

**ANNUAL ACCESSIBILITY PLAN
FOR THE
NIPIGON DISTRICT MEMORIAL HOSPITAL
SEPTEMBER 2009 – AUGUST 2010
SEVEN YEAR PLAN**

ACCESSIBILITY FOR ONTARIANS DISABILITES ACT (2005)

**Submitted to
Cathy Collinson
Executive Director**

**Prepared by
Linda Enders
Coordinator
Accessibility Working Group**

*This publication is available on the hospital's website
(www.ndmh.ca)
and in alternative formats upon request*

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EXECUTIVE SUMMARY

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) received Royal Assent in June 2005. The purpose of the legislation is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. Until all the new standards under the AODA are introduced as regulations, the Ontarians with Disabilities Act, 2001 (ODA) remains in effect. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

This is the **seventh** accessibility plan (**2009 - 2010**) prepared by the Accessibility Working Group of the Nipigon District Memorial Hospital (hereinafter referred to as “Nipigon Hospital”). The plan describes the measures that the Hospital will take during the year (**August 2009-September 2010**) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

Again this year, Nipigon Hospital committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of persons with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

Last year, the Working Group **identified** the following **four** most significant barriers at Nipigon District Memorial Hospital in **2008 - 2009**;

1. *Ensure and maintain the physical accessibility of the hospital for residents*: replace section of carpet in front of Donor wall to prevent falls (outstanding from previous years due to financial restraints).
2. *Website reader friendly i.e. magnifiers, text recognition, readers*: Incorporate reader friendly to hospital website (outstanding from previous years due to redesigning hospital website).
3. *Educational Opportunities regarding disabilities provided to staff* – promote education, training and understanding of the Accessibility for Ontarians Disabilities Act (AODA)
4. *To ensure accessibility and safety in the Long Term Care Dining Room – enlarge space to accommodate wheelchairs and change recliners to “stand to sit” mode to assist residents*

This year, the working Group is recommending the prevention and removal of four barriers.

- **Architectural** – Replace section of carpet in front of Donor Wall
- **Informational** – Incorporate reader friendly tools on hospital web istle
- **Attitudinal** – Implementing AODA staff education
- **Informational** – Development of policies and procedures in compliance with AODA

1. AIM

This **seventh year** accessibility plan describes the measures that Nipigon Hospital have taken in the past, and the measures the Nipigon Hospital will take during the next year (**2009- 2010**) to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2. OBJECTIVES

This plan:

1. Reviews initiatives that the Nipigon Hospital has identified and removed for people with disabilities over the past six years.
2. Describes the barriers that the Nipigon Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
3. Describe the processes that Nipigon Hospital will take in the coming year to continue to identify, remove and prevent barriers to people with disabilities and to ensure the plan available to the public.

3. DESCRIPTION OF THE NIPIGON DISTRICT MEMORIAL HOSPITAL CORPORATION

The Hospital is located in the Township of Nipigon and began operations in 1948. A new facility was opened in January 1993 which houses 15 acute care beds, 14 extended care beds, 7 chronic beds and one respite bed. Laboratory, radiology, physiotherapy, 24-hour emergency room coverage and dietitian services are provided to inpatients and a large number of outpatients. The Physician Clinic is located adjacent to the hospital and provides offices for five physicians and one nurse practitioner. The Hospital also administers a number of health related services including;

- Beardmore Health Centre
- Lifeline (a telephone emergency response system) (40 units)
- Meals on Wheels & Wheels to Meals (1700 meals per year)
- Palliative and Pastoral Care
- Diabetic Education Program (550 visits per year)
- Handi Transit Program (2400 clients per year)
- Nurse Practitioner Program

Our catchment area includes approximately 5000 individuals in rural areas of Red Rock, Dorion, Hurkett, Beardmore, Rocky Bay, Pays Plat. Our hospital serves approximately 1500 patients annually and has 80 employees.

Mission Statement:

The Hospital provides health care and wellness promotion activities to improve the health of the population and the quality of life of all residents in our communities.

Vision Statement:

Excellence in rural health care and wellness promotion.

Values:

The Nipigon District Memorial Hospital is :

- **Accountable** to the people we serve to provide
- **Accessible** health care through
- **Collaboration** with community and health service partners in a
- **Safe** environment that promotes
- **Personal and professional growth**, recognizing that *People are our most important resource*

4. THE ACCESSIBILITY WORKING GROUP

Establishment of the Accessibility Working Group

B. Sutton (Chief Executive Officer) formally established the Accessibility Working Group in August 2003.

The Accessibility Advisory Committee members were chosen for their unique skills, knowledge and key positions within the facility as well as Community members based on their ability to represent the following key groups;

- Mobility impaired
- Visually impaired
- Hearing impaired
- Seniors
- Mental Health

Over the years the above composition of members has changed and the Committee continues to advocate on behalf of the above disabilities.

The Accessibility Working Group Mission:

The Accessibility Working Group of the Nipigon District Memorial Hospital will set priorities and develop strategies to identify, remove and prevent barriers to people with disabilities and will write, approve, endorse, submit, publish, communicate, review and monitor a comprehensive Accessibility Plan.

Accessibility Working Group Terms of Reference

1. The Committee will meet a minimum of twice per year or as required to ensure that barriers are identified and prioritized, and that recommendations are made to remove the barriers, and that an annual Accessibility Plan is completed and made available by August 31 of each year.
2. The committee will make recommendations for further action to Nipigon Hospital Administration and communicate the Annual Plan to the Board of Directors.
3. The committee will function in an advisory capacity to all Nipigon Hospital programs regarding relevant policy and procedure development and change, relevant program development and change and relevant structural changes.
4. Committee membership is voluntary and members will be selected by request from the chairperson and upon recommendation from the existing committee members. Term of office is a minimum of 2 years. Membership will be composed of members representing the facility and community.
5. Decisions will be reached by consensus.

Members of the Accessibility Working Group

The following members are appointed to the Working Group

<i>Working Group Member</i>	<i>Department</i>	<i>Contact Information</i>
Cathy Collinson	Executive Director	887-3026
Linda Enders	Director of Environment Services	887-3026
Steve Mangoff	Senior Physiotherapist	887-3026
Donna Smeltzer	LTC Activity Coordinator	887-3026
Robert Plumpton	Maintenance Supervisor	887-3026
Marlene Stewart	Housekeeping Leadhand	887-3026
John Ahl	Silver Club	887-3102

5. COMMITMENT TO ACCESSIBILITY PLANNING

In addition to our corporate policy, which formalizes our commitment to reducing barriers for people with disabilities, our commitment is evident in the initiatives we have completed over the past years. Our staff continues to recognize that improving accessibility is a shared responsibility and assist in identifying barriers and solutions (i.e. staff survey).

At its meeting on February 2009, the Commitment to Accessibility Policy was revised to better reflect the Ontarians with Disabilities Act, 2001 and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) . In October 2009 the Committee revised the following policies in compliance with the AODA legislation; Guide Dog or Other Service Animal, Personal Assistive Devices, Personal Support Person, Training/Education, Communication/Feedback Policies.

C. Collinson, Executive Director authorized the Accessibility Working Group to maintain on an Annual basis the accessibility plan that will enable the Nipigon District Memorial Hospital to meet these commitments within available resources.

6. PAST BARRIER REMOVAL INITIATIVES AND STRATEGIES

Through the development and implementation of our past **six** annual Accessibility Plans the barriers below were successfully removed.

Barrier	Objective	Means to remove/prevent
Informational Communications	Signage required to indicate no blocking of front entrance	Erect signage and entrance with a time limit for stopping
Physical	Staff entrance doors too heavy	Adjust closures
Architectural	Staff entrance access pad difficult to see in low light.	Light at entrance has been turned back on
Information Communication	Interior signage needed.	Installed new signage within the interior of the hospital
Physical	Washroom doors in lobby too heavy to open.	Installed electric door opener
Physical	Tables in activity lounge do not accommodate wheelchairs well.	Replaced existing tables with wheelchair accessible tables
Technological	Need hands free telephone in respite room	Purchased hands-free telephone for respite room
Informational Communications	Lobby washroom not labeled as handicapped accessible	Installed handicap accessible signage
Physical	Ensure handicap accessible washrooms are truly accessible.	Installed electric openers, changed faucets and installed diagonal handrail in both lobby washrooms

Barrier	Objective	Means to remove/prevent
Architectural	Handicapped parking has no designated space for use by vehicles with lifts	Existing spaces reallocated – designated one space for vehicles with side lifts. Repainted section
Architectural	Accessible spots for handicapped staff required	In staff parking lot, two spots were widened and labeled as accessible parking spots
Physical	No space for wheelchair in laboratory and x-ray waiting areas	Seating arrangement redesigned to provide appropriate space for wheelchairs
Technological	Large grip call bell needed for Extended and Acute Care wings	Purchased and installed large grip call bells to have available if needed
Informational Communication	Provide Hospital information in alternative or multiple formats (i.e. large print, audio) as required.	As information is reproduced & or is required, it will be in large print and audio
Attitudinal	Staff reluctance to deal with mental health issues	In-services provided to educate staff regarding Bipolar (Feb. 2005), Addictions (March 2005). Mental Health specifics documented in Nursing Plans.
Technological	Provide exercise equipment to accommodate clients with accessibility problems in Physiotherapy Department.	Purchased Recumbent Bike and Step Exerciser
Informational Communications	Health Records flagged to indicate clients with a disability	With the implementation of electronic patient registration Medical Alerts are captured (i.e. hearing impaired, below knee amputation etc.)
Informational Communications	Accommodation of Applicants with Disabilities	Procedure developed to initiate accommodation for applicants requiring large print, wheelchair accessibility or other identified disability.
Physical	Enhance Resident accessibility to hospital courtyard.	Volunteers re-structured garden beds, constructed plant beds so that residents can access and work in, access buttons installed, improved wheelchair accessibility

Barrier	Objective	Means to remove/prevent
Informational Communications	Provide presence awareness at Receptionist Desk for wheelchair public	Provide bell easily accessible for wheelchair public
Informational Communications	Ensure the hospital does not create new barriers to accessibility or perpetuate an existing barrier in developing or updating its policies and guidelines	Policies and guidelines brought forward for approval will be examined by the CEO or DES to determine if they create or fail to address accessibility issues in their formation
Physical	Cement walkway repairs required at Entrance	Replace cement walkway at Entrance and improve wheelchair curb accessibility
Architectural	To ensure accessibility and safety in the LTC Dining Room.	Removed excess furniture & designate space free. Change recliners to sitting mode.

7. 2009-2010 BARRIER-IDENTIFICATION METHODOLOGIES

The Accessibility Working Group will continue to employ (unless otherwise stated) each method listed below to identify and remove barriers to accessibility.

METHODOLOGY	DESCRIPTION	STATUS
Brainstorming exercise at AWG meeting	AWG Committee, which is made up of a diverse staff, managerial group, and public members, examined all aspects of barriers as well as outstanding barriers identified	Committee will meet at least twice/year or more if necessary
Modified Work/medical Recommendations for Staff	When an employee is unable to perform regular work due to disability, a Modified Work Program may be developed for staff with short-term restrictions. Accommodation is considered for staff requiring permanent restrictions. Elimination of barriers is considered in both cases	Present Process
Health and Safety Inspections	Identify Health and safety issues and also barriers that may be present for staff, patients and public.	Present Process – discussions and review conducted at monthly OH&S meetings

Barrier	Objective	Means to remove/prevent
Staff Incidents/Issues	Staff complete Incident Reports which are reviewed and followed up by the Supervisor/Manager and the Occupational Health and Safety Committee	Present Process – reviewed and discussed at OH&S Committee meetings on a monthly basis
Occupational Health and Safety Annual Report	Annual statistics, such as the number of back injuries, patient aggression, needle stick etc. are compiled and reviewed to identify a “pattern” and addressed to eliminate	Present Process – Conducted on an annual basis.
Patient Records	On each admitted patient, an admission database is completed that identifies a number of accommodation needs for an individual. From this information the care team forms a plan to care that is communicated.	Presently being used.
Maintenance Requisitions	When a person or department recognizes an issue, a maintenance requisition form is completed and submitted electronically through the Hospital’s Intranet site.	Electronic requisitions are in place. With the exception of emergencies. Paper forms are also submitted to the Maintenance Dept.
Annual Accessibility Issues Feedback	A procedure whereby feedback generated will be given consideration and the person/group that has brought forward the concern will have a response from the appropriate Hospital Manager with 3 days	Accessibility Working Group Coordinator will ensure responses are provided within 3 business days as per policy.
Accessibility Survey	An ODA Survey is available on the hospital website for the public, staff and consumers to provide input.	Available in paper form as well as on the hospital web site.
Accessibility Improvement List	A list has been compiled that outlines the hospital’s accomplishments related to Accessibility over the last six years.	Published Annually

8. BARRIERS THAT WILL BE ADDRESSED 2009-2010

The Accessibility Working Group will attempt to address the following 4 barriers during the coming year.

Barrier	Objective	Means to Remove/Prevent	Performance Criteria	Resources	Timing	Responsibility
Architectural	To ensure and maintain the physical accessibility of the hospital for residents	Replace section of carpet in front of Donor Wall to prevent falls (Residents, elderly, frail)	New tile flooring installed	Significant cost to hospital and may not be within budget.	Dec. 2010	Executive Director, Director of Environment Services Maintenance Supervisor
Informational	Website reader friendly i.e. magnifiers, text recognition, readers	Incorporate reader friendly to hospital Website that will adapt easy to read tools	Easy to read accessibility	Information Systems Tech. No cost	May 2010	Senior Management Team, Chief Physiotherapist, Hospital IT per
Attitudinal	Educational opportunities regarding disabilities has not been available to staff	Coordinator to promote education and understanding of Ontarian with Disabilities Act	Increase ODA & AODA awareness	Meetings Newsletter Website	March 2010	AWG Committee AWG Coordinator
Informational	Develop Policies and Procedures in compliances with changes to the legislation	Develop policies and procedures, educate and train staff	All Staff to complete on-line education Distribute and communicate new policies	No cost	March 2010	AWG Committee AWG Coordinator

9. ACCESSIBILITY FOR ONTARIANS WITH DISABILITY ACT, 2005 (AODA)

On October 12, 2004 the Ontario government introduced Bill 118, the Accessibility for Ontarians with Disability Act, 2005 (the "AODA" or the "Act"). The AODA replaces the Ontarians with Disabilities Act, 2001, which was passed by the former Conservative government. It is intended to require a more proactive approach to achieving full accessibility for persons with disabilities in the province. The 5 standards that will be developed over the years and implemented are:

1. Customer Service (2010)
2. Transportation
3. Information and communications
4. Employment
5. Built Environment

11. REVIEW AND MONITORING PROGRESS

The Accessibility Plan Review is a regular item on the Occupational Health & Safety Committee Agenda to monitor the progress on eliminating or reducing the barriers noted above. The Committee will be responsible for reminding staff and the various committees of their role in implementing the plan. The Accessibility Working Group will meet semi-annually to review progress.

12. COMMUNICATION OF THE PLAN

The hospital's accessibility plan will be posted on the Nipigon District Memorial Hospital web-site at www.ndmh.ca and on the iNtranet. Paper copies are available through the Administration office. On request, the plan can be made available in alternative formats, such as computer disk in electronic text or in large print. The plan will be posted on the staff bulletin boards, distributed to each department and the public will be advised about the plan through the local media.

Feedback can be sent to: Nipigon District Memorial Hospital
Linda Enders
Executive Assistant
125 Hogan Road
Nipigon, ON P0T 2J0

APPENDICES

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Manual	General Manual	POLICY
Distribution	Hospital Wide	
Section	Finance	
Recommended by	Senior Management	
Approved by	Director of Environment Services	
Date	Original: 2005/05	ID Number: ADM-25
	Revised/Reviewed: 2009/02, 2009/10, 2010/01	

NIPIGON HOSPITAL ACCESSIBILITY COMMITMENT

Policy:

The Nipigon District Memorial Hospital supports the needs of persons with disability/disabilities as prescribed by the Accessibility for Ontarians with Disabilities Act, 2005 in accordance with the Nipigon Hospital’s vision and mission.

Background:

The purpose of the Accessibility for Ontarians with Disabilities Act, 2005 (ODA) is to achieve accessibility with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises in Ontario on or before January 01, 2025. The Act applies to organizations of all kinds (public, private, non-profit, large, small) including hospitals, and requires the annual development of an Accessibility Plan to address barriers for people with disabilities. Common and sector-specific standard will be implemented by regulation – customer service, transportation, information and communications, built environment, and employment.

The Nipigon Hospital has prepared and posted its Accessibility Plan since 2003.

Accessible Customer Service:

Accessible Customer Service includes various forms of customer service – in person, telephone, electronic, mail, oral, visual, written; delivered by employees, volunteers or third parties.

Customer Service Standards:

- ***Polices, practices and procedures:***
 - Goods or services will be provided in a manner which respects the dignity and independence of the individual and in a manner that takes into account the person’s disability.
 - Provision of goods or service will be integrated unless an alternate measure is necessary to enable the person with a disability to obtain, use or benefit from any goods or service.
 - Persons with disabilities will be given equal opportunity to obtain, use or benefit from goods or service.

- ***Use of Service animals, support person or assistive devices:***
 - Use of guide dogs, service animals, support persons and assistive devices will be permitted at all times, unless excluded by law from the premises.
 - If a guide dog or service animal is excluded by law, Nipigon Hospital will ensure that other measures are available to enable the person with a disability to obtain, use or benefit from Nipigon Hospital goods or services

- ***Disruption of Service:***
 - The Nipigon Hospital will provide notice appropriate to the situation when services on which people with disabilities rely are temporarily disrupted. These services may include, but are not limited to accessible entrances, sufficient lighting for persons with low vision

- Notice must include:
 - Reason for disruption of service
 - Anticipated length of duration
 - Description of alternate facilities or service, if any, that are available

- **Training:**
 - Training about the provision of goods or services to persons with disabilities will be provided to staff, volunteers, physicians, students or otherwise.
 - Training about the provision of goods and services to persons with disabilities will be provided to persons contributing to the development of the provider's policies, practices and procedures governing the provision of goods and services to the general public.
 - Training will include a review of the purposes of the Act, the requirement of this Regulation and instruction about:
 - How to interact with persons with various types of disabilities.
 - How to interact with persons with disabilities who use an assistive device, require assistance of a service animal or the assistance of a support person.
 - How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods or services to a person with a disability.
 - What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.
 - Training will be provided as soon as practicable during the orientation period for new employees.
 - Training will be ongoing in connection with changes to policies, practices and procedures.
 - Nipigon Hospital training policy will be available for the public and will identify:
 - Summary of the contents of the training and details of when the training is to be provided.
 - Record of training provided, including the dates on which training is provide and the number of individuals to whom it is provided.

- **Feedback process:**
 - Patients and families are welcome to contact the Director of Environment Services/ Accessibility Coordinator regarding Accessibility information or issues. The focus is to improve communication, access information or resources, and address and resolve difficulties through email (lenders@ndmh.ca), telephone 887-3026 ext. 223 or personal contact at the hospitals Administration Office.

 - The Director of Environment Services/ Accessibility Coordinator provides a bridge between patients/families and the hospital. The Director of Environment Services/Accessibility Coordinator or designate will assist patients or families who are experiencing difficulty, or who may have questions, concerns or a compliment about their care or service at Nipigon Hospital.

 - The CEO/Director of Risk Management, Director of Environment Services/Accessibility Coordinator or designate will respond to any feedback, investigate a complaint, and take actions as appropriate. The person providing the feedback or making a complaint will be apprised of the outcomes within 3 business days.

 - Feedback and suggestions from patients and families may be provided in person, in writing or by electronic text by email or on a diskette, or by telephone or any other means of communication that is appropriate. Alternative communication formats may be arranged upon request.

 - Confidentiality is highly respected and maintained.

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- **Availability of documents:**
 - Notice of the availability of Nipigon Hospital Accessibility policies will be posted in a conspicuous place on the premises and/or on the Nipigon web page (intranet and internet). Information Boards are available in the front lobby waiting area and the Emergency Department waiting room.

- All policies and procedure documents related to Accessibility will be available to the public in a format agreed upon with the person with a disability.
- **Telephone Services:**
 - The Nipigon Hospital will provide fully accessible telephone service to its customers. The hospital will train its staff to communicate with customers over the telephone in plain and clear language, and to speak clearly and slowly. If telephone communication is not suitable to the person's communication needs, the hospital will offer to communicate with customers in other formats as appropriate and available i.e. free service by Bell Telephone.
- **Billing Service:**
 - The Nipigon Hospital will provide accessible invoices to all its customers. For this reason, invoices will be provided in the following formats upon request – hard copy, large print, email , etc. The hospital will answer any questions about the billing in person, by telephone, in writing or by electronic text by email or on a diskette, or any other means of communication that is appropriate.
- **Consumer Participation**
 - Nipigon Hospital welcomes the perspectives and participation of people with disabilities and community members as part of the hospital's commitment to accessibility planning. The following methods/ are available to participate and contribute to accessibility.
 1. Contact Linda Enders, Accessibility Working Group chair, at 887-3026 ext 223 or lenders @ndmh.ca to file a complaint or make a suggestion regarding accessibility.
 2. Become a member of the Hospital's Accessibility Working Group by sending in correspondence requesting your participation on the Committee to the above hospital personnel.
 3. Complete the Accessibility Survey on the Hospital's website at www.ndmh.ca.

References:

Accessibility for Ontarians with Disabilities Act, 2005

Accessibility for Ontarians with Disabilities Act, 2005 Customer Services Standard 429/07

Blind Person's Rights Act R.S., c. 40,s.1

Manual	General Manual	POLICY PROCEDURE
Distribution	Hospital Wide	
Section	Finance	
Recommended by	Senior Management	
Approved by	Director of Environment Services	ID Number: ADM-01
Date	Original: 2005/05 Revised/Reviewed: 2009/02, 2009/10	

ACCESSIBILITY – PERSONAL ASSISTIVE DEVICES

Policy:

The Nipigon District Memorial Hospital is committed to promoting, providing and maintaining an environment where respect, independence, and dignity are demonstrated at all times to all patients equally. Patients are encouraged and supported to use whatever assistive devices they require to ensure access to the goods and services offered by the hospital.

Standard:

- The right of the individual to use a personal assistive device while accessing goods and services provided by the Nipigon District Memorial Hospital is respected and accommodated.
- A patient's assistive device(s) will remain with the patient at ALL times except where there is a requirement for exclusion of said device:
 - Due to infection control risk
 - Risk of harm to the device and/or individuals
- The Supervisor/Leadhand and staff will develop a plan with the person with the assistive device to arrange for alternate support in the event that the communication device is unable to stay with the patient.
- Notice of the availability of Nipigon Hospital Accessibility policies will be posted in a conspicuous place on the premises and/or on the hospital web site (Meditech, the intranet and internet)
- All policies and procedure documents related to Accessibility will be available to the public, in a format agreed upon with the person with a disability.

Definitions:

Assistive Device: Assistive Devices are used by people with disabilities to assist with daily living. They include a broad range of products such as but not limited to walkers, canes, wheelchairs, oxygen tanks, portable chalk boards and electronic communication devices that people may bring with them to the hospital.

Guidelines:

1. When communicating with a person with a disability, do so in a manner that takes into account the person's disability.
2. Think about and/or learn how people with disabilities communicate. Be flexible in planning your approach use of written, spoken, or picture form or other assistive device may be useful.
3. Ask the patient directly about their preferred method of communication.
4. Plan ahead where possible to ensure the appropriate assistive device is available.
5. A variety of assistive measures are available for patients use including:
 - Enlarged print, lifts, wheelchairs, walkers, staff resources (Physiotherapy-
 - Other community resources (Community Occupational Therapist

References:

Accessibility for Ontarians with Disabilities Act, 2005

Accessibility for Ontarians with Disabilities Act, 2005 Customer Services Standard 429/07

Blind Person's Rights Act R.S., c. 40,s.1



Manual	General Manual	POLICY PROCEDURE
Distribution	Hospital Wide	
Section	Finance	
Recommended by	Senior Management	
Approved by	Director of Environment Services	ID Number: ADM-23
Date	Original: 2005/05	
	Revised/Reviewed: 2009/02, 2009/10	

ACCESSIBILITY COMMITMENT – GUIDE DOG OR OTHER SERVICE ANIMAL

Policy:

The Nipigon District Memorial Hospital is committed to promoting, providing and maintaining an environment where respect, independence, and dignity are demonstrated at all times. The right of the individual to be accompanied by a Guide dog or other Service animal, except where excluded by law is supported (where food is being prepared). The Nipigon Hospital will ensure other measures are available to enable the person with the disability to obtain, use and benefit from the hospital's services.

Clinical Note: Guide dogs and Service dogs are not pets but working animals. Staff will refrain from touching or petting the guide dog or other service animal.

Definitions:

Guide dog: is a dog trained as a guide for a blind person.

Service Animal: are animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks.

Standard:

- Guide dogs and other Service animals may accompany people with disabilities in all areas of the hospital except where excluded by law or where there is significant risk to a staff person or member of the public (identified risk of severe allergic reaction or where food is being prepared).
- The Supervisor/Leadhand, staff and person with a disability will collaborate, discuss and develop an accessibility plan identifying necessary support arrangements.
- Guide dogs and other Service animals are not permitted where sterile procedures occur in accordance with the Health Promotion and Protection Act including but not limited to:
 - Minor Procedure Rooms or Rooms where sterile interventional procedures are occurring
 - Diagnostic Imaging Department
 - Rooms in which transmission based precautions are in place (Isolation Rooms)
- Staff will collaborate and discuss with the person with a disability areas where the presence of a Guide dog or Service animal is not allowed prior to their arrival (where possible) and develop alternate arrangements.
- The hospital has the right to request the customer to provide proof that the animal is a service animal required for his/her disability prior to any service provision. This proof should be in the form of a letter from a physician or nurse or

documentation from the Ministry of the Attorney General's office confirming that the person requires a Guide dog or Service animal. The letter only needs to verify the need of a service animal for this person, and does not need to outline the person's disability or purpose of the animal.

- Infection Prevention and Control Officer and the Supervisor/Leadhand and/or Team Leader must be contacted whenever a patient with a Guide dog or Service animal is admitted to the hospital or, whenever there is a concern regarding the safety and/or security of persons in the area.
- A patient admitted with a Guide dog or Service animal will be accommodated (if possible) in a private room at no extra charge.
- A patient admitted with a Guide dog or Service animal is the responsibility of the owner.
- If in accordance with this policy, it becomes necessary to separate the Guide dog or Service animal from its owner, healthcare personnel will make all reasonable efforts to help facilitate the transfer of the animal to a designated person.
- The person who requires the Guide dog or Service animal may be asked to provide a letter from a physician or nurse,
- Notice of the availability of the Nipigon Hospital Accessibility policies will be posted in a conspicuous place on the premises and/or on the Nipigon web page (Meditech, the intranet and internet.
- All policies and procedure documents related to Accessibility will be available to the public, in a format agreed upon with the person with a disability.

Guidelines:

1. ***Tips on interacting with a customer who uses a service animal:***

- (a) Service animal is a working animal, not a pet.
- (b) Avoid touching or addressing Service animals: they are working and are required to pay attention at all times.
- (c) Avoid making assumptions about the animal. Not all Service animals wear special collars or harnesses. If you are not sure if the animal is a pet or Service animal, ask the person with a disability.
- (d) The patient is responsible for the care and supervision of their Service animal. Staff is not expected to provide care or food for the animal. However, staff can provide water for the Service animal if the patient requests this.

Service Animal	Key Tasks	Users
Autism assistance or service dog.	Keeps a child from running into danger and provides assistance when sensory stimulus is heightened. Dog is attached to the child's waist by a belt and a leash held by an adult.	People with autism or other developmental/intellectual disabilities.
Guide dog, dog guide or seeing eye dog	Follows directions of owner, alerts owner to changes in elevation (e.g. curbs, stairs) and obstacles.	People with vision loss.
Hearing ear, hearing, sound alert or hearing alert dog, cat or animal.	Alerts owner to sounds often by a nudge or pawing and leads him/her to the source of the sound. May use a special signal to alert owner to fire alarm.	People who are Deaf, oral deaf, deafened or hard of hearing.

Service Animal	Key Tasks	Users
Psychiatric service dog	Retrieves and prompts the person to take medicine, retrieves or activates medical alert, leads person out of crowds, etc.	People with mental health disabilities
Service or mobility dog or animal, special skills dog or animal. (Small ponies or miniature horses are used but are not as common)	May pull wheelchairs, carry objects, pull items, turn handles or push buttons such as door openers. Larger dogs may provide balance support.	People with physical disabilities.
Seizure, seizure alert, seizure assist or seizure response dog or animal.	Steers owner from danger during a seizure, activates medical alert. Can alert owner to oncoming seizure.	People who have epilepsy or other seizure disorders.

References:

Accessibility for Ontarians with Disabilities Act, 2005

Accessibility for Ontarians with Disabilities Act, 2005 Customer Services Standard 429/07

Blind Person's Rights Act R.S., c. 40,s.1



Manual	General Manual	POLICY PROCEDURE
Distribution	Hospital Wide	
Section	Finance	
Recommended by	Senior Management	
Approved by	Director of Environment Services	
Date	Original: 2005/05	ID Number: ADM-22
	Revised/Reviewed: 2009/02, 2009/10	

ACCESSIBILITY – PERSONAL SUPPORT PERSON

Policy:

The Nipigon District Memorial Hospital is committed to promoting, providing and maintaining an environment where respect, independence, and dignity are demonstrated at all times. The right of the individual to be accompanied by a support person, except where excluded bylaw is supported by Nipigon Hospital.

Standard:

- Support persons may accompany people with disabilities in all areas of the hospital except where excluded by law.
- Where a support person is excluded by law, Nipigon Hospital will accommodate alternative ways for the person with disabilities to access our goods and services.
- Support persons may be permitted in areas where some sterile procedures occur in accordance with the Health Promotion and Protection Act including but not limited to:
 - Minor Procedure Rooms (Emergency Department)
 - Diagnostic Imaging Department
- Staff will inform the person with a disability of areas where the presence of a support person is not allowed prior to their arrival (where possible) and will develop an accessibility plan with the individual identifying alternate support arrangements.
- Confidentiality and privacy of the person with a disability and other clients will be respected at all times by staff and may be requested of the support person where applicable (i.e. group counseling sessions).
- The right to autonomous decision-making is protected by law is applicable to people with disability accompanied by a support person.
- Staff may request a support person be provided by the patient in order to protect the health and welfare of a person with disability.
- Patients with disabilities must be allowed to use their support persons while accessing the organization’s goods or services on the parts of the premises open to the public.
- Notice of the availability of the Nipigon Hospital’s Accessibility polices will be posted in a conspicuous place on the premises and/or on the web page (Meditech, intranet and internet)

- All policies and procedure documents related to accessibility will be available to the public, in a format agreed upon with the person with a disability.
- If there are fees that apply to the support person for any service provided at the organization while accompanying the person with the disability, the organization will make both persons aware of those fees.

Guidelines:

1. **Support person role:**

- (a) Individual hired or chosen to accompany a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or access to goods or services.
- (b) **Provides care needs:**
 - (i) Personal care needs including but not limited to assistance with eating or using the washroom.
 - (ii) Medical needs may include but not limited to, monitoring the person with a disability's health conditions, providing injections and providing support when someone has moderate to severe seizures.
- (c) Support person can be a paid personal support worker, volunteer, a friend or a family member. He or she does not necessarily need to have special training or qualifications.

2. Interacting with a patient who has a support person:

- (a) The person with a disability may not introduce their support person. If you are not sure which person is the patient, take your lead from the person using or requesting your service and/or simply ask.
- (b) Once you have determined who the patient is, speak directly to them, not to their support person.
- (c) Staff should be familiar with Nipigon Hospital policies, practices and procedures about providing accessible customer service.

3. Person with disability and support person role:

Person with Disability	Support Person's Functions
Person who is deaf/blind	To guide, to provide transportation and adaptive communication such as tactile, sign language, large print notes, print on palm or two-handed manual signing.
Person who is deaf, deafened, oral deaf	To provide sign language or oral interpretation services – to translate conversation, not to participate in it.
Person with a learning disability	To help with complex communication or note-taking.
Person with an intellectual/developmental disability	To help with communication tasks such as completing complex forms. To help in environments such as crowded, noisy settings or high-stress situations such as interviews.
Person with a mental health disability	To help with communication tasks such as completing complex forms. To help in environments such as crowded, noisy settings or high-stress situations such as interviews.
Person with a physical disability	To provide services related to traveling, personal care such as toileting or eating, monitoring medical conditions.
Person with a seizure disorder	To assist in the event of a seizure, e.g. to protect the individual from falls or biting their tongue.

Person with Disability	Support Person's Functions
Person with a speech impairment who uses an augmentative or alternative communication system (symbol board, electronic communication system)	To relay or interpret a person's communications.
Person with vision loss	To read or to guide.

References:

Accessibility for Ontarians with Disabilities Act, 2005

Accessibility for Ontarians with Disabilities Act, 2005 Customer Services Standard 429/07

Blind Person's Rights Act R.S., c. 40,s.1



Manual	General Manual	POLICY
Distribution	Hospital Wide	
Section	Finance	
Recommended by	Senior Management	
Approved by	Director of Environment Services	ID Number: ADM-24
Date	Original: 2009/02	
	Revised/Reviewed: 2009/10	

ACCESSIBILITY COMMITMENT – TRAINING/EDUCATION POLICY

Policy:

The Nipigon District Memorial Hospital is committed to providing training to staff, physicians, volunteers, students and others providing goods and or services to persons with disability/disabilities as prescribed by the Accessibility for Ontarians with Disabilities Act, 2005 and in accordance with the Nipigon vision and mission.

Standard:

- Training will be provided to staff, volunteers, physicians, students or otherwise who provide goods and or services to members of the public.
- Training about the provision of goods and services to persons with disabilities will be provided to persons involved in the development of policies practices and procedures governing the provision of goods and or services to members of the public.
- Training will include a review of the purposes of the Act, the requirements of the Regulation(s) and instruction about:
 - How to interact with persons with various types of disabilities.
 - How to interact with persons with disabilities who use an assistive device, require assistance or a service animal or the assistance of a support person.
 - How to use equipment or devices available on the provider’s premises or otherwise provided by the provider that may help with the provision of goods and services to a person with a disability.
 - What to do if a person with a particular type of disability is having difficulty accessing the provider’s goods or services.
- Training will be provided as soon as practicable during orientation.
 - New staff or staff returning from a leave of absence will receive training through the Hospital Orientation process.
 - Existing staff, physicians, volunteers and students will be provided with Accessibility training at Department Head Meetings and Medical Advisory Committee Meetings.
- Notification of changes to policies, practices and procedures and any associated training requirements are distributed to all staff, physicians, volunteers and students via Meditech and Outlook.
- The Nipigon Hospital Accessibility training policy is available for the public from Administration and provides a:
 - Summary of the contents of the training, and details of when the training is to be provided.
 - Maintain, retain record of training provided, including the dates on which training is provided and the number of individuals to whom it is provided and is available upon request in a format agreed upon with the person with a disability.

References:

Accessibility for Ontarians with Disabilities Act, 2005

Accessibility for Ontarians with Disabilities Act, 2005 Customer Services Standard 429/07

Blind Person's Rights Act R.S., c. 40,s.1

ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES

2010 EDUCATION/TRAINING

DATE	TYPE OF EDUCATION/TRAINING	GROUP
Jan. 25/10	Staff Education Session #1 Power Point Presentation	Department Heads 12/12 Dept. Heads
Jan. 25/10 To Mar/10	Staff On-line OHA Accessibility for Ontarians with Disabilities on-line Training	All Departments, OH&S Committee, Dept. Heads
Jan/10	"How to Welcome Customers With Disabilities Posting	All Departments
Feb. /10	Public Accessibility for Ontarians with Disabilities Information Boards Displayed in Waiting Room Areas	Public & Staff
Feb/10	Accessibility for Ontarians with Disabilities Staff Education Session #2 – Policies & Procedures	Staff
Mar/10	Accessibility for Ontarians with Disabilities Public Communication in Local News Paper & Hospital Newsletter	Public

Manual	General Manual	PROCEDURE
Distribution	Hospital Wide	
Section	Administration	
Recommended by	Senior Management	
Approved by	Director of Environment Services	
Date	Original: 2010/01	ID Number: ADM-26
	Revised/Reviewed:	

ACCESSIBILITY COMMITMENT - COMMUNICATION/FEEDBACK

1. The Nipigon District Memorial Hospital will communicate with Persons with a disability taking into account their disability.
2. Telephone Services: The Nipigon District Memorial Hospital will provide fully accessible telephone service to its clients/patients. The hospital will train its staff to communicate with customers over the telephone in a plain and clear language, and to speak clearly and slowly. If telephone communication is not suitable to the person's communication needs, the hospital will offer to communicate with customers in other formats as appropriate and available i.e. free service by Bell Telephone.
3. The Nipigon District Memorial Hospital will offer to communicate with patients/clients by e-mail, and/or relay services if telephone communication is not suitable to their communication needs or is not available.
4. The Nipigon District Memorial Hospital is committed to providing accessible invoices to all of its patients/clients. For this reason, invoices will be provided in the following formats upon request: Hard copy, large print or email. The Nipigon Hospital will answer any questions patients/clients may have about the content of the invoice in person, by telephone or email.
5. Patients and families are welcome to contact the Director of Environment Services/Accessibility Coordinator regarding Accessibility information or issues. The focus is to improve communication, access to information or resources, and address and resolve difficulties.
6. The CEO/Director of Risk Management or Director of Environment Services/Accessibility Coordinator will respond to any feedback, investigate a complaint, and take actions as appropriate. The person providing the feedback or making a complaint will be apprised of the outcomes.
7. Feedback and suggestions from patients and families may be provided in person, in writing or by electronic text by email or on a diskette, or by telephone or any other means of communication that is appropriate. Alternative communication formats may be arranged upon request.
8. **Confidentiality** is highly respected and maintained

**NIPIGON DISTRICT MEMORIAL HOSPITAL
ACCESSIBILITY PLAN
STAFF SURVEY
March 2010**

The purpose of the *Ontarians with Disabilities Act, 2001* is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. **(Seventh Year Accessibility Plan)**

Definition of Disability:

- any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device.
- a condition of mental impairment or a developmental disability
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- a mental disorder, or
- an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997

What is a Barrier:

- **Physical** – A door knob that cannot be operated by a person with limited upper-body mobility and strength
- **Architectural** – A hallway or door that is too narrow for a wheelchair or scooter
- **Informational** – Typefaces that are too small to be read by a person with low-vision.
- **Communicational** – A professor who talks loudly when addressing a deaf student.
- **Attitudinal** – A receptionist who ignores a customer in a wheelchair.
- **Technological** – A paper tray on a laser printer that requires two strong hands to open.
- **Policy/Practice** – A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly.

This is the hospital's seventh plan prepared by the Accessibility Working Group (see attached). The Working Group is requesting your input in identifying barriers within the hospital. Please complete the questionnaire and return to L. Enders by March 15, 2010. Your time and attention is greatly appreciated. **The survey can be completed individually or as department.**

1. Have you witness any barriers within the hospital according to the definition of "barrier" on the first page affecting patients or visitors?

2. Have you witnessed any barriers within your department according to the definition of "barrier" on the first page affecting departmental or hospital staff?

3. Do you feel hospital signage is appropriate? Yes No

4. Are hospital pamphlets, information brochures easy to read (content & font)?
Yes No

5. Do you feel the hospital accommodates the elderly, vision, hearing impaired or other disability appropriately? Yes No

6. Are there other areas within the hospital and outside the building that you feel are a barrier to patients, visitors and employees?

Name/Dept. _____

Date: _____

THANK YOU FOR TAKING THE TIME



NIPIGON DISTRICT MEMORIAL HOSPITAL ACCESSIBILITY SURVEY:

In support of the Ontarians with Disabilities Act, Nipigon District Memorial Hospital has developed an Accessibility Plan that is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. As part of this plan, the opinion of staff, community partners and the public we serve are important.

Please answer the following questions:

1. Have you, or someone you know, experienced difficulties arranging for or using services or programs at the Nipigon Hospital due to a lack of accommodating persons with disabilities (i.e. hearing/site impairment, wheelchair accessibility etc.)?

- Yes**
- No**
- No Information**

If yes, please describe the barrier that you or some one you know faced at the time and do you have suggestions for improvement?

2. **Does our staff communicate appropriately? Have you, or someone you know with a disability experienced difficulty communicating with Nipigon Hospital personnel while visiting or receiving services.**

- Courteous and helpful**
- Okay – but need to be more sensitive at times.**
- Not sensitive to the needs of persons with disabilities.**

Please describe in detail. Do you have suggestions for improvement?

3. **Have you, or someone you know, experienced difficulties with inadequate or incomprehensive signage; difficulties reading hospital information brochures, forms, etc.**

- Yes**
- No**

If yes, please explain.

4. Is our staff knowledgeable and sensitive as they should be? Have you or someone you know experienced a lack of awareness or sensitivity about a disability or an unacceptable attitude towards a person with a disability, while at the Nipigon Hospital.

- Staff are generally aware and understanding of special needs.**
- Staff are okay, but need some improvement.**
- Staff are not sensitive to the needs of persons with disabilities.**

Respondent Type – are you?

- Community Member**
- Patient**
- Physician**
- Staff**
- Volunteer**

Please provide the following contact information. This information is optional.

Name: _____

Email: _____

Phone: _____

THANK YOU FOR YOUR VALUABLE INPUT