including structural obstacles in natural or manmade environments that prevent or block mobility (moving around in the environment) or access that presents a challenge for a person with a physical disability;
- **Policy barriers**, which arise consequent to a lack of awareness or enforcement of existing laws and regulations that require programs and activities to be accessible
- **Programmatic Barriers**, which limit the effective delivery of a public health or healthcare program for people with different types of impairments or requirements for accommodation
- **Social barriers**, are related to the conditions in which people are born, grow, live, learn, work and age – or social determinants of health – that can contribute to decreased functioning among people with disabilities who require accommodations.
- **Technological barriers**, such as a website that does not support screen-reading software.

Accessibility Legislation in Ontario

Ontarians with Disabilities Act, 2001

In 2001, the Provincial government enacted the Ontarians with Disabilities Act, 2001 (ODA). This Act required organizations within the public sector (the provincial government, municipalities, hospitals, educational institutions and public transportation providers) to undertake activities aimed at reducing and eliminating barriers to persons with disabilities.

Accessibility for Ontarians with Disabilities Act, 2005

In 2005, the Provincial government passed the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). The AODA requires the development of accessibility standards in five areas: customer service; information and communications; employment; transportation and the built environment.

Accessibility Standards for Customer Service

The first Regulation enacted under the AODA was Ontario Regulation 429-07— Accessibility Standards for Customer Service. Designated public sector organizations were to be in compliance by January 1, 2010, and submit a compliance report to the Provincial government by March 31, 2010. WCH submitted its compliance report in advance of the deadline, indicating it had addressed the requirements of the Regulation and had met its compliance obligations.

Four Core Principles of the Accessibility for Ontarians with Disabilities Act

Dignity

- Policies, procedures and practices that respect the dignity of a person with a disability are those that treat them as customers and clients who are as valued and as deserving of effective and full service as any other customer. They do not treat people with disabilities as an afterthought or force them to accept lesser service, quality or convenience. Service delivery needs to take into account how people with disabilities can effectively access and use services and show respect for these methods.

Independence

- In some instances, independence means freedom from control or influence of others freedom to make your own choices. In other situations, it may mean the freedom to do things in your own way. People who may move or speak more slowly should not be denied an opportunity to participate in a program or service because of this factor. A staff person should not hurry them or take over a task for them if they prefer to do it themselves in their own way.

Integrated Services

- Integrated services are those that allow people with disabilities to fully benefit from the same services, in the same place and in the same or similar way as other customers. Integration means that policies, practices and procedures are designed to be accessible to everyone including people with disabilities. Sometimes integration does not serve the needs of all people with disabilities. Alternative measures, rather than integration, might be necessary because the person with a disability requires it or because you cannot provide another option at the time. If you are unable to remove a barrier to accessibility, you need to consider what else can be done to provide services to people with disabilities.

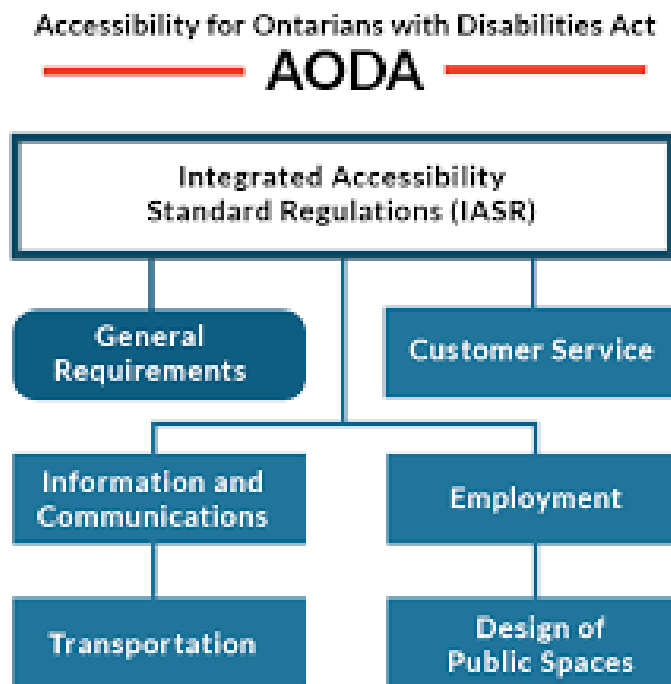
Equal Opportunity

- Equal opportunity means having the same chances, options, benefits and results as others. In the case of services it means that people with disabilities have the same opportunity to benefit from the way you provide goods or services as others. They should not have to make significantly more effort to access or obtain service. They should also not have to accept lesser quality or more inconvenience.

Integrated Accessibility Standards (IASR)

In 2008, the accessibility standard for customer service came into force. It included three standards, Information and Communications, Employment and Transportation, which have been combined into the Integrated Accessibility Standards Regulation (IASR).

The IASR, Ontario regulation 191/11 was enacted in 2011. This Regulation establishes the accessibility standards for each of information and communications, employment, transportation, the design of public spaces and customer service. O. Reg. 165/16, s. 1. The requirements apply to the public, private and not-for-profit sectors.



The categories and requirements addressed in the Regulation (except those related to accessible transportation) are summarized below:

General Requirements

1. Develop an integrated accessibility standards policy
2. Develop a multi-year accessibility plan
3. Report annually on the progress of the multi-year accessibility plan
4. Train staff and volunteers on the requirements of the Regulation and the Ontario Human Rights Code, as it pertains to people with disabilities; and
5. Ensure that accessibility considerations and features are reflected in procurement processes.

Information and Communication Standards

Organizations are required to create, provide and receive information and communications in ways that are accessible to people with disabilities. The specific requirements include the following:

1. Establish processes for receiving and responding to feedback and ensure that the processes are accessible to persons with disabilities
2. Articulate publicly available emergency procedures, plans or public safety information in accessible formats, upon request; and,
3. Design and launch accessible websites and web content

Employment Standards

Employers are required to provide for accessibility across all stages of the employment cycle and integrate accessibility into regular workplace processes. The specific requirements include the following:

1. Notify employees and the public of the availability of accommodations for applicants with disabilities in recruitment and assessment processes
2. Notify successful applicants of the availability of accommodations
3. Inform employees of policies to provide support to employees with disabilities
4. Provide accessible formats and communication supports for employees with disabilities
5. Provide workplace emergency response information to employees with disabilities
6. Establish processes to develop documented individual accommodation plans
7. Develop a return-to-work process for employees who have been absent from work due to a disability or who require disability-related accommodations to return to work; and
8. Consider the accessibility needs of employees with disabilities and accommodation plans in performance management processes, when providing career development opportunities or when considering redeployment.

Transportation Standards

The Transportation Standard of the AODA requires transportation service providers to make the features and equipment on routes and vehicles accessible to passengers with disabilities. Additionally, when accessible equipment is not working, companies must find other ways to accommodate passengers. They must also ensure that the equipment is fixed as soon as possible. Moreover, companies must train workers and volunteers to:

1. Use accessible equipment and features safely
2. Find solutions if accessible features stop working or if routes contain barriers, such as construction

3. Ensure passenger safety during emergencies

Design of Public Spaces Standards (Accessibility Standards For The Built Environment)

The Design of Public Spaces Standard of the AODA requires newly constructed or redeveloped public spaces to be accessible for people with disabilities. The standard applies to new spaces and buildings, to existing spaces undergoing major renovations and covers the maintenance and restoration of public spaces. This standard primarily covers outdoor spaces however it does include guidelines for service-related elements like service counters, fixed queuing lines, and waiting areas with fixed seating.

1. Ensure communal spaces are accessible
2. Ensure accessible parking is available and clearly marked with appropriate signage
3. Ensure Service-related elements like service counters, fixed queuing lines, and waiting areas can accommodate a mobility aid/device and allows for passage and adequate clearance of mobility assistive devices

Customer Service Standards

The Customer Service Standards of the AODA establishes accessibility standards for customer service and it applies to every designated public sector organization and to every other person or organization that provides goods or services to members of the public. The Standard mandates that service providers must find ways to break down barriers that prevent customers with disabilities from accessing the services they need. Barriers may be due to: Physical or architectural obstacles. Technology, information & communication, an organization's practices or procedures and can be attitudinal. All people deserve to access goods, services, and facilities in ways that respect their independence and their dignity. People with disabilities should also have equal opportunities to be served in ways that respect their needs and wishes. The Customer Service Standards mandate that providers must:

- Create, implement, and maintain customer service policies
- Welcome service animals and support persons
- Maintain accessibility when accessible services are disrupted
- Train their staff to interact appropriately with customers who have disabilities and use accessible equipment
- Implement processes for receiving and responding to feedback about their accessibility
- Provide information using accessible formats and communication supports upon request and in a timely manner

The WCH Accessibility Plan

Our Accessibility Plan reflects our broad health equity strategy, in alignment with the Ontarians with Disabilities Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the Human Rights Code, 1990 which requires that Ontario be an accessible province by 2025.

In its entirety, the AODA compels organizations to identify, prevent and remove barriers to accessibility – through the development of multi-year and annual Accessibility Plans in accordance with the Customer Service, IASR (Employment, Information and Communication and Transportation Standards) and the Built Environment Design of Public Spaces Standard, around the following areas:



Objectives of the Plan

In compliance with AODA requirements, the Accessibility Plan is a multi-year document, applicable for a period of five (5) years, which will be reviewed at regular intervals and include an updated annual workplan as necessary to ensure relevance to emerging accessibility issues and concerns.

The Plan is intended to:

DESCRIBE	OUTLINE	IDENTIFY
<ul style="list-style-type: none">• The process by which the Hospital (through the Accessibility Steering Committee) will identify, prevent, reduce and/or remove barriers to persons requiring accommodations• Training requirements for staff• How WCH will make the Accessibility Plan & Policies available to the public.	<ul style="list-style-type: none">• The process by which the status of each barrier is reviewed and monitored• The process by which new barriers are identified and included in future Accessibility Plans	<ul style="list-style-type: none">• Policies to be developed in alignment with AODA requirements

WCH Accessibility Milestones

Over the years, Women’s College Hospital has been involved in a variety of accessibility initiatives related to addressing the needs of people with disabilities, whether staff, patients or visitors. This Accessibility Planning process and related initiatives will allow WCH to formalize these activities and to review and monitor achievements on an ongoing basis, through periodic site walk-throughs and consultations with persons who require accommodations.

A sample of achievements and highlights of previous accessibility initiatives conducted by WCH, include:

1. Development of its annual Accessibility Plan, providing ongoing monitoring of activities
2. Establishing an organizational “fragrance-free” policy, beneficial to people with environmental sensitivities
3. Exterior surface upgrades for main building, to allow safe passage for users of mobility aids and people with a vision loss
4. Removal of redundant and improper interior signage (e.g., confusing messages) to assist all users with wayfinding. Signage has also been adjusted for colour and contrast
5. Upgrading of power door operator controls at strategic locations, for easy use and visibility when approaching
6. New office furniture provides important accommodations for staff with disabilities, including knee space below working surface for users of mobility aids, adjustable keyboards and ergonomic seating (e.g., with back support, arm-rest adjustable height). Additional improvements can be addressed over time through strategic procurement strategies
7. Accessible seating, with arm rests and different sizes to accommodate users is in all waiting areas of the hospital. WCH has also installed bariatric and height adjustable seating in waiting areas of the hospital
8. There is consistent provision and placement of information boards and notices, with key information in accessible print formats. This includes displays at elevators, currently mounted above 3”-11” from the floor which presents easy reach for most users
9. Lobby reception desk is at accessible height
10. Hand sanitizer dispensers are mounted on the wall at an accessible height
11. Accessible washroom upgrades including increasing available floor space for larger mobility devices; grab and transfer bars; accessible sinks with lever faucets and tilted mirrors; Lowered amenities (e.g., coat hook, soap and paper towel dispensers)
12. Door hardware was upgraded to lever handles, for high use staff and public areas, rooms and spaces, throughout Main building
13. Both sliding doors and revolving doors have been installed at the main entrance of the hospital to ensure ease of access
14. An adult changing table has been installed in the accessible bathroom on the main (first) floor of the hospital

15. Implemented universal design patient registration self-serve kiosks that incorporate accessibility features

16. Patient Experience Advisors recruited to Accessibility Steering Committee 2023/24

WCH Accessibility Priorities and Action Items

GENERAL REQUIREMENTS			
Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
<p>Develop Accessibility Polices</p> <p>O. Reg. 191/11, s. 3 (1)</p> <ul style="list-style-type: none"> • Develop, implement and maintain policies, including a statement of organizational commitment. • Make policies publicly available 	<p>WCH to develop a policy that addresses the requirements of the Integrated Accessibility Standards Regulation (IASR) including a statement of organizational commitment.</p>	<p>1. Annual review of policies in alignment with evolving legislation:</p> <ul style="list-style-type: none"> a. Access for People with Disabilities 1.10.002 b. Access for People with Disabilities- Use of Service Animals 1.10.003 c. Interpreter Services for Patients/Families 1.160.001 	<ul style="list-style-type: none"> - Office of Equity
	<p>WCH to engage in consultations with end-users or groups representing Persons with Disabilities (PwD) to ensure accessibility standards inform our operations and practices.</p>	<p>2. Complete an annual organization-wide barrier assessment and audit to ensure:</p> <ul style="list-style-type: none"> - Facility compliance with AODA Legislation - The WCH physical environment reflects the WCH AODA policies and procedures. - Document and make any corrective actions as required 	
<p>Develop Multi-Year Accessibility Plan</p> <p>O. Reg. 191/11, s. 4 (1)</p>	<p>Develop a multi-year accessibility plan that articulates how WCH will comply with requirements of the IASR.</p>	<p>3. Accessibility Plan developed (2024 – 2028). The plan will be reviewed and updated to ensure:</p> <ul style="list-style-type: none"> a. alignment with evolving legislation b. compliance with accessibility best standards c. integration of Patient Experience 	<ul style="list-style-type: none"> - Office of Equity - Director, Facilities & Operations

GENERAL REQUIREMENTS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
		<p style="text-align: center;">Advisor input.</p> <p>4. Develop a new WCH Accessibility Plan at least once every five years.</p> <p>5. A WCAG-compliant version of Accessibility Plan to be posted on both internal and external WCH websites.</p>	
<p>Report annually on the multi-year accessibility plan</p> <ul style="list-style-type: none"> - O. Reg. 191/11, s. 4 (3). - O. Reg. 413/12, s. 3 (1). 	<p>WCH to complete annual status report of Accessibility plan to be shared with Senior Leadership Council (SLC) and Board of Directors</p>	<p>6. Annual status report on the progress of action items set out in the multi-year plan.</p> <p>Revisions will be submitted for approval by The Accessibility Steering Committee and then provided to SLC.</p> <p>7. A WCAG-compliant version of the WCH Accessibility Plan to be posted on both internal and external WCH websites, and provided in an accessible format upon request</p> <p>8. WCH Accessibility Workplan to be developed by the Accessibility Steering Committee to track progress of action items.</p>	<p>- Office of Equity</p>
<p>Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities, except where it is not</p>	<p>WCH to ensure that accessibility criteria is always applied in all procedures related to buying and acquiring goods, services and facilities.</p>	<p>9. RFP Procurement template developed and adopted by Mowhawk / Medbuy (WCH Procurement partner) includes guidance on compliance with accessibility standards.</p>	<p>- Director, Facilities & Operations (in collaboration with Finance and Procurement partners)</p>

GENERAL REQUIREMENTS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
<p>practical to do so.</p> <ul style="list-style-type: none"> - O. Reg. 191/11, s. 5 (1); - O. Reg. 413/12, s. 4 (1). - O. Reg.191/11, s. 5 (2); - O. Reg. 413/12, s. 4 (2) 		<p>All tenders to be required to describe measures taken to ensure that goods / services provided are compliant with applicable accessibility standards and incorporate accessible design and features where possible.</p>	
<p>Incorporate accessibility features when designing, procuring, or acquiring self-service kiosks. Self-service kiosks are electronic terminals that users can interact with (e.g., check in/out, point of sale, information/wayfinding). Customers or clients can use them to access products or services without staff assistance.</p> <ul style="list-style-type: none"> - O. Reg.191/11, s.6 (1); - O. Reg.191/11, s.6 (5); 	<p>WCH to ensure that accessibility features are incorporated when designing, procuring, or acquiring new self-service kiosks.</p>	<p>10. WCH has self-service registration kiosks which incorporate accessibility features located in strategic locations throughout the hospital. If procuring any additional kiosks, both structural and technical features need to be considered to ensure that everyone can use them on their own.</p>	<ul style="list-style-type: none"> - Manager Women’s Virtual

GENERAL REQUIREMENTS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
<p>Training</p> <ul style="list-style-type: none"> - O. Reg. 191/11, s. 7 (1); - O. Reg. 165/16, s. 5 (1). - O. Reg. 191/11, s. 7 (2). - O. Reg. 191/11, s. 7 (3). - O. Reg. 191/11, s. 7 (4). - O. Reg. 191/11, s. 7 (5). - O. Reg 165/16, s. 16 	<p>WCH to provide training (E-Learning) on the requirements of the accessibility standards referred to in this Regulation and on the Human Rights Code (about persons with disabilities) to employees, volunteers and all other relevant stakeholders.</p> <p>Make sure that each person receives training that is appropriate for the duties in their role.</p>	<ol style="list-style-type: none"> 11. Mandatory IASR training to be developed for all staff, physicians and volunteers. 12. IASR training modules to be offered through E-Learning (Dual Code) as part of mandatory training. 13. Communication plan to be developed to inform leaders and staff about the new mandatory IASR training. 14. Appropriate IASR training to be included in manager bundles and for new hires. 15. Compliance rates to be monitored and reported for staff, physicians and volunteers. 16. Existing learning resources to be updated in alignment with legislative changes: Accessibility for Ontarians with Disabilities Act 	<ul style="list-style-type: none"> - Manager, Organizational & Talent Development

INFORMATION and COMMUNICATION STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
<p>Feedback processes</p> <ul style="list-style-type: none"> - O. Reg. 191/11, s. 11 (1). - O. Reg. 165/16, s. 7. - O. Reg. 165/16, s. 	<p>Ensure that WCH public-facing websites and web content conforms to Web Content Accessibility Guidelines (WCAG).</p>	<ol style="list-style-type: none"> 1. To ensure: <ol style="list-style-type: none"> a. Accessibility content (outlining available accommodations) on WCH website is current. b. Office of Equity to lead an organizational review to identify accessibility feedback processes/mechanisms in place and gap analysis with implementation plan to meet AODA standards. c. Patient Relations public facing website information will reflect accessibility options for patients and link to the Hospital's Accessibility website content. 	<ul style="list-style-type: none"> - Strategic Communications - Manager, Women's Virtual
<p>Accessible formats and communication supports.</p> <ul style="list-style-type: none"> - O. Reg. 191/11, s. 14 (2). - O. Reg. 191/11, s. 14 (4). - O. Reg. 191/11, s. 14 (5). - O. Reg. 191/11, s. 14 (6). - O. Reg. 191/11, s. 14 (7). 			<ul style="list-style-type: none"> - Office of Equity - Manager, Risk & Patient Relations

INFORMATION and COMMUNICATION STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
<p>Accessible websites and web content</p> <ul style="list-style-type: none"> - O. Reg. 191/11, s. 14 (2). - O. Reg. 191/11, s. 14 (4). - O. Reg. 191/11, s. 14 (5). - O. Reg. 191/11, s. 14 (6). - O. Reg. 191/11, s. 14 (7). 		<p>17. Annual audit of WCH websites to be completed to ensure WCAG compliance.</p> <p>WCH to stay current on changes to WCAG criteria and work with vendor (Sandbox Software Solutions) to implement changes as needed.</p>	<ul style="list-style-type: none"> - Manager, Women’s Virtual - Strategic Communications
<p>Emergency procedures, plans or public safety information.</p> <ul style="list-style-type: none"> - O. Reg. 191/11, s. 26 (1). - O. Reg. 191/11, s. 26 (2). 	<p>WCH to make emergency procedure documents available, and provided in alternative formats, upon request.</p>	<p>18. WCH Emergency Preparedness policies are internal documents however there is an opportunity to add some information about our emergency procedures & plans to the publicly available website. Work with the Emergency Preparedness Committee and patient experience advisors to see what Emergency Preparedness information would be relevant for patients to see on the website. This information shall be made available in an accessible format or with appropriate communication supports, as soon as practicable upon request.</p>	<ul style="list-style-type: none"> - Strategic Communications - Manager, Security

INFORMATION and COMMUNICATION STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
		Information also to be made available in accessible format to the public (upon request) on Patient Safety	

EMPLOYMENT STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
<p>Recruitment</p> <ul style="list-style-type: none"> - O. Reg. 191/11, s. 22. 	<p>WCH to:</p> <ol style="list-style-type: none"> 1. Ensure job postings and recruitment processes include language around the availability of accommodations. 2. Notify successful applicants of policies for accommodating employees with disabilities, when making an offer of employment 3. Review onboarding processes to ensure that policies related to accommodations are freely shared with new hires. 	<ol style="list-style-type: none"> 19. Recruitment process communication materials to be reviewed and updated: <ol style="list-style-type: none"> a. interview and email templates to be revised to include information about accommodation options. b. phone communication practices to incorporate accommodation language. c. offer letter templates to integrate specific language addressing accommodations. 20. Corporate orientation and new hire onboarding process to be evolved and enhanced by incorporating accommodation language and options. 	<ul style="list-style-type: none"> - Manager, Talent Acquisition, Workforce Planning and Equity
<p>Informing employees of supports</p> <ul style="list-style-type: none"> - 191/11, s. 25 (1) 	<p>WCH to:</p> <ol style="list-style-type: none"> 1. Review onboarding processes to ensure that policies related to accommodations are more freely shared with new hires. 2. Inform employees of policies to support employees with accommodation needs. 	<ol style="list-style-type: none"> 21. Policies around Illness and injury to be reviewed and evolved. 22. Relevant WCH policies to be updated and evolved aligned with TAHSN (Toronto Academic Health Sciences Network) direction. 	<ul style="list-style-type: none"> - Abilities Management Specialist

EMPLOYMENT STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
	<p>3. Review and share accommodation policies with existing staff, physicians and volunteers.</p>		
<p>Workplace emergency response information O. Reg. 191/11, s. 27 (1).</p>	<p>WCH to:</p> <ol style="list-style-type: none"> 1. Provide individualized workplace emergency response information to employees who have a disability and require accommodation. 2. Ensure Emergency Response procedures are made available on the WCH Intranet in accessible formats. 3. Ensure that WCH website includes a statement that notes: <i>Accessibility documents can be provided by the Hospital upon request,</i> 	<ol style="list-style-type: none"> 23. Emergency Response procedures are currently available for staff on the WCH Intranet. Procedures are to be reviewed regularly and updated in alignment with legislative changes. The (public-facing) WCH website includes the statement: <i>Accessibility documents can be provided by the Hospital upon request, and in alternate formats as required.</i> 24. Provide individualized workplace emergency response information (if required) to employees who have made the organization aware of the need for accommodation due to a disability. 25. With the employee’s consent, provide the individualized workplace emergency 	<p>- Abilities Management Specialist</p>

EMPLOYMENT STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
	<i>and in alternate formats as required.</i>	<p>response plan to the person designated by the organization to provide assistance to the employee who requires the accommodation.</p> <p>26. The Abilities Management Specialist to collaborate with Information Management/Information Technology (IM/IT) to improve assistive technology accommodations for staff, physicians and volunteers.</p>	
<p>Documented individual accommodation plans.</p> <p>O. Reg. 191/11, s. 28 (1).</p>	<p>WCH to develop and document individual accommodation plans for employees with disabilities who require accommodations.</p>	<p>27. WCH currently has in place a written process for the development of documented individual accommodation plans for employees with disabilities.</p> <p>28. OHSW to ensure that individual accommodation plans are available in a format that takes into account the employee's accessibility needs due to disability.</p>	<p>- Abilities Management Specialist</p>
<p>Return-to-work process</p> <p>O. Reg. 191/11, s. 29 (1).</p>	<p>WCH to develop and implement 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.</p>	<p>29. WCH Return to Work procedures are currently in place.</p> <p>Best Practice Playbook for Disability Management to be developed in collaboration with Toronto Academic Health Sciences Network (TAHSN).</p> <p>Occupational Health, Safety and Wellness (OHSW) dashboard to be developed to</p>	<p>- Abilities Management Specialist</p> <p>- Manager, Talent Acquisition, Workforce Planning and Equity</p>

EMPLOYMENT STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
		include Return to Work (RTW) data per quarter.	
Performance management, career development and redeployment O. Reg. 191/11, s. 30 (1)	WCH to consider accessibility needs of employees with disabilities and individual accommodation plans as part of performance management processes, when providing career development opportunities and considering redeployment.	30. Joint communications plan between OHSW and Human Resources (HR) to be developed for Managers around Performance management. Plan will inform redeployment decisions to ensure HR and OHSW are aware of individual staff, physician and volunteer accommodation needs due to disability.	<ul style="list-style-type: none"> - Abilities Management Specialist - Manager, Talent Acquisition, Workforce Planning and Equity

DESIGN OF PUBLIC SPACES STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
<p>Outdoor public use eating areas Exterior paths of travel Waiting Areas Service Counters & Fixed Queuing Guides O. Reg. 413/12, s. 6.</p>	<p>WCH to ensure all communal spaces are accessible and meet or exceed AODA compliance.</p>	<p>31. Conduct a review (implement corrective action as required) of the outdoor rooftop patio area, exterior pathways, waiting areas and signage & wayfinding to ensure:</p> <ul style="list-style-type: none"> a. Patio seating meets AODA requirements. b. Ground surface leading to and under tables meets AODA requirements c. Exterior paths of travel meet AODA requirements d. Minimum requirement of accessibility seating available in communal waiting areas e. Signage & Wayfinding are harmonized across the facility and that navigation takes accessibility into consideration. <p>32. WCH currently has no construction or redevelopment plans in the works, however, we would incorporate accessible design and ensure AODA compliance for any future works. We would ensure that accessibility is integrated in the early stages of planning for any renovation, or redevelopment work including</p>	<p>- Director, Facilities & Operations</p>

DESIGN OF PUBLIC SPACES STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
		<p>changing the use of existing space. This would also include design of public space including furniture (colour, surfaces & finishes), signage and wayfinding to ensure navigation is coherent and takes accessibility into consideration.</p>	
<p>Accessible parking O. Reg. 413/12, s. 6.</p>	<p>WCH to ensure all off-street parking facilities meet or exceed AODA compliance.</p>	<p>33. WCH has off-street accessible parking available out front the hospital and on all three levels of our underground parking garage. If making any changes or upgrades to the parking infrastructure WCH would ensure AODA compliance.</p>	<p>Director Facilities & Operations</p>

CUSTOMER SERVICE STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
<p>Establishment of Policies</p> <p>Use of Service Animals and Support Persons</p> <p>Notice of Temporary Disruptions</p> <p>Training for Staff, etc.</p> <p>Feedback Process Required</p> <p>Format of Documents (Accessible Formats)</p> <p>O. Reg. 165/16, s. 16</p>	<p>WCH is committed to preventing, identifying and removing barriers that impede an individual’s ability to access care and services, or to work at the organization.</p>	<p>34. Annual review of WCH policies to ensure alignment with evolving (AODA) legislation as it relates to the provision of goods, services or facilities.</p> <ul style="list-style-type: none"> • Access for People with Disabilities 1.10.002 • Access for People with Disabilities- Use of Service Animals 1.10.003 • Interpreter Services for Patients/Families 1.160.001 • Patient Relations – Feedback Management 1.30.001 <p>35. Office of Equity in conjunction with other stakeholders including patient experience advisors to develop a patient/visitor accommodation request policy and process.</p> <p>36. WCH to engage in consultation with end-users of groups representing Persons with Disabilities (PwD) to ensure that the organization is free of barriers that prevent people with disabilities from accessing the services they need. This organization-wide barrier review/assessment will review:</p> <ul style="list-style-type: none"> • Applicable AODA information is 	<ul style="list-style-type: none"> - Manager, Organizational & Talent Development - Office of Equity - Director, Facilities & Operations

CUSTOMER SERVICE STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
		<p>posted across WCH in highly visible areas and is available on the hospital website</p> <ul style="list-style-type: none"> • Ensure policies and other communication documents are available in an accessible format <p>37. Mandatory IASR training to be developed and offered through E-Learning for all staff, physicians and volunteers.</p> <p>38. As part of the feedback process WCH to ensure that contact information including an email and phone number are available on the internal and external website.</p> <p>39. WCH to review our current feedback process and ensure it is accessible to persons with disabilities by having it available upon request in accessible formats and to make information about the feedback process readily available to the public.</p> <p>40. In the event that there is a temporary disruption to the hospital's facilities or services WCH will give notice to the</p>	

CUSTOMER SERVICE STANDARDS

Regulatory Requirement	Strategic Priority	Action Items	Accountable Leader
		public and provide alternative facilities or services.	

Accountability Frameworks

The Accessibility Steering Committee

The Accessibility Steering Committee for AODA Hospital compliance is designed to support WCH in complying with the Accessibility for Ontarians with Disabilities Act (AODA) and is the main instrument to accessibility at the hospital.

The Committee is responsible for the development, implementation and monitoring of the WCH Accessibility Plan. The Committee will also receive and review responses to complaints related to Accessibility on a quarterly basis, and make recommendations for future action.

The Committee is comprised of Hospital staff and Community members including:

- Office of Equity
- Security Services
- Human Resources
- Organizational & Talent Development
- Volunteer Services
- IM/IT
- Patient Experience Advisors
- Quality, Safety & Patient Experience
- Occupational Health, Safety & Wellness
- Risk & Patient Relations
- Strategic Communications
- Facilities & Operations
- Clinical Programs

Each member works to champion the WCH Accessibility Plan by promoting accessibility education and initiatives, as well as identifying and eliminating barriers for the benefit of patients, visitors and staff.

The committee also reviews and updates the Hospital's Accessibility Plan and policies annually, to ensure these documents reflect on-going accessibility concerns and with current provincial accessibility requirements. The WCH Accessibility Plan is posted on the hospital's website at www.wch.ca

The Accessibility Steering Committee adheres to the following principles:



The Accessibility Steering Committee will meet a minimum of four (4) times annually.

According to the Terms of Reference, the Committee will be responsible to:

1. Develop the multi-year and annual Accessibility Plan in accordance with the Customer Service, IASR (Employment, Information and Communication and Transportation Standard) and the Built Environment Design of Public Spaces Standard.
 - a. Review access for persons with disabilities to buildings, structures and premises that the hospital purchases, constructs, significantly renovates, leases or funds.
 - b. Review the Hospital’s Accessibility Plan and policies every three years, to ensure documents remain compliant with current and evolving accessibility requirements.
 - c. Establish and monitor a process to assess implementation activities at regular intervals and respond to emerging accessibility issues
2. Ensure that the accessible plans conform to the principles of the AODA and the Ontario Human Rights Code (OHRC) and are available to the public in accessible format on request.
3. Provide leadership in the development of a formal process of identification, elimination and prevention of barriers in the service, work and learning environment for staff, clients, families, volunteers, learners, community partners and all WCH stakeholders.
4. Champion and integrate accessibility and universal design principles while promoting, planning and implementing AODA/ODA deliverables to strengthen a culture of inclusion at WCH
5. Monitor and respond to changes to the legislation by appropriately adjusting the work of the committee as standards evolve.

WATCH welcomes input from people with disabilities, persons who require accommodations and other individuals who are willing to provide their feedback regarding issues they have identified during their visits to WCH. Please contact us by email at equity@wchospital.ca

Monitoring Progress

The WCH Accessibility Plan is an important step in the hospital's commitment to an equitable space for persons with disabilities (PwD), and creating an organizational culture that recognizes, understands and works together for, and in collaboration with PwD.

Updates to the plan will be completed through a consultative process, with data received from:

1. Code consultants, particularly in the design of new space
2. Facility walk-throughs and risk assessments
3. Patient Experience Advisors & end-users of groups representing Persons with Disabilities (PwD)
4. Feedback - various forms available including but not limited to:
 - i. AODA related calls to #3900
 - ii. Surveys
 - iii. Patient Relations
 - iv. Office of Volunteer Services
 - v. Office of Equity
 - vi. HR & OHSW Metrics
 - vii. Translation Services Metric

Communication of the Plan

The Accessibility Steering Committee will work collaboratively with Strategic Communications to develop and execute communications campaigns to support the implementation of key strategic accessibility priorities.

Towards this end, it is intended that:

1. A WGAD compliant version of the WCH Accessibility Plan will be posted on the public-facing WCH hospital website; and internal intranet page.
2. Hard copies of the Plan will be available through the Office of Equity; and - on request – will be made available in alternative formats, such as computer disk in electronic text, in large print or in braille.
3. A communication toolkit will be developed and disseminated to provide key accessibility information as a comprehensive resource (i.e. how to obtain alternate formats of materials, where to find information, how to obtain interpreter services, where accessible parking is located etc.).

Glossary of Terms

TERM	DEFINITION
Ableism:	Ableism includes attitudes in society that devalue and limit the potential of persons with disabilities. People with disabilities are assumed to be less worthy of respect and consideration, less able to contribute and take part, and of less value than other people. Ableism can be conscious or unconscious and is embedded in institutions, systems or the broader culture of a society.
Accessibility for Ontarians with Disabilities Act (AODA), 2005	<p>The purpose of the <i>AODA</i> is to develop, implement and enforce accessibility standards to remove barriers for Ontarians with disabilities on or before January 1, 2025, in relation to: goods, services, facilities, accommodations, employment; and buildings, structures and premises.</p> <p>The <i>AODA</i> came into effect on June 4, 2005.</p>
Accessibility:	<p>The state or quality of whether needed services or opportunities are available to and are used by people from diverse groups; specifically, in relation to the degree of ease that necessary resources (e.g., device, service, physical environment and information) can be accessed, used and enjoyed by persons with specific requirements for them.</p> <p>For example, people with disabilities often face barriers to accessibility in employment, communication, public transportation, public places, housing, office buildings, government services, use of everyday products and access to quality education.</p> <p>The term implies conscious planning, design and/or effort to make sure something is barrier-free to persons with disabilities. Accessibility also benefits the general population, by making things more usable and practical for everyone, including older people and families with small children.</p>
Accessible:	the ease with which something that can be reached or obtained; facility that can be easily entered; information that is easy to access.

TERM	DEFINITION
Accommodation:	Recognizes that all people may do the same or similar things in various ways, each being effective. To accommodate means to remove the barriers, which prevent people from gaining access to and fully participating in important activities such as jobs, access to information/communication, education at all levels, public transit, and the use of goods, services and facilities.
Adaptive technologies:	Include products that help people (primarily people with vision, hearing, mobility or other disabilities) who cannot use regular versions of products.
Attitudinal barriers	<p>Attitudinal barriers are the most basic and contribute to other barriers. For example, some people may not be aware that difficulties in getting to or into a place can limit a person with a disability from participating in everyday life and common daily activities. Examples of attitudinal barriers include:</p> <ul style="list-style-type: none"> • Stereotyping: People sometimes stereotype those with disabilities, assuming their quality of life is poor or that they are unhealthy because of their impairments. • Stigma, prejudice, and discrimination: Within society, these attitudes may come from people’s ideas related to disability— People may see disability as a personal tragedy, as something that needs to be cured or prevented, as a punishment for wrongdoing, or as an indication of the lack of ability to behave as expected in society.
Audism:	Is the notion that a person is superior based on their ability to hear or to act like a person who hears.
Bariatric Seating	Bariatric Seating is specialized seating designed to support more than 300 pounds of evenly distributed weight.
Barrier:	A <i>Barrier</i> can be considered anything that prevents a person from fully taking part in all aspects of society, including physical, architectural, information or communications, attitudinal, economic and technological barriers, as well as policies or practices.

TERM	DEFINITION
Bias:	<p>Bias is a predisposition, prejudice or generalization about a group of persons based on personal characteristics or stereotypes.</p> <p>One form of bias is known as Implicit Bias, which is also known as implicit social cognition, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness. Rather, implicit biases are not accessible through introspection.</p> <p>The implicit associations we harbor in our subconscious cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance. These associations develop over the course of a lifetime beginning at a very early age through exposure to direct and indirect messages. In addition to early life experiences, the media and news programming are often-cited origins of implicit associations.</p>
Communication Barriers	<p>Communication barriers are experienced by people who have disabilities that affect hearing, speaking, reading, writing, and or understanding, and who use different ways to communicate than people who do not have these disabilities. Examples of communication barriers include:</p> <ul style="list-style-type: none"> • Written health promotion messages with barriers that prevent people with vision impairments from receiving the message. These include <ul style="list-style-type: none"> – Use of small print or no large-print versions of material, and – No Braille or versions for people who use screen readers. • Auditory health messages may be inaccessible to people with hearing impairments, including: <ul style="list-style-type: none"> – Videos that do not include captioning, and – Oral communications without accompanying manual interpretation (such as, American Sign Language). • The use of technical language, long sentences, and words with many syllables may be significant barriers to understanding for people with cognitive impairments.

TERM	DEFINITION
Cultural competence:	<p>Is an ability to interact effectively with people of different cultures, particularly in human resources, non-profit organizations, and government agencies whose employees work with persons from different cultural/ethnic backgrounds. Cultural competence has four components:</p> <ol style="list-style-type: none"> 1. Awareness of one's own cultural worldview 2. Attitude towards cultural differences 3. Knowledge of different cultural practices and worldviews <p>Cross-cultural skills (developing cultural competence results in an ability to understand, communicate with and effectively interact with people across cultures.</p>
Dimensions of diversity:	<p>Include the unique personal characteristics that distinguish us as individuals and groups. These include but are not limited to: age, sex, gender, race, ethnicity, physical and intellectual ability, class, creed, religion, sexual orientation, educational background and expertise.</p>
Disability:	<p>There are two common ways of looking at disability:</p> <p>One way is to see a disability as a medical condition that a person has. From this perspective, disability covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental, cognitive and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol dependencies, environmental sensitivities and other conditions.</p> <p>A newer way of looking at disability is that it is not something a person has. A person with a medical condition is not necessarily prevented (or disabled) from fully taking part in society. If society is designed to be accessible and include everyone, then people with medical conditions often don't have a problem taking part. From this point of view, disability is a problem that occurs when a person's environment is not designed to suit their abilities.</p>
Discrimination:	<p>Treating someone unfairly by either imposing a burden on them, or denying them a privilege, benefit or opportunity enjoyed by others, because of their race, citizenship, family status, disability, sex or other personal characteristics (note: this is not a legal definition).</p>

TERM	DEFINITION
Diversity:	Refers to the presence of a wide range of human qualities and attributes within an individual, group or organization. Diversity includes such factors as age, sex, race, ethnicity, physical and intellectual ability, religion, sexual orientation, educational background and expertise.
Duty to accommodate:	Under the Ontario <i>Human Rights Code</i> , people identified by <i>Code</i> grounds are entitled to the same opportunities and benefits as everybody else. In some cases, they may need special arrangements or “accommodations” to take part equally in the social areas the <i>Code</i> covers, such as employment, housing and education. Employers, housing providers, education providers and other parties responsible under the <i>Code</i> have a legal obligation to accommodate <i>Code</i> -identified needs, unless they can prove it would cause them undue hardship. Undue hardship is based on cost, outside sources of funding and health and safety factors.
Equal treatment:	Includes treatment that brings about an equality of outcomes and results and that may, in some instances, require different treatment. For example, to give all students equal treatment in entering a building, it may be necessary to provide a ramp for a student who uses a wheelchair.
Equitable:	Actions, policies, procedures and systems that are just or characterized by fairness or equity. Equitable treatment can at times differ from same treatment.
Equity:	Equity refers to structures designed to create fair outcomes for individuals. It entails a distinct process of recognizing differences within groups of individuals and using this understanding to inform processes, policies and praxis that create equality of outcomes for individuals. More specifically, equity is an ideological and resource commitment that requires the removal of sources of systemic deprivation, towards the creation of conditions in which all individuals have the opportunity to fully participate in all aspects of society.
Exclusion:	The act of denying access to a place, group, privilege, etc.
Impairment:	A physical, sensory, intellectual, learning or medical condition, including mental illness, that limits functioning and/or requires accommodation. Impairment may be apparent to others or hidden, inherited, self-inflicted or acquired, and may exist alone or in combination with other impairments. Impairment can affect anyone (whatever their gender, sex,

TERM	DEFINITION
	race, culture, age, religion, creed, etc.).
Inclusion:	It is considered the act of creating involvement, environments and empowerment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate with equal access to opportunities and resources embrace differences and offers respect in words and actions for all people.
Inclusive design:	Taking into account differences among individuals and groups when designing something, to avoid creating barriers. Inclusive design can apply to systems, facilities, programs, policies, services and environments.
OHSW	Occupational Health, Safety and wellness
Physical barriers	<p>Physical barriers are structural obstacles in natural or manmade environments that prevent or block mobility (moving around in the environment) or access. Examples of physical barriers include:</p> <ul style="list-style-type: none"> • Steps and curbs that block a person with mobility impairment from entering a building or using a sidewalk; • Mammography equipment that requires a woman with mobility impairment to stand; and • Absence of a weight scale that accommodates wheelchairs or others who have difficulty stepping up.
Policy Barriers	<p>Policy barriers are frequently related to a lack of awareness or enforcement of existing laws and regulations that require programs and activities be accessible to people with disabilities. Examples of policy barriers include:</p> <ul style="list-style-type: none"> • Denying qualified individuals with disabilities the opportunity to participate in or benefit from federally funded programs, services, or other benefits; • Denying individuals with disabilities access to programs, services, benefits, or opportunities to participate as a result of physical barriers; and • Denying reasonable accommodations to qualified individuals with disabilities, so they can perform the essential functions of the job for which they have applied or have been hired to perform.

TERM	DEFINITION
Programmatic Barriers	<p>Programmatic barriers limit the effective delivery of a public health or healthcare program for people with different types of impairments. Examples of programmatic barriers include:</p> <ul style="list-style-type: none"> • Inconvenient scheduling; • Lack of accessible equipment (such as mammography screening equipment); • Insufficient time set aside for medical examination and procedures; • Little or no communication with patients or participants; and • Provider’s attitudes, knowledge, and understanding of people with disabilities.
PwD	Person with disabilities
Transportation barriers	<p>Transportation barriers are due to a lack of adequate transportation that interferes with a person’s ability to be independent and to function in society. Examples of transportation barriers include:</p> <ul style="list-style-type: none"> • Lack of access to accessible or convenient transportation for people who are not able to drive because of vision or cognitive impairments, and • Public transportation may be unavailable or at inconvenient distances or locations.
WCAG	<p>The Web Content Accessibility Guidelines, or WCAG in short, are the world’s most comprehensive and robust guidelines for making websites accessible to disabled individuals. Developed by the World Wide Web Consortium (W3C), WCAG is the ultimate standard for web accessibility guidelines, providing a single shared standard that meets the needs of individuals, organizations, and governments internationally.</p>

Definitions used have been compiled and adapted from the following sources:

1. <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>
2. <http://www.ohrc.on.ca/en/teaching-human-rights-ontario-guide-ontario-schools/appendix-1-glossary-human-rights-terms>
3. <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>
4. <https://canadacouncil.ca/glossary>
5. <https://torontoartscouncil.org/TAC/media/.../City-Glossary-Access-Equity-Terms.doc>
6. <https://www.justice.gc.ca/eng/cj-jp/rj-jr/index.html>

7. https://www.uh.edu/cdi/diversity_education/resources/pdf/terms.pdf
8. https://www.uml.edu/docs/Glossary_tcm18-55041.pdf
9. <https://www.who.int/healthsystems/topics/equity/en/>