

UNIVERSITY HEALTH NETWORK

2012-2014 ACCESSIBILITY PLAN

Prepared by the UHN Accessibility Committee

This document is available in accessible format upon request.
Please contact accessibility@uhn.ca or call 416.603.5526

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1. Introduction

As a public teaching hospital University Health Network (UHN) ensures that it offers an inclusive working, learning and service environment that meets all the requirements of the Ontarians with Disabilities Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). Over the years UHN has worked to embed the principles of diversity and inclusion in its culture, applies the intersectional approach to accessibility, and ensures alignment with the Ontario Human Rights Code (OHRC). This work has laid a foundation for UHN to continue to strengthen its accessibility planning and has utilized various strategies including but not limited to: print campaigns, training of employees and volunteers, and consultation with people with disabilities and members of the public. This work has defined UHN's planning towards eliminating barriers in the following seven areas:

1. Attitudinal
2. Architectural
3. Informational
4. Communication
5. Physical
6. Policy/practice
7. Technological

This accessibility plan is intended to communicate UHN's planning activities under the Integrated Accessibility Standards (IASR) under the AODA. The IASR requires UHN to develop a multi-year plan to prevent and eliminate barriers for persons with disabilities. UHN's multi-year plan 2012 - 2021 can be found at www.uhn.ca.

The annual accessibility plan outlines the steps UHN will be taking to improve opportunities at UHN with and for people with disabilities. This plan will build on previous accessibility planning activity and identify how UHN will remove and prevent barriers in the working, learning and service environment.

2. Description of University Health Network

UHN consists of Toronto General Hospital, Toronto Western Hospital, Princess Margaret Cancer Centre, and Toronto Rehabilitation Institute. The scope of research and complexity of cases at University Health Network has made it a national and international source for discovery, education and patient care. It has the largest hospital-based research program in Canada, with major research in cardiology, transplantation, neurosciences, oncology, surgical innovation, infectious diseases, genomic medicine and rehabilitation medicine. University Health Network is a research hospital affiliated with the University of Toronto. Information about UHN is located on: www.uhn.ca

3. Funding

UHN will continue to implement the AODA as a component of our normal operations. All project initiatives to improve accessibility across UHN are funded through the capital projects or financed through the local site hospital. We will explore funding options over the coming years. However, despite the fiscal restraints faced by the health care sector, UHN continues to be committed to promoting accessibility and inclusion beyond mere legislative compliance.

4. UHN Commitment to Accessibility

UHN is committed to providing an accessible and inclusive work, learning and service environment. UHN supports the intent of the AODA, OHRC and affirms its commitment to promoting the principles of dignity, independence, integration and equal opportunity in all of its policies and interactions with persons with disabilities in the following manner:

Dignity: treating those with disabilities as customers and clients who are as valued and deserving of effective and full service as any other customer.

Independence: freedom from control or influence of others; freedom to make your own choices.

Integration: allowing people with disabilities to fully benefit from the same services, in the same place and in the same or similar ways as others.

Equal opportunity: having the same chances, options, benefits and outcomes as others.

5. Areas of Accessibility Addressed

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is the Provincial plan to achieve a barrier free Ontario by 2025. The accessibility standards in the AODA includes:

1. Customer Service
2. Integrated Accessibility Standards Regulation (IASR)
 - i) Information and Communication
 - ii) Employment
 - iii) Transportation
3. Built Environment

Since 2012 the Customer Service Standard and the Integrated Standards have been finalized into regulation. The final proposed standard not yet in force is the Built Environment which remains under development. The focus of this standard is the designation of accessible public spaces such as parking, outdoor eating areas and service counters in waiting areas. Currently, UHN's infrastructure and facilities departments adhere to the Ontario Building Code (OBC) and principles of universal design, and work under the proposed Built Environment is taking place.

6. UHN Accessibility Planning Committee

The Accessibility Work Group was originally struck and constituted in 2003 under the ODA. Since September 2006 the committee was renamed to the UHN AODA Planning Committee (“committee”) and consists of employees, volunteers, and physicians representing all sites across UHN, varied classifications and job families.

The Accessibility Planning Committee is organized into sub-groups, each according to an IASR and led by an internal content expert (i.e. the information and communication standard is led by Public Affairs). As of January 1, 2014 the Accessibility Planning Committee will continue its activities and will be restructured. The Accessibility Planning Committee leads, co-chairs, and any other resource required to participate on an ad hoc basis will separate to form a smaller group named the Accessibility Council. The AODA work and is administered by the Co-Chairs; Sr. Director Occupational Health and the Sr. Manager Diversity and Mediation Services. The executive sponsor of the AODA Planning Committee and Council is the Sr. Vice-President, Human Resources.

The mandate and work of the UHN’s AODA Planning Council and Committee includes but is not limited to:

1. Provide leadership and all resources to the AODA Planning Committee on the AODA/ODA in the elimination of barriers in the service, work and learning environment for patients, employees, volunteers, students and all stakeholders.
2. Identify concerns based on feedback, respond appropriately, and based on gaps recommend systemic changes as required.
3. 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.
4. Ensure that the accessibility plans conform to the principles of the AODA and OHRC and are available to the public in accessible format on request.
5. Championing and integrating accessibility and universal design principles while promoting, planning and implementing AODA/ODA deliverables to strengthen a culture of inclusion within UHN.

7. Planning Cycle

According to the ODA schedule organizations shall prepare an annual accessibility plan. As of September 2003 the first plan was prepared and since then each plan spans from September to September. This current plan covers the timeframe October 2012 – March 2014. As a result, this and subsequent accessibility plans will align with UHN’s business planning cycle.

8. Actions/Initiatives taken to address barriers October 2010-September 2012; AODA Customer Service (Reg. 429/07)

a) December 2011 UHN complied with the AODA Customer Service Standard by completing the development and deliverables. The actions and initiatives taken resulting in accessibility deliverables included;

	Initiative/Action	Status
a.	The establishment of policies, practices and procedures about: the use of service animals and support persons, notice of temporary disruptions, notice of availability of documents and the format of accessible documents.	Status completed
b.	Development of the AODA planning committee and membership orientation.	Status completed
c.	Development and implementation of terms of reference and the alignment of the committee's work with the AODA requirements. Created sub-working groups and commenced to research training tool options. See Appendix A - Terms of Reference.	Status completed
d.	Identified a lead AODA coordinator from the membership within the planning committee to drive the training initiative. Additionally, hiring a consultant to provide accessibility simulation exercises and experiential training on the types of disabilities.	Status completed
e.	The training of Senior Management, UHN Leadership, Employees, Volunteers and all persons providing goods and services on behalf of UHN. The tools and resources designed and developed by the AODA committee included; brochures, manuals, power point presentations and e-learn course. The Customer Service training tracked 82% completed learners (e-learning and in-class sessions).	Status completed
f.	The course received, responded to accessibility feedback and tracked the type of inquiry, concern or complaint in conjunction with Patient Relations as required.	Status completed
g.	Implemented accessibility@uhn.ca e-mail for feedback process. Intranet webpage dedicated to AODA.	Status completed
h.	Patient education network developed audio brochure using plain language review.	Status completed
i.	Integrated accessibility features in the redesign of UHN's internet accessibility webpage. A review of UHN's internet resulted in: re-design of the webpage, addition of an accessibility button, control the size of text and contrast version of the site.	Status completed

9. Barrier Identification Process 2012 – 2013

Source	Description	Status
Electronic summary of concerns, complaints, inquiries and feedback reported to Patient Relations	Feedback reported to Patient Relations about accessibility revealed concerns regarding: <ul style="list-style-type: none"> • Attitude • Parking • Facilities • 	Accessibility-related complaints requiring action were forwarded to the accessibility Co-chair/Diversity and Mediation Services for review, comment or action.
Feedback via accessibility@uhn.ca	Feedback and inquiries about accessibility that are received via e-mail and sent directly to the Co-Chair of the accessibility committee.	Implemented process where appropriate referral takes place if patient or employee. The concerns are summarized and emerging priorities are identified by the committee.
Leader UHN Feedback	Feedback and inquiries about facilities, parking that are received by e-mail and sent directly to the UHN leader (CEO, VP HR, VP Research).	To determine process to review the information and implement appropriate process
Accessibility Planning members brainstorm – explore and deconstruct experiences or observations at UHN.	Members identified barriers and suggested strategies to address	Ongoing
Review of employee, volunteer and student concerns reported to Diversity and Mediation Services	Complaints, disputes related to discrimination or harassment because of accessibility.	Outcomes and recommendations are generally summarized and emerging priorities are identified.
Tracking of HRTO Applications	External applications general tracking of by ground and site.	Emerging priorities were identified and a list of barriers sent to the committee for consideration of integration to 2014 work activities.
Opinion/consult <ul style="list-style-type: none"> • HR Employee Relations • Occupational Health consults • Management/Leaders • Union 	Employee concerns related to the lack of accessible services provided to patients.	Follow-up and intervention as appropriate. Emerging priorities were identified and a list of barriers sent to the committee for consideration of integration to work activities.
Source	Description	Status
Support Services	Feedback and concerns from employees who provide patient	Concerns forwarded to the committee for consideration.

	transportation or provide housekeeping services.	
Information desks and volunteers (greeters)	Feedback and concerns from employees, volunteers and greeters who work or rotate at the information desks (across sites).	Concerns forwarded to the committee for consideration.
Accessibility and way finding group	Feedback and concerns related to signage and way finding across UHN.	Information directories installed at all sites. Ongoing discussion about technological application including touch screen, voice recognition and GPS.
Security	Feedback from patients, families, visitors, employees and forwarded as appropriate.	Concerns forwarded to the committee for consideration.
Accessible transportation	Drivers of accessible vehicles provide feedback.	Concerns included in list of barriers sent to the committee for consideration of integration to work activities.
Vendors	Vendors provide feedback from experience at point of sale transaction or interaction with persons with disabilities.	Concerns identified at point of sale and forwarded to the committee for consideration.
Renovation, new builds and construction projects	Inquiries about accessibility and/universal design principles.	Concerns identified in planning for new builds.
Legal requirements	HRTO and AODA requirements are reviewed to ensure compliance.	Revising UHN policy/practice/procedure to align with legal requirements.
Outstanding initiatives from 2013 planning	Some initiatives are ongoing from the 2012 -2013 planning cycle	The ongoing initiative was re-submitted for the 2014 plan

10. The Accessibility Planning Committee identified criteria to prioritize and action the barriers to be addressed in the 2012 -2014 plan.

1. Frequency the barrier has been identified?
2. Has the barrier or issue been previously reported in accessibility planning?
3. How many people are affected by the barrier?
4. Are there any existing internal resources that can address the barrier?
5. Is this barrier related to the OBC? (Is it an entrance/exit, parking, washroom?)
6. Is there a future plan to address the barrier?
7. Can this barrier be addressed with a simple low cost solution? (facilities, training)
8. What is the cost of addressing this barrier? (is this a new build?)
9. Does the barrier create a risk? Is the impact to a specific category of people or does the barrier impact a broader group?
10. Does research from local and international jurisdictions suggest any best or promising practice for the barrier removal?

The Plan was developed in consultation with UHN departments; Facilities, Security, Public Affairs, Patient Relations and Human Resources represented by Employee Relations, Staffing and Volunteer Resources. The plan identifies how each AODA regulation will be addressed and the timelines for compliance. Any person wishing to provide feedback is invited to contact 416.603.5526 or accessibility@uhn.ca.

11. Barrier Removal 2013 - March 2014

Category of Barrier	Identified Barrier	Means to prevent or remove Barrier	Indicator of Success
Attitudinal	Employee incidents of Insensitivity/incivility	Training and awareness sessions for departments and/employees who interact with the public. Training to include messaging relating to behavioural expectations and Code of Conduct. Feedback process to be simplified.	Increased training Increased use of feedback system.
Architectural/	Heavy elevator doors and	Assess elevator door	Request submitted and

Category of Barrier	Identified Barrier	Means to prevent or remove Barrier	Indicator of Success
Physical	at TW South, Central and basement	for weight/density and actions to improve accessibility	review completed Complete by March 2014
Architectural/ Physical	Elevator doors close to fast and sensor to open not responsive at PMH, TRI UC and TW.	Assess elevator programming and actions to improve timing and sensor response.	Request submitted and review completed Complete by March 2014
Architectural/ Physical	TW exit/entrance width of door may create accessibility barriers as the door is too narrow to permit newer model wheelchair to navigate with ease.	Using standards and guidelines to assess the widths of the doors.	Request submitted and review completed Complete by March 2014
Architectural/ Physical	TW Bathurst Parking provides little or no navigational information and is poorly lit.	Review with Way finding group what actions can be taken to improve navigability and accessibility in the parking garage	Request submitted and review completed Complete by March 2014
Architectural/ Physical	TW Bathurst Parking poorly lit.	Investigate Bathurst parking garage for actions to improve accessibility	Request submitted and review completed Complete by March 2014
Architectural/ Physical	TTY Bell counter top not wide enough to accommodate newer accessible models of wheelchairs	New counter tops installed	Completed March 2013
Architectural/ Physical	Accessibility standards and criteria not always captured in design, builds and renovation.	Proposal for accessibility standards and criteria sign off to ensure standardization and compliance.	Request submitted and review completed Complete by March 2014
Physical	Circular driveway and adjoining walkway at TG University Ave. entrance uneven	Driveway and walkway repaved with no-skid, neutral colour asphalt.	Completed August 2013
Physical	Crossing University Ave. for persons with disabilities going to appointments/for work between PMH/TG is a challenge and dangerous especially during	Patients, visitors, and employees can safely cross at street level or easily access and navigate the underground tunnel. Consult to determine	Review completed of the situation by March 2014

Category of Barrier	Identified Barrier	Means to prevent or remove Barrier	Indicator of Success
	inclement weather.	by-law applicability	
Informational	Navigation information not clear in TW Bathurst parking garage	Review with Way finding group what actions can be taken to improve navigability in the parking garage	Request submitted and review completed Complete by March 2014
Informational	AODA brochure requires updated information including TRI and any new information.	Update AODA physical, electronic and audio brochure.	AODA physical, electronic and audio brochure updated. Complete by March 2014
Informational	Difficult to locate UHN AODA Webpage	Simplify and UHN Webpage	Accessibility audit conducted by March 2014.
Informational	Refresh mandatory training requirement for all employees	All user e-mail refreshing requirement to take e-learn AODA training.	100% Compliance rate for completed e-learning. E-mail sent December 2013.
Communication	AODA CEO Commitment statement hard to read, posting site may create barriers	AODA CEO Commitment statement fading, non glare glass or matte finish required.	AODA CEO statement reprinted and reframed placed in accessible locations in accessible format upon request. Complete by March 2014.
Communication	Insufficient information is currently available for people using wheelchairs and scooters to plan for their appointment	Provide maps of accessible parking spots, accessible washrooms and courtesy seating areas. Post maps on internet/intranet. Inform information desk employees, Volunteers and Security of the maps and websites.	Improved information about accessible parking, washroom locations and courtesy seating. The maps are available in accessible format upon request.
Communication	Employees/Volunteers do not know the location of accessible washrooms	Provide maps of accessible washrooms. Post maps on internet/intranet. Inform information desk employees, Volunteers and Security of the maps	Improved information about accessible parking, washroom locations and courtesy seating. The maps are available in accessible format upon request.

Category of Barrier	Identified Barrier	Means to prevent or remove Barrier	Indicator of Success
		and websites.	
Policy/practice	Improve accessibility of all documents produced by UHN including presentations, internal communications	Standardized fonts/colours used in all UHN documents, presentations and internal communications.	Establishes standard font/ size and colours to improve accessibility and readability by March 2015.
Policy/practice	Staxis not always available or centrally located	Staxis are centrally located and available for patients when entering UHN.	Review situation by March 2014
Policy/practice	Employee accommodations budget/budget source to be considered	Communication to all parties involved, 1) the department will be responsible for cost of accommodation. 2) Site responsible for renovations.	Review situation by March 2014
Policy/practice	UHN meeting/interview rooms not always.	Room bookings to include accessible criteria for inclusive meeting and /interview space.	Review situation by March 2014
Technological	Closed Caption not available on TV screens, in waiting areas and reception areas.	All UHN TV's in patient waiting areas and reception areas to have CC capability	Review situation by March 2014
Technological	Employees do not know where TTY's are located or how they are used.	Provide maps with location of TTY. Post maps on internet/intranet.	Review situation by March 2014.
Technological	Screen reading option for employees with low vision	Screen reading, JAWS and voice recognition available	Review situation by March 2014.
All classifications of Barriers	Barriers appropriately identified from the perspective of people with the lived experience of accessibility/disability	Conduct an accessibility audit of each site	Complete 2014

12. Integrated Accessibility Standards Regulation (Reg. 191/11): Work Plan

The IASR does not replace or affect legal rights or obligations that arise under the OHRC and other laws relating to the accommodation of people with disabilities. As a result OHRC or other applicable legislation may require additional accommodation measures that exceed or are different from the standards established by the regulations of the AODA.

Part 1 – General Requirements

AODA Requirement	Deliverable	Activities	Compliance Date Status
s. 3 Establish accessibility policies	Policies that govern how to achieve accessibility through meeting the IASR requirements are developed, implemented and maintained	Policies and guides established and posted. Provided in an accessible format upon request.	January 1st, 2013 Completed
s. 4 Establish multi-year accessibility plan	Establish & implement multi-year accessibility plan, meeting requirements under the IASR. Post the plan on website. Review/ update the accessibility plan at least once every 5 years. Review and update plans in consultation with persons with disabilities.	Established a multi-year accessibility plan with Accessibility Planning Committee. outlining initiatives to identify, remove, prevent barriers and meet IASR requirements. The plan is posted on website and will be reviewed/ updated at least once every 5 years. The plan upon request is available in accessible format.	January 1st, 2013 Completed
s. 5 Incorporate accessibility criteria and features into procurement process	Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities.	Statement from Plexxus integrated with UHN procurement process. Inform and train employees on accessibility criteria that need to be considered by decision makers related to procurement.	January 1st, 2013 In Progress
s. 6 Incorporate accessibility features when procuring or acquiring kiosks	Incorporate accessibility features when designing, procuring or acquiring self-service kiosks.	No kiosks (bank machines, point-of-sale devices and parking systems purchased. Existing kiosks have been audited. Ongoing monitoring to ensure that accessibility features included in future kiosk purchase.	January 1st, 2014 In Progress

<p>s. 7 Provide training on IASR accessibility standards and OHRC</p> <p>s. 7.3 Training is delivered as soon as practicable</p> <p>s. 7.5 A record of training, including dates of training and number of individuals is kept</p>	<p>All employees, volunteers, persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization, receive training appropriate to the duties of the training participants</p>	<p>Using various methods (in-class, power-point, e-learn) train all employees and volunteers by the following:</p> <ol style="list-style-type: none"> 1. All users email sent calendar year end refreshing IASR requirements 2. Third party vendor (sub-contractor) letter sent refreshing IASR requirements 3. New Employee Orientation, Volunteer Orientation, Nursing Orientation and Student Orientation. 4. IASR education based on 3 year (2016) UHN training cycle. <ol style="list-style-type: none"> i). In class, "I'm an AODA champion" training launched and piloted Sept 2013. <p>1700 participants to date.</p> <ol style="list-style-type: none"> ii). E-learning module to be complete in March 2014 	<p>January 1st, 2014 In progress</p>
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Part 2 - Information and Communications Standard

Outlines requirements for organizations to create, provide and receive information and communications in ways that are accessible for people with disabilities. OHRC: requires organizations to accommodate people with disabilities to the point of undue hardship.

AODA Requirement	Deliverable	Activities	Compliance Date Status
<p>s.11 Feedback</p>	<p>Ensure processes for receiving and responding to feedback are accessible to persons with disabilities, upon request. Notify</p>	<p>Updated feedback process by re-routing all inquiries from accessibility@uhn.ca to Co-Chair</p>	<p>January 1, 2014 In progress</p>

	public about the availability of accessible formats.	Accessibility Planning. Feedback is arranged for or provided in accessible format with notice to the public and available upon request.	
s.12 Accessible formats and communication supports	Accessible formats and communication supports provided in a timely manner that takes into account the person's accessibility needs due to disability and at a cost that is no more than the regular cost charged to other persons	Accessible formats and communication supports will be arranged or provided in a timely manner and made available to persons with disabilities upon request.	January 1, 2015
s.13 Emergency procedure, plans or public safety information	Provide emergency procedure and public safety information in accessible formats or with communication supports as soon as practicable, upon request	Emergency procedures will be available in accessible formats and in a manner that takes into account the persons disability, upon request.	January 1, 2012 Completed
s.14 Accessible websites and web content	Internet and Intranet meets technical requirements of WCAG 2.0 on required schedule i. This applies to websites and web content that an organization controls directly or through a contractual relationship that allows for modification of the product ii. This applies to web content published on a website after January 1, 2012	Revise new internet and intranet website to conform to WCAG 2.0 Level A. Internet and intranet websites and web content must conform to the WCAG 2.0 Level AA requirements. Train web designers of the WCAG requirements. Affiliate sites not under UHN's direct control receive an e-mail reminding of their obligation under the IASR.	January 1, 2014 In Progress January 1, 2021 All websites and web content to Level AA (other than live captions and audio descriptions)
s.15 Educational or training resources and materials	1. Ensure educational or training resources or materials in accessible format that takes into account the accessibility needs of the person whom the material is to be provided by, i. procuring through purchase or obtaining by other means an accessible or conversion ready electronic format of educational or	On review, the committee determined that an audit was not feasible due to the requirements and timelines in s.17 and s.18. Planning has commenced and the head librarian, VP education and	January 1, 2013 In progress

	<p>training resources or materials, where available, or</p> <p>ii. arranging for a comparable resource in an accessible or conversion ready electronic format, if educational or training resources or materials cannot be procured, obtained by other means or converted into an accessible format.</p> <p>2. Provide student records and information on program requirements, availability and descriptions in an accessible format to persons with disabilities.</p>	<p>instructors and will meet early 2014 to coordinate the ongoing e-learn training which will launch March 2014.</p> <p>Student orientation April, July and September provides information in accessible format to students with disabilities upon request.</p>	
<p>s. 16 Training to Educators</p>	<p>School boards or educational or training institutions shall provide educators with accessibility awareness training related to accessible program or course delivery and instruction.</p>	<p>In class training, support materials delivered to 22 instructors. In March 2014 the self-learn e-learn module will launch.</p>	<p>January 1, 2013 In progress</p>

<p>s.17 Producers of educational or training material</p>	<p>Every obligated organization that is a producer of educational or training textbooks for educational or training institutions shall upon request make accessible or conversion ready versions of the textbooks available to the institutions.</p> <p>(2) Every obligated organization that is a producer of print-based educational or training supplementary learning resources for educational or training institutions shall upon request make accessible or conversion ready versions of the printed materials available to the institutions.</p>	<p>The library, education and SIMS will be working on sourcing appropriate resources and technology to meet compliance.</p>	<p>January 1, 2015 Accessible or conversion ready versions of textbooks.</p> <p>January 1, 2020 Accessible or conversion ready versions of printed materials.</p>
<p>s.18 Libraries of educational and training institutions</p>	<p>The libraries of educational or training institutions that are obligated organizations shall provide, procure or acquire by other means an accessible or conversion ready format of print, digital or multimedia resources or materials for a person with a disability, upon request</p> <p>Special collections, archival materials, rare books and donations are exempt.</p>	<p>The library, education and SIMS will be working on sourcing appropriate resources and technology to meet compliance.</p>	<p>January 1, 2015 Print-based resources or materials.</p> <p>January 1, 2020 Digital or multimedia resources or materials.</p>

Part 3 – Employment Standard

The Employment Standard, under the Integrated Accessibility Standards Regulation, requires employers to provide for accessibility across all stages of the employment life cycle. The Employment Standard applies to paid employees and includes, but is not limited to, full-time, part-time, paid apprenticeships and seasonal employment. As good business practice, employers may apply the Standard to unpaid staff, volunteers and other forms of unpaid work. The OHRC requires organizations to accommodate people with disabilities to the point of undue hardship.

AODA Requirement	Deliverable	Activities	Compliance Date Status
s. 22 Recruitment	Notify about accommodation in recruitment process	On boarding process including recruitment selection reviewed. Statement of accommodation and accessibility included on postings, job website, union boards and other relevant locations as appropriate.	January 1, 2014 Completed
s. 23.1 Recruitment, assessment or selection process	Notify selected job applicants of the availability of accommodations upon request in relation to the materials or processes used for selection	Standard letters developed. Available in accessible formats upon request.	January 1, 2014 Completed
s.23.2	Consult with selected applicant, provide/arrange for suitable accommodation in a manner that takes into account the applicant's accessibility needs	Created checklist and provides for consultation with DCC as required.	January 1, 2014 Completed
s.24.0 Notice to successful applicants	When offering employment, notify successful applicant of policies for accommodating employees with disabilities	Accessibility statement included in on boarding information package.	January 1, 2014 Completed
s.25.1 Informing employees of supports	Inform employees of accessible/accommodation policies	Accessibility statement included in on boarding information package	January 1, 2014 Completed
s.25.2	Provide this information to new employees as soon as	Accessibility statement included in on boarding information package.	January 1, 2014 Completed

	practicable after hiring		
s.25.3	Provide updated information on accommodation policies to employees when changes occur	Accessibility statement included in on boarding information package	January 1, 2014 Completed
s.26.1 Accessible formats and communication supports for employees	Provide accessible formats and communication supports for job or workplace information, upon request	Policy, support manual and training provide this information.	January 1, 2014 Completed
s.26.2	Consult with employee to determine suitability of format or support	Policy, support manual and training provide this information.	January 1, 2014 Completed
s.27.1 Workplace emergency response information	Provide individualized workplace emergency response information to employees who have a disability	Policy, process and procedure implemented.	January 1, 2014 Completed
s.27.2	Provide information to person designated to provide assistance upon consent	Policy, process and procedure implemented	January 1, 2012 Completed
s.27.3	Provide information as soon as practicable after becoming aware of the need	Policy, process and procedure implemented	January 1, 2012 Completed
s.27.4	Review individualized workplace emergency response information when an employee moves location and plans are reviewed.	Policy, process and procedure implemented	January 1, 2012 Completed
s. 28.1 Documented Individual accommodation plans	Develop written process for documented individual accommodation plans	Occupational Health provides permanent disability management program administered by DCC's.	January 1, 2014 Completed
s.28.2	Include prescribed elements	The Occupational Health process	January 1, 2014

<p>Process for development of documented individual accommodations plans</p>	<p>in process:</p> <ol style="list-style-type: none"> 1. How employee can participate 2. How employee will be assessed 3. How employer can request assessment to determine accommodation 4. How employee can request participation of union representative 5. The steps to maintain the employee's privacy. 6. The frequency of the plan review and updating. 7. How reasons for denied request will be communicated 8. The individual accommodation plan will take into account the employee's accessibility needs due to disability. 	<p>and IASR policy reflect all the components items 1-8.</p>	<p>Completed</p>
<p>s.29.1 Return to work process</p>	<p>Develop a documented return-to-work process Identify any other accommodation that is to be provided</p>	<p>Occupational Health Permanent Accommodation process in place and identifies return to work process.</p>	<p>January 1, 2014 Completed</p>
<p>s.29.2</p>	<p>Include steps employer will take to facilitate return to work and use documented individual accommodation plans</p>	<p>Occupational Health Permanent Accommodation process in place and identifies return to work process.</p>	<p>January 1, 2014 Completed</p>

<p>s.30.1 Performance management</p>	<p>Include accessibility considerations in performance management processes</p>	<p>PES process features optional accessibility question, which highlights accessibility, supports for employees with disabilities prior to performance management is in progress.</p>	<p>January 1, 2014 Completed</p>
<p>s.31.1 Career development and advancement</p>	<p>Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position</p>	<p>Accessibility statement included in succession planning and all employment competitions are made available to candidates with a disability.</p>	<p>January 1, 2014 Completed</p>
<p>s.32.1</p>	<p>Include accessibility considerations and individual accommodation plans in redeployment processes</p>	<p>Redeployment process enhanced to permanent accommodation process which takes into account the needs of employees who require accommodation. .</p>	<p>January 1, 2014 Completed</p>

Part 4 – Transportation Standard

AODA Requirement	Deliverable	Activities	Compliance Date Status
<p>s. 76. (1) Transportation</p>	<p>Designated public sector organizations that are not primarily in the business of transportation, but that provide transportation services, shall provide accessible vehicles or equivalent services upon request.</p>	<p>In the event that the UHN shuttle service is not feasible, an alternate accessible service will be provided to persons with disabilities employed by UHN or accessing UHN services, upon request.</p>	<p>July 1, 2011 Completed</p>
<p>s. 34. (1) Accessibility of Information on accessibility equipment, etc. s. 35.(1) Non-functioning accessibility 36. (1) Accessibility training</p>	<p>All conventional transportation service providers and specialized transportation service providers shall make available to the public current information on accessibility equipment and features of their vehicles, routes and services.</p>	<p>Ensure accessibility information about shuttle, alternatives about non-functioning accessibility transportation and training.</p>	<p>January 1, 2014</p>

Part 5 - Accessibility Standard for the Design of Public Spaces (Accessibility Standards for the Built Environment)

Enhancements to accessibility in buildings will happen at a later date through Ontario's Building Code, which governs new construction and renovations in buildings. The standard for the design of public spaces **only** applies to new construction and major changes to existing features.

AODA Requirement	Deliverable	Activities	Compliance Date Status
s. 80.16, 80.22, 80.28 Outdoor public use eating areas	Applies to newly constructed and redeveloped outdoor public use eating areas (consist of tables that are found in public areas)	TBD	January 1, 2016
s. 80.33 to 80.37 Accessible Parking	Applies to types of accessible parking. Access aisles, minimum number and type of accessible parking spaces and signage	Review parking for medical transportation vehicles such as ambulances	January 1, 2016
s. 80.39 to 80.41 Interior Spaces	Exterior paths of travel Outdoor public use eating areas	TBD	January 1, 2016
Ss. 80.42 Maintenance	Service Counters Fixed queuing guides Waiting areas	TBD	January 1, 2016
s. 80.44 Maintenance of accessible elements		TBD	January 1, 2016

Review and Monitoring Process

The AODA Planning Committee will meet quarterly and AODA Council will continue to meet bi-monthly and report to the UHN Executive issues related to implementation of the ODA/AODA.

Communication of the Plan

UHN's accessibility plan will be communicated across the organization, posted on UHN's Internet and intranet. Copies of this plan will be available through various sources; including Diversity and Mediation Services, information desks, the library and Patient Relations Office.

The report is also available upon request in accessible format, such as large print or digital formats (e-mail attachment on computer disk). For a copy or any information about the annual plan please contact 416.603.5526 or accessibility@uhn.ca.

Conclusion

UHN's annual accessibility plan is intended to communicate progress on the elimination of barriers. As UHN's commitment to accessibility is ongoing and dedicated to addressing the outcomes of the deliverables in this plan we encourage your feedback. This accessibility plan is a living document and your feedback is important to contribute to changes needed to make accessibility activities relevant to us all. We request that if you are aware of or encounter an attitudinal, architectural, informational, physical, technological or any other barrier in your employment, while receiving goods or services at UHN, during transportation between Toronto Western Hospital and Toronto General Hospital or in the facilities please contact: accessibility@uhn.ca or call 416.603.5526.

Appendix A – AODA Planning Committee Membership

AODA Planning Committee – Membership

Dianne Barham, Staffing (TGH)
Paul Beverly, Emergency Preparedness (TGH)
Hana Bhuiyan, Employee Relations (TRI - BC)
Gerard Chapmen, Plant Operations & Maintenance (TWH)
Judy Costello, Nursing (PMH)
Lynn Coukos, Occupational Therapy (TRI - LC)
Rudy Dahdal, Facilities and Support Services (PMH and TGH)
Eddie Domingues, CUPE (TG and TWH)
Grace Eagan, Interpretation and Translation (UHN)
Joe Healy, Laboratory Medical Program (TGH) (OPSEU)
Wendy Howe, Human Resources (CCO)
Rita Kang, Patient Education (TWH)
Peter Kertz, Ergonomist, Occupational Health (TGH)
Jermaine King, Support Services, (PMH)(SEIU)
James Limniatis CUPE (TGH and TWH)
Abigail Magpayo, Student (PMH)
Abel Macedo, Support Services (TRI - BC)
Usman Masrur, Corporate Services (CCO)
Melissa McDermott, Public Affairs (TRI - UC)
Michelle Mohan, Occupational Therapy (TWH)
Olga Muir, Orthopedic Rheumatology (TWH)
Emma Pavlov, Human Resources (UHN)
Rick Pews Infrastructure Facilities (TGH)
Richard Rollox, Plant Maintenance (PMH)
Elke Ruthig, Patient Education (TGH)
Mohammad Salhia, CUSP (TGH)
Neil Shepherd, Plant Operations & Maintenance (TWH)
Gaetan Tardif, (TRI)
Jennifer Taylor, ONA
Carl Valentine, Security (TWH)
Tanya Williams, CUPE TRI BC
Dr. Audrey Yap, (TRI - LC)
 Jane Sloggett, Occupational Health (UHN) and Jacqueline Silvera, Diversity and Mediation Services (UHN)

Appendix B – Terms of Reference

UHN AODA Committee

Terms of Reference

Ontarians with Disabilities Act, 2001 (ODA); Accessibility For Ontarians With Disabilities Act, 2005 (AODA)

1.0 Mandate

- i. The mandate and work of the UHN's AODA Council includes but is not limited to:
- ii. Provide leadership and all resources to the AODA Planning Committee on the AODA/ODA in the elimination of barriers in the service, work and learning environment for patients, employees, volunteers, students and all stakeholders.
- iii. Identify concerns based on feedback, respond appropriately and based on gaps recommend systemic changes as required.
- iv. 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.
- v. Ensure that the accessible plans conform to the principles of the AODA and OHRC and are available to the public in accessible format on request.
- vi. Championing and integrating accessibility and universal design principles while promoting, planning and implementing AODA/ODA deliverables to strengthen a culture of inclusion within UHN.

2.0 The mandate of the AODA Planning Committee is to:

- i. Ensure that UHN maintains and complies with the requirements AODA, 2005 and ODA, 2001.
- ii. Provide recommendations relating to the provisions of the AODA to the Council.
- iii. Identify the roles and responsibilities relating to UHN programs, departments and units as it relates to the facility, delivery of accessible goods and services to patients, employees, volunteers, students and all stakeholders.
- iv. Assist UHN in promoting an accessible, respectful and welcoming environment.
- v. Develop and plan all material related to the implementation of the AODA including but not limited to the Customer Service, Employment, Built Environment, Information and Communication and Transportation Standards.
- vi. Ensure that all material developed by the Committee is available in accessible format.

3.0 Reporting

The AODA Council is accountable to UHN Senior Management, Site Vice-Presidents of Princess Margaret, Toronto General, Toronto Western Hospital and Toronto Rehab Institute. The Senior Vice President, Human Resources and Organizational Development is the designated Executive sponsor for UHN's AODA implementation.

4.0 AODA Committee Activities

- Provide an open dialogue between members with regard to on-going concerns, initiatives, planning and implementation.
- Create measures on how UHN will take to identify, improve and prevent barriers.
- Develop and track how UHN identifies, remove & prevent barriers.
- Identify and review the measures in place ensuring that UHN assesses its proposal for, policies, programs, practices and services.
- Develop a communication strategy.
- Develop an education & awareness strategy.

5.0 Membership

- Business Operations
- Diversity
- Facilities (site leads)
- Employee Relations
- Interpretation Services
- Infrastructure
- Nursing
- Occupational Health & Safety
- Patient Relations
- PCC
- Research
- Security
- Environmental Services
- Volunteers

6.0 Advisors

- Community Agencies
- Community Representatives (CAC, Virtual Patient Group)

7.0 Internal Resource Specialists (IRS)

- Specialized Clinics & Departments
- Energy & Environment
- Fire & Life Safety
- Human Resources
- Infection Prevention & Control
- Public Affairs
- Radiation Safety
- Risk

8.0 Responsibilities of the Members

- Review distributed documentation prior to the scheduled meetings. Approve circulated documents as required.
- Attend or send a delegate to all meetings.
- Actively participate in committee and carry out assigned or accepted activities related to committee objectives.
- Assist with preparation of reports and presentations as required.
- Identify any AODA departmental initiatives to the committee.
- Actively promote the activities of AODA Committee.

9.0 Responsibilities of the Co-Chairs

- Inspire, stimulate and guide the activities of the Committee towards achieving the AODA's objectives.
- Ensure that agendas, minutes and supporting materials are distributed prior to each meeting.
- Meet with the Senior Vice President, Human Resources and Organizational Development on an annual basis or as required and provide updates on key issues.

10.0 Meetings

- The AODA Council shall meet monthly
- The AODA Planning Committee shall meet quarterly
- Ad hoc meetings may be called at discretion of the Co-Chairs.

Appendix C - IASR Timeline

Integrated Accessibility Standard (IASR) Deliverables Timeline	2011	2012	2013	2014	2015	2021
s.3: Establish accessibility policies						
s.4: Establish multi-year accessibility plan and annual report						
s.5 Incorporate accessibility in procuring/acquiring goods/services/facilities						
s.6 Incorporate accessibility design, criteria features in self-service kiosks						
s.7 Provide OHRC rights training to employees, volunteers and all others						
s.11 Accessible feedback processes to persons with disabilities on request						
s.12 Accessible formats & communication supports and public notification						
s.13 Make emergency procedure plans and safety information accessible						
s.14(1) New websites & web content must conform to WCAG 2.0 Level AA						
s.14.2 All websites & web content must conform to WCAG 2.0 Level AA						
s.15.1 Accessible/conversion ready training material or resources						
s.15.3 Provide program info and student records in accessible format						
s.16(1)(2) Provide accessibility awareness training to instructors; keep records including dates and numbers						
s.17 Provide accessible format / conversion ready textbooks (if producer)						
s.17 Provide accessible format / conversion ready print-based educational or training resources (if producer)						
s.18 Libraries to provide accessible or conversion ready print-based resources on request						
s.18 Libraries to provide accessible or conversion ready print-based resources on request s.18 Libraries to provide accessible or conversion ready digital or multi-media resources on request						
s.22 Notify employees and public about accommodation available in recruitment process						
s.23 Notify job applicants participating in assessment about accommodation available upon request; provide suitable accommodation on request						
s.24 Notify successful applicant of accommodation policies						
s.25 Inform employees of accommodation policies						
Provide updated information to employees on changes to accommodation policies						
s.26 Provide suitable accessible format or conversion ready information needed to do job, or generally available in workplace, upon request						
s.27 Provide individualized emergency response information upon request as soon as practicable; review individualized information						
s. 28 Develop written process for developing documented individual accommodation plans						
s.29 Develop a documented return-to-work process						
s.30 Incorporate accessibility needs and accommodation plans in performance management process						
s. 31 incorporate accessibility needs and accommodation plans in career development process						
s.32 Incorporate accessibility needs and accommodation plans in redeployment process						
Transportation s. 76						
Built Environment: Design of public Spaces s.80 Provide accessible public spaces						

