

DEEP RIVER AND DISTRICT HEALTH

Policy: Accessibility for People with Disabilities & Multi-year Accessibility Planning	
Original Date: 2017-12-21	Policy Manual: Administration
Approved by: <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Nursing Executive <input type="checkbox"/> Chief Human Resources Officer	

Policy

Deep River & District Health (DRDH) is committed to continually improving access to health campus facilities and accessibility support for patients, residents, family members, staff, health care practitioners, volunteers and all members of the community. We are committed to meeting the needs of people with disabilities in a timely manner and will do so by working to remove and prevent barriers and meet accessibility requirements outlined by the Accessibility for Ontarians with Disabilities Act (AODA) and Ontario's accessibility laws.

We acknowledge that there is a wide range of abilities and disabilities with regards to an individual's mental, physical and/or emotional capacities and these can vary over time, by context. Individuals with similar impairments may have very different experiences and needs, and at DRDH our goal is to surpass the expectations of our stakeholders while serving those with disabilities. Feedback on how well expectations are being met are welcomed and appreciated as they help to improve the experience and our current processes.

DRDH is committed to fulfilling our requirements under the Accessibility for Ontarians with Disabilities Act (AODA). Our Multi-Year Accessibility Plan (**Appendix A**) is prepared bi-annually and outlines the steps DRDH is taking to meet those requirements and to improve opportunities for people with disabilities. The Multi-Year Accessibility Plan outlines actions DRDH has taken to remove and prevent past barriers to accessibility addressing areas such as customer service, information and communications, employment, procurement and training.

Procedure

DRDH Multi-Year Accessibility Planning:

1. Describes the process whereby we will identify, remove and prevent barriers to people with disabilities.
2. Reviews past initiatives to remove and prevent barriers to people with disabilities.
3. Lists by-laws, policies, programs, practices and/or services that DRDH will review to further identify barriers to people with disabilities.
4. Develop a multi-year work plan to remove and prevent barriers to people with disabilities
5. Describes how DRDH will make the accessibility plan available to the public.

The Accessibility and Advisory Council is responsible for carrying out the above-mentioned activities. The Accessibility Advisory Council's Terms of Reference outline the group's mandate and composition.

The DRDH Multi-Year Accessibility Work Plan can be found in **Appendix A: Multi-Year Accessibility Work Plan 2026-2028**.

Past Achievements to Remove and Prevent Barriers

The Accessibility and Inclusivity Advisory Council reviews achievements in removing and preventing barriers, including:

- **Barrier-free redevelopment planning:**
 - In accordance with requirements under Section 3.8 -Barrier Free design of the Ontario Building Code, DRDH has undergone several upgrading renovations that have improved access to those with disabilities.
 - Increased functionality of the call bell system, wheelchair access, grading on sidewalks to the Primary Care Building, and way finding signs are examples of areas where barriers have and continue to be removed to improve accessibility.
- **Policy review and development by Human Resources:**
 - Human Resources continues to annually review and revise policies to ensure all Human Rights and ODA legislative requirements are met
- **Review and make improvements on feedback received:**
 - DRDH continues to monitor all feedback via the electronic patient feedback tracking. The VP Clinical Services / Chief Nursing Executive facilitates a comprehensive review of each concern and identifies corrective measures where appropriate. No feedback related to accessibility have been received.
- **Alternative formats**
 - Alternative formats of DRDH documents are offered on our website. Organizational policies, patient education and safety materials and forms are available in electronic format in an online document management system, and can be adapted to meet patient accessible needs.

Communication of the Multi-Year Accessibility Plan

The DRDH Multi-Year Accessibility plan will be posted on the organization's website and hard copies will be available from the Administration office. On request, the plan can be made available in alternative formats, such as in large print or in Braille. The plan will also be included within the orientation package to new staff, volunteers and reviewed with all staff annually.

Materials and Supplies

- **Appendix A:** Multi-Year Accessibility Work Plan 2026-2028

Definitions

Accessibility: supporting people of all abilities with opportunities to participate fully in everyday life. It is used to describe how widely a service, product, device, or environment is available to as many people as possible. Accessibility can be seen as the ability to access and benefit from a system, service, product or environment.

Architectural and physical barriers are features of buildings or spaces that cause problems for people with disabilities. Examples include:

- Doorways and hallways that are too narrow for persons using wheelchairs, walkers or motorized mobility aides
- Counters that are too high for clients to be served in a seated position
- Parking spaces too narrow for safely accommodating wheelchair positioning
- Poor lighting, lack of contrast or high gloss finishes for persons with vision disabilities
- Telephones lacking communication devices for hearing impaired persons

Attitudinal barriers are those that discriminate against persons with disabilities. Examples include;

- Assuming a person with a speech impairment can't understand what's being said
- Ignoring persons with disabilities because of the challenge of communication
- Thinking/implying that persons with disabilities are inferior

Barrier: Anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

Disability: as defined by the Accessibility for Ontarians with Disabilities Act, 2005 and the Ontario Human Rights Code, is:

- 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 injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, 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.

Information and/or communications barriers: exist when a person can't easily understand information provided. Examples include:

- Small print for the visually impaired
- Signs that are unclear and/or difficult to understand
- Speaking too loudly to persons with hearing impairments
- Websites that can be accessed by people unable to use a mouse

Organizational barriers: are organizations, policies, practices or procedures that discriminate against persons with disabilities. Examples include:

- Hiring processes that are not open to qualified persons with disabilities
- Overhead paging and announcements that can't be heard by persons with hearing disabilities
- Holding events and/or meetings in spaces that can't be accessed by persons using wheelchairs or other mobility aides

Technological barriers: occur when technology can't be modified to support assisted devices. Examples include:

- Websites that don't support screen-reading software
- Phones that can't be adjusted for volume control

Reference Documents	<ul style="list-style-type: none"> • www.ontario.ca, Ontario Human Rights Code, WHO • https://www.ontario.ca/page/how-create-accessibility-plan-and-policy#, Accessibility for Ontarians with Disabilities Act: A Comprehensive Guide for Developing Accessibility Policies and Accessibility Plans • https://www.ontario.ca/laws/statute/05a11, Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11
Acknowledgements	<ul style="list-style-type: none"> • Brockville General Hospital Multi-Year Accessibility Plan 2025-2030 • St. Michael's Accessibility Plan • Queensway Carleton Hospital Accessibility Plan • St. Francis Memorial Accessibility Plan – 2020-2025

Review Process	<ul style="list-style-type: none">• Executive Leadership Team – 2026-01-09• Accessibility Advisory Council –• Quality, Risk and Safety Committee – 2026-01-21• LTC Continuous Quality Improvement Committee – 2026-01-29• Patient Family Advisory Committee – 2026-02-26• Board of Directors – 2026-02-17
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2026-2028 Accessibility Work Plan

Appendix A

DRDH plans to address the identified project and programs between 2026 and 2028 to remove and prevent barriers to people with disabilities in accordance with the Accessibility for Ontarians with Disabilities Act. Responsibility for the Accessibility Plan rests with the Chief Human Resources Officer, who is responsible for ensuring its accessibility objectives are met, progress is monitored, and compliance with relevant legislation and organizational standards is maintained.

Area	Barrier	Objective	Plan	Time Frame	Person Responsible
Policies and Practices	<ul style="list-style-type: none"> Procedures for temporary disruption of accessibility elements (i.e.: ramps) not in place 	<ul style="list-style-type: none"> Ensure that all temporary disruptions of accessibility elements are managed through formal procedures, with clear communication, alternative access options, staff training, and continuous monitoring to maintain safe, equitable access for all 	<ul style="list-style-type: none"> Develop and document a plan for disruption of elements and post on Policy Medical Have signage and standardized communication channels for updates Identify and maintain alternative access solutions Provide staff training and guidance Monitor incidents and update procedures as needed through the Accessibility and Inclusivity Council 	2027	CNE & CHRO
	<ul style="list-style-type: none"> Improve readability of staff ID badges 	<ul style="list-style-type: none"> Increase readability through use of name tags for staff in Four Seasons Lodge 	<ul style="list-style-type: none"> Implement use of large print staff name tags to increase readability Update dress code policy to standardize placement and visibility of name tags 	2026	CNE

Area	Barrier	Objective	Plan	Time Frame	Person Responsible
Technological	<ul style="list-style-type: none"> Existing DRDH website has limited accessibility features and can be difficult to navigate 	<ul style="list-style-type: none"> Implement new DRDH website, with enhanced accessibility features and improved navigation 	<ul style="list-style-type: none"> Launch new DRDH website with enhanced accessibility features 	2026	CEO
Attitudinal	<ul style="list-style-type: none"> Team gaps in understanding of Charter of Human Rights 	<ul style="list-style-type: none"> Increasing understanding and awareness of Charter of Human Rights 	<ul style="list-style-type: none"> Provide education regarding Charter of Human Rights for all team members 	2028	CHRO
Information & Communications	<ul style="list-style-type: none"> Way finding challenging Patients don't always see signs due to visual clutter Alternative formats for information materials not consistently available 	<ul style="list-style-type: none"> Reduce visual clutter across organization Consider selective use of pictograms for way finding Consider use of QR codes to link to information in alternative languages or text to voice 	<ul style="list-style-type: none"> Consultation vendors re: signage, alternative formats etc. Ensure up to date names plates are in place Lower some signage and/or increase and standardize font 	2027	CEO
Employment and/or Training	<ul style="list-style-type: none"> Insufficient knowledge on impact of Indigenous culture on care needs 	<ul style="list-style-type: none"> Increase awareness of Indigenous population care and social needs 	<ul style="list-style-type: none"> Focused Indigenous cultural safety and awareness training delivered to DRDH leadership team and Board of Directors 	2027	CHRO
Physical/ Architectural	<ul style="list-style-type: none"> New LTC Building has potentially unknown accessibility barriers 	<ul style="list-style-type: none"> Engage the Accessibility and Inclusivity Council into the planning of the new LTC home 	<ul style="list-style-type: none"> Involvement and advice related to furniture, fixtures, and equipment (FFE) for the new LTC home from an accessibility perspective 	2026	CFO
			<ul style="list-style-type: none"> Conduct a pre-opening walk through of the new LTC home with the Accessibility and Inclusivity Council, ensuring the home is safe and accessible 	2027	CHRO

Area	Barrier	Objective	Plan	Time Frame	Person Responsible
	<ul style="list-style-type: none"> Round door handles 	<ul style="list-style-type: none"> Replace with lever handles 	<ul style="list-style-type: none"> Ongoing throughout upgrades and renovations as handles are replaced 	2028	CFO
	<ul style="list-style-type: none"> Gaps in automatic door openers 	<ul style="list-style-type: none"> Install auto door openers where identified alternative routes 	<ul style="list-style-type: none"> To be completed as part of capital planning with identified need 	2028	CFO
	<ul style="list-style-type: none"> Hallway clutter impedes mobility for those with assistive devices 	<ul style="list-style-type: none"> To keep hallways clear of equipment or clutter 	<ul style="list-style-type: none"> Implement rounding routine to ensure hallways are clear of clutter 	2026	CNE
No Current Action		In Progress	Completed		