

**Annual Accessibility Plan
for
Thunder Bay Regional Health Sciences Centre
October 2010**

Submitted to:

The Board of Directors
of
Thunder Bay Regional Health Sciences Centre



This publication is available on the Thunder Bay Regional Health Sciences Centre website,
www.tbrhsc.net

Feedback can be sent to:

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Alternate formats are available upon request.

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Accessibility Advisory Team Preamble – 2010 Board Report

The Thunder Bay Regional Health Sciences Centre 2010 Annual Accessibility Plan is the eighth annual report to the Board. The central theme of the annual reports is and has always been; change and change management. A lot of change has taken place in 2009; 2010 is promising to be the same. We have used the catchphrase, “Continuous Improvement” and while we have seen continuous improvement, we had our share of successes and disappointments along the way.

“Let us not look back in anger or forward in fear, but around in awareness.”

-James Thurber

People with disabilities are asking to be treated the same as those without disabilities and are calling for change. This is reflected in the new *Accessibility for Ontarians with Disabilities Act (AODA) 2005* that provides for mandatory progressive change. Businesses and organizations that provide goods and services to people in Ontario will have to meet certain accessibility standards in five important areas; **Customer Service, Transportation, Information and Communications, Employment and the Built Environment.**

Compliance with the Customer Service Standard was required by January 2010 for public sector organizations. We successfully met this regulation and we will maintain this standard throughout the coming years. The regulations for Transportation, Information and Communications are expected to become law before long.

“If we all tried to make other people’s paths easy, our own feet would have a smooth even place to walk on.”

- Myrtle Reed

A great deal of discrimination faced by people with disabilities emanates from faulty presumptions and conclusions, often based on appearance or behaviours. Social and personal attitudes are a system-wide problem that will become a key to addressing the requirements of the AODA in the long term. We have strived to be a leader in changing employee’s attitudes on accessibility and have been featured in the *HR Professional* magazine outlining our successes.

Our objectives for 2011 include:

- Customer service training and continuing improvements in all areas for people with disabilities.
- To continue to assess our facility and address any accessibility issues that may arise.
- To continue to work to increase awareness and availability, both internally and externally, to all of the services we offer.
- To become a regional accessibility leader while promoting accessibility in our community.

Description of the Thunder Bay Regional Health Sciences Centre

After three and a half years of construction the Thunder Bay Regional Health Sciences Centre (TBRHSC) first opened doors on February 22, 2004. Upon inauguration, the TBRHSC boasted a state of the art 686,000 square foot facility with 375 inpatient beds offering a variety of outpatient services. TBRHSC is constantly expanding and now accommodates an area of 721,000 square feet. TBRHSC is the amalgamation of two pre-existing hospitals in Thunder Bay, Ontario; Port Arthur General Hospital and McKellar Hospital. This transition symbolizes an evolution towards becoming a leader in the practices and delivery of cutting edge health care in Ontario, but more importantly in the Northwest.

On January 1, 2004 the Northwestern Ontario Regional Cancer Centre integrated their operations with the TBRHSC to create a cancer control program for Northwestern Ontario. In March 2005 the Forensic Mental Health program, which was located at the Lakehead Psychiatric Hospital site of St. Joseph's Care Group, moved to TBRHSC. On February 1, 2006 the Adolescent Mental Health program opened at TBRHSC, which specializes in the assessment and treatment of youths and adolescents up to 17 years. The TBRHSC has recently launched an Angioplasty program. This program was offered on a limited basis in October 2007; as of September 2008, the program offers daily services which are presently expanding to meet increased volumes.

September 13, 2005 was the first official day of the Northern Ontario School of Medicine (NOSM). In June 2009, TBRHSC opened a 575 square foot area on the third floor of the Hospital dedicated to NOSM. NOSM offers an undergraduate medical program and the accredited Family Practice Programs. Specialty post-graduate Residency Programs in the areas of Internal Medicine, Pediatrics, Orthopedics, General Surgery and Psychiatry are in affiliation with McMaster University and soon to be accredited by NOSM.

In addition, the TBRHSC continues to provide acute care and prides itself in offering a wide array of services from oncology, neurosurgery and cardiology to obstetrics and gynecology; including tertiary care in maternity, intensive care and psychiatry. We are also the regional trauma centre and the main regional centre for dialysis and stroke. In accordance with our Patient and Family Centred Care focus we are incorporating patient and family knowledge, values, beliefs and cultural backgrounds into planning and delivery of care.

Mission Vision & Values

Mission Statement

To advance world-class patient and family centred care in an academic and research-based, acute care environment.

Vision Statement

To lead world-class patient and family centred care.

Values Statement

We believe in:

Patients and families being at the centre of everything we do.
The value of our staff, physicians, volunteers and regional partners.
Team-based compassionate care.
Diversity, dignity and respect.
Helpful and empowering communication.
Life-long learning, innovation and discovery.

~ *Caring Together* ~

Accessibility Goals & Objectives

Consistent with the spirit and content of the “*Ontarians with Disabilities Act (ODA) 2001*” and the “*Accessibility for Ontarians with Disabilities Act (AODA) 2005*”, the accessibility goal of the Thunder Bay Regional Health Sciences Centre is:

**To be fully accessible for all patients, staff and visitors with disabilities by
January 1, 2025**

Objectives

1. To actively engage those with disabilities, community members and appropriate special interest groups in identifying barriers, determining priorities, designing solutions and planning and evaluating appropriate implementation strategies.
2. To continually refine the processes that will be used to identify, remove and prevent additional barriers for people with disabilities.
3. To maintain an ongoing record and evaluation of past measures taken to identify, remove and prevent barriers to people with disabilities.
4. To target the identification and removal of barriers for the coming year by:

- Identifying by-laws, policies, procedures, practices and services that will be reviewed
 - Detailing the measure that will be taken to identify, remove and prevent barriers for people with disabilities
5. To ensure that the Annual Accessibility Plan is available to the general public for their review and comment.

Accessibility Advisory Team

The Accessibility Advisory Team (AAT) first met on October 31, 2002. The purpose of the AAT was to identify issues and concerns regarding accessibility. From these concerns the AAT will recommend ways for the TBRHSC to make improvements, while ensuring a course of action is in place for addressing those issues. The role of the AAT is illustrated in more detail by the Terms of Reference (see Appendix G).

TBRHSC Commitment to Accessibility Planning

TBRHSC is committed to accessibility planning and strives proactively to make its services and programs accessible through:

- The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;
- The participation of people with disabilities in the development and review of its annual accessibility plans and;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility.

The AAT will provide an annual report to the TBRHSC Board of Directors. The AAT reports to the TBRHSC Senior Management Team for final approval (see Appendix C). In addition, on a bi-annual basis the AAT reports to the Board of Quality Management Committee.

Consumer Participation

Thunder Bay Regional Health Sciences Centre welcomes the perspectives and participation of people with disabilities and community members as part of our commitment to accessibility planning. The following options are channels available to participate and contribute to our accessibility.

1. Contact Renee Laasko at (807) 684-6007 or send an e-mail to accessibility@tbh.net to file a complaint or make a suggestion regarding accessibility.
2. Complete the Accessibility Survey on the TBRHSCs website at www.tbrhsc.net to make a suggestion regarding accessibility.
3. Become a member of the TBRHSCs Accessibility Advisory Team by sending the application to accessibility@tbh.net. As a member of the team you will have to attend accessibility meetings throughout the year, as well as provide input on current accessibility issues.

Accessibility Highlights – 2010

September 2009 to September 2010 has been a very successful year for TBRHSC with regard to accessibility. The customer service standards outlined by the AODA were met as of January 2010, and TBRHSC has proven to be a regional accessibility leader.

TBRHSC featured in *HR Professional Magazine*

HR Professional featured TBRHSC in their May/June 2010 'Accessibility' issue. The article outlined how TBRHSCs People First brochure has the right elements in order to help train staff and create accessibility awareness; they also provided a link to view the brochure on the HRProMag.com website.

The article had statements from AAT members Don Halpert and Mary Jane Kurm who highlighted our accessibility efforts. Don Halpert explained how the AAT assembled and initiated action in 2005, (when the AODA legislation was passed) and sought out disability groups in Thunder Bay for accessibility guidance. Mary Jane Kurm highlighted approaches that have been acquired by the TBRHSC to assist those with visual and hearing impairments.

Family CARE Grants

In the March 5, 2010 edition of the Thunder Bay *Chronicle Journal* an ad appeared featuring the AAT and their successes in receiving Family Care Advancements Recommended by Employees (CARE) Grants awarded through the TBRHSC Foundation. This funding program was created to turn ideas that would make services at the TBRHSC better/easier for patients and families.

For 2009 the Family CARE Grants that were received to improve accessibility are:

- Five portable magnification units with 4x magnification and five portable magnification units with 8x magnification
 - For patients and families who have a hard time reading small print, or who need magnification for regular print, these devices have been of great use.
- Vibrating patient pagers
 - Approval from the biomed department to use these pagers is still pending; we are exploring other types of pagers as well.
- Pocket talkers for 2A

- These have been of great use in the building as there are a lot of patients who require hearing assistance. Families get to see first-hand how beneficial these devices can be, sometimes they are amazed their family member can hear so well – they'll often buy one for them!

For 2010 the AAT is working on applications for a digital FM sound communication system and a Braille printer.

Outline of Barrier Removals & Projects to be Addressed

On October 12, 2004 the Ontario government introduced Bill 118, the Accessibility for Ontarians with a 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 five standards that will be developed and implemented are:

- Customer service
- Transportation
- Information and Communications
- Employment
- Built environment

Customer Service Standard

The Customer Service standard is the first accessibility standard created under the authority of the Accessibility for Ontarians with Disabilities Act 2005 (AODA). This standard is now law, TBRHSC successfully met compliance standards for January 2010 (see Appendix D for Customer Service standard).

There are different requirements to be met under this standard; requirements and compliance strategies are outlined under the following requirement sub-headings. These requirements and strategies reflect initiatives to improve accessibility as well as highlight improvements made in the past year.

Establishment of Policies, Practices and Procedures

Requirement Description	Compliance Strategy
To ensure that volunteers, contractors and third parties who operate within TBRHSC are well versed in accessibility issues/awareness.	A method with supporting resource material and documentation was developed for volunteers, clergy, contractors, vendors and consultants who conduct business or provide service within our facilities.
	Status: Completed
TBRHSCs mission, vision and values should to include persons with disabilities.	An AAT sub-committee recommended changes to the mission, vision and values that reflected the TBRHSCs commitment to accessibility that was submitted to the Senior Management Team for consideration.
	Status: Completed

<p>A process needs to be developed to easily identify any accommodations for an admitted patient.</p>	<p>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 of care that is communicated. Additional options are being explored to increase process and accuracy of the communication.</p>
<p style="text-align: right;">Status: Currently in use, exploring other options</p>	
<p>More accommodation needed for patients and visitors with vision loss.</p>	<p>Visit to the Canadian National Institute for the Blind to explore different types of technology and to develop a plan to purchase items to accommodate persons with vision loss (pocket magnifiers from CARE grants).</p>
<p style="text-align: right;">Status: Completed</p>	
<p>Compliance with the legislated customer service standards outlined in regulation 420/07 (see Appendix D).</p>	<p>Approved a customer service policy that meets the new requirements (see Appendix E).</p>
<p style="text-align: right;">Status: Met regulations as of January 2010</p>	
<p>Communication options that best meet the needs of those with disabilities.</p>	<p>As of spring 2009 the TBRHSC offers the Medbridge translation system including American Sign Language, a computer software program that translates into a number of different spoken languages.</p>
<p style="text-align: right;">Status: Implemented</p>	

Use of Service Animals and Support Persons

<p>Allow persons with disabilities to be accompanied by their support persons and/or service animal/guide dog in all areas accessible to third parties.</p>	<p>A policy was developed in order to allow persons with disabilities to be accompanied by their service animal as per the policy. Support persons shall be permitted to enter the premises and not be prevented from having access to the person they are assisting while in the premises (see Appendix F).</p>
<p style="text-align: right;">Status: Implemented</p>	

Notice of Temporary Disruptions

<p>Inform clients of a Physical Plant disruption of service</p>	<p>Magnetic signs have been approved and are in the process of being developed. Some doors and/or surface areas are not magnetic, so suction-cups to hook onto the sign are being purchased. The signs indicate reasons and duration of the disruption, as well as alternate facilities or services.</p>
<p style="text-align: right;">Status: Developed, implementation to follow</p>	

Training for Staff

Staff knowledge of the services that the hospital offers to accommodate patients with various types of disabilities	A staff pamphlet on disability awareness has been developed titled <i>People First</i> . The pamphlet contains information on the different types of disabilities. <i>People First</i> details tips on the best ways to communicate with and what services TBRHSC offers to assist in better serving persons with disabilities. All staff received a pamphlet as a quick reference source. Distribution and incorporation into new staff hire orientation has been implemented for general staff education as well as an overview of the Patient and Family Centered Care initiative.
Status: Distributed/Ongoing	
A mandatory accessibility training course for all employees to complete	Developed our own Customer Service E-Learning tool based on the Ontario Hospital Associations (OHA) program. The course is taken on-line using our education database MEDworxx. The course is titled, Accessibility: Putting People First and is mandatory for all employees to complete.
Status: Implemented, ongoing improvements	
Provide further accessibility awareness for the management team	A presentation on dealing with a person who is blind was made at the May 20, 2009 Manager's Meeting. Information was provided on various accessibility topics including an AODA overview, accessibility education and an overview of types of vision loss. The presentation was well received by the managers in attendance. Continuous updates will be tabled at upcoming meetings.
Status: Complete, ongoing	
Ensure employees are up-to-date on accessibility issues	A hospital-wide audit is going to take place; members of the AAT will survey hospital departments to see if the on-line training they've completed is useful, as well as how much of it they remember. The expected results are to promote further accessibility awareness and education.
Status: Developing	

Feedback Processes

Increase the profile of the on-line accessibility survey	Plans to advertise the survey more effectively are in place.
Status: Developing	
Increase the membership of AAT to include more persons with disabilities	The AAT is always open to new members, see pages 5-6 for contact information.
Status: Ongoing	

Annual accessibility issues feedback	A procedure whereby feedback generated will be given active consideration and the person/group that has brought forward the concern will have a response from the appropriate Hospital manager. See Appendix A for flowchart and Appendix B for Feedback form.
Status: Presently being used	
Generate feedback from patients	A patient Satisfaction survey was created. Inpatients and emergency patients are surveyed, through random sampling monthly using a Picker Survey tool. Responses to the survey are collated by an external agency in order to maintain patient anonymity. The Care Teams and the organization as a whole use the results to identify opportunities for improvement and implement positive change. Patient complaints are analyzed monthly to recognize opportunities for improvement and implement positive change.
Status: Presently being used	

Transportation Standard

With Provincial consultation complete the transportation standard has been submitted to the Minister of Community and Social Services for consideration as law. As it applies to the TBRHSC assessment of our transportation services will be completed when it becomes law. Currently all of the transportation services provided by TBRHSC meet accessibility requirements.

Employment Standard

With Provincial consultation complete the employment standard has been submitted to the Minister of Community and Social Services for consideration as law.

When an employee is unable to perform regular work due to a disability, a Modified Work Program may be provided for staff with short term restrictions (See Appendix H). When there is a staff incident or issue, staff complete Incident Reports, which are reviewed and followed up by the department manager/delegate, the Occupational Health and Safety Department, and the Joint Occupational Health and Safety Committee.

Along with the policies stated above, TBRHSC will endeavor to accommodate any other special needs requested by an employee.

Information & Communications Standard

The information and communications standard has been submitted to the Minister of Community and Social Services for consideration as law. This standard is going to have the most significant impact for hospitals. It will include standards for visual, verbal, print, audio-visual, electronic, biometric and other forms of communication. Compliance for this standard will most likely be

regulated by December 2011 and will be implemented gradually. Don Halpert represented Ontario Hospitals on the Provincial Information and Communications Advisory Committee.

Improvements for information and communications at TBRHSC have already started to take place. The Medbridge translation system was implemented. The software translates into several languages, including American Sign Language, speaks as well as provides a printout to the patient in their native tongue.

The AAT is also researching different solutions for persons who are culturally Deaf, and have trialed two different companies who offer American Sign Language Services via webcam with Deaf volunteers. Currently, the AAT is exploring the next steps.

Built Environment

Since the AATs inception in 2004 we have strived to address existing barriers as well as prevent the development of potential barriers. The physical environment of TBRHSC has been undergoing accessibility improvements for the past six years. Below are some highlights of these physical improvements.

Washrooms

Below is a summary of washrooms that have been added to our facility or retrofitted, in order to meet accessibility standards.

2004: All private rooms have their own washrooms. Handrails are installed around toilets and where there is no wall next to the toilet there are pull-down bars.

2005: Many of TBRHSCs accessible washrooms have one, two and three inch lifts. There are two new barrier free washrooms near forensics and support services. Also, barrier free washrooms are available before entering each nursing station.

2006: The Professional Building holds TBRHSC programs so the washrooms on floors four and five were audited to meet accessibility standards.

2007: An audit was performed of the washrooms at TBRHSC and eight more washrooms are now fully accessible.

2008: NOSM area of TBRHSC holds barrier free washrooms. An accessible washroom was added to the third floor Cancer Centre.

2009: All TBRHSC washrooms have been assessed and accessibility signs have been modified where required.

2010: Male and female washrooms in the TBRHSC by Robins Donuts have been updated to increase accessibility. Three washrooms in Emergency were also retrofitted (Room 2470 and Station B) in order to meet accessibility standards.

Doors

2004: The Professional Building doors were changed from having knobs to levers and doorways are a minimum of thirty-six inches wide.

2005: Accessible door buttons were repaired throughout the TBRHSC.

2006: Automatic sliding doors were installed in various departments including the emergency, operating room, cath lab and mental health. Six sets of automatic doors have been installed in critical areas after an audit was completed.

2007: Installation of sliding glass doors for the Westside entrance of the building.

2008: Staff and fire doors are heavy and have a slope/lip that makes these doors less accessible. A six degree slope was added to the doors to correct this problem. Automatic door openers were added to two DI entry points and the 1C entry. Sliding glass doors added to the main Cancer Centre Doors from street entrance. Door hold open devices have been added in Labour and Deliver, Surgical Daycare and pre-admission clinic.

2009: Double sliding doors were added in Renal. Emergency room main corridor washrooms had automatic door openers installed.

Along with washrooms and doors, other physical features have been updated. During the winter month's snow removal, salting and sanding take place 24/7. The security desk in the Emergency Room was lowered in order to accommodate persons in wheelchairs or persons with height restrictions. It is our goal to maintain these efforts and quickly identify and rectify any new barriers.

Budget, Review and Monitoring Process & Communication of the Plan

Our AAT has a small budget to cover its direct operating costs. We also benefit from the TBRHSCs corporate repairs and maintenance budget, which provides funds for minor accessibility related modifications and updates on an ongoing basis. More costly modifications that exceed our current year's budget allocations are included in the budget submission for the next fiscal year. Recently, we began tracking costs related to accessibility modifications so we can both report and use them for future budget submissions.

The AAT has divided the TBRHSC into twenty-three different sections and began to audit each section individually. The audits commenced in September 2006 and were completed in June 2009. In order to maintain the accessibility of the TBRHSC, an Accessibility Feedback form was created so input from staff and/or patients on the accessibility of our facility (See Appendix B).

Not only is the TBRHSC committed to making the Annual Accessibility Plan available to the public, it communicates the plan to the community; as well as solicit and welcome their suggestions for improvement.

To help broadcast the Annual Accessibility plan the TBRHSC has placed an advertisement in the *Chronicle-Journal* and other regional newspapers. This advertisement contains contact information where interested parties can obtain a copy of the complete plan and put forward their questions and concerns.

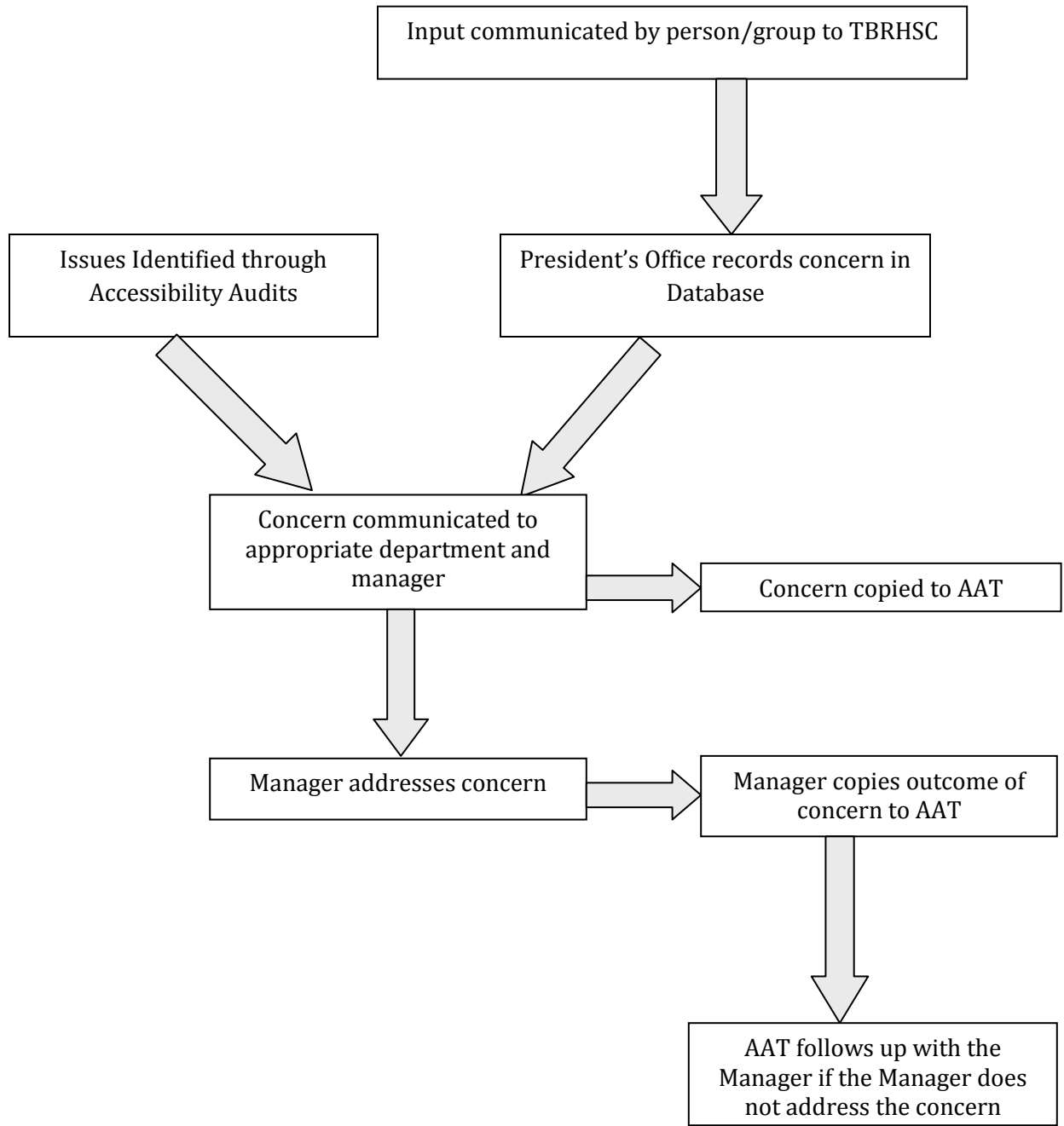
TBRHSCs website will contain the complete Annual Accessibility plan for external parties and on the corporate iNtranet site for employees. Both sites will include a link to the feedback form. The TBRHSC internet website is “Read-please” enabled which allows audio playback of the entire Annual Accessibility plan. Brochures will be available containing a summary of recent accomplishments and challenges, terms of reference and a form where staff, public or any other interested parties can address their comments, concerns or suggestions.

Comments/Concerns/Suggestions can be sent to:

Thunder Bay Regional Health Sciences Centre

Executive Assistant
President’s Office
980 Oliver Road
Thunder Bay, ON
P7B 6V4
accessibility@tbh.net

Appendix A: Flowchart for Addressing Accessibility Issues



Appendix B: Accessibility Feedback Form

I want my identity kept confidential

Name: _____ Date: _____

Address: _____


Phone Number: Home: _____ Work: _____

Fax Number: _____ Email: _____

Preferred Method of Communication: _____

Please describe your views on our Accessibility:
Describe specific examples or departments where Accessibility has improved or improvement can be made:

Appendix C: Accessibility Policy

 <h1 style="font-size: 2em; margin: 0;">Regional Health</h1> <p style="font-size: 0.8em; margin: 0;">POLICIES PROCEDURES STANDARDS GUIDELINES</p>	
TITLE: Accessibility	NUMBER: ADMIN-11
CATEGORY: Administration	PAGE: 1 of 2
DEPARTMENT: Administration	POLICY <input checked="" type="checkbox"/> PROCEDURE <input type="checkbox"/>
SERVICE/PROGRAM:	GUIDELINE <input type="checkbox"/> STANDARD <input type="checkbox"/>
INTERNAL DISTRIBUTION: Organization Wide	EXTERNAL DISTRIBUTION:
APPROVED: President and Chief Executive Officer	APPROVAL DATE: May 4, 2004 REVIEWED: REVISED: Sept. 7, 2004

Thunder Bay Regional Health Sciences Centre in recognizing the diversity of the community we serve is committed to continually improving accessibility for persons with disabilities in employment and services provided to our community.

Based on the provisions within the Ontarians with Disabilities Act (ODA), 2001, the hospital will develop and communicate an annual accessibility plan that describes the measures taken in the past and planned for in the upcoming year to identify, remove and prevent barriers to persons with disabilities. The development of The Annual Accessibility Advisory Plan is the responsibility of the Accessibility Advisory Team (AAT). This Team advises the Board regarding the Hospital's obligations under the Ontarians with Disabilities Act. The Board supports compliance with the principles of accessibility. Specifically the AAT will:

1. Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.
2. Describe the measure in place to ensure that the organization assesses its Act/by-laws, regulations, policies, programs, practices and services to determine their effect on accessibility for people with disabilities.
3. is the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities.
4. Describe the measures the organization intends to take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Make the accessibility plan available to the public.

The hospital encourages active participation from employees and outside persons/groups with disabilities as it plans for and evaluates the Annual Accessibility Plan.

Roles

1. The Accessibility Advisory Team will educate, lobby, and advise on best practices to achieve the objectives of the Act. The Team will set up the procedures and review input and suggestions to provide for enhanced accessibility. It will report, annually, to the Board as defined in the Act.
2. Individual Managers are responsible to assure their services are provided in a manner that is accessible for persons with disabilities.
3. SMT will oversee the Accessibility Advisory Team and monitor compliance with the legislation and appropriate policies.
4. The Board Quality Management Committee receives and review the annual report of the Accessibility Advisory Team. The Board will receive the Accessibility Plan on an annual basis and provide a Board resolution to endorse the plan.

REFERENCES:

Ontario. Ministry of Citizenship, 2002. "Ontarians with Disabilities Act, 2001" Bill 125. Toronto, Queen's Printer. www.gov.on.ca/citizenship/accessibility/english/act2001.htm

Ontario. Ministry of Citizenship, 2002. "A Guide to Annual Accessibility Planning under the Ontarians with Disabilities Act, 2001". Toronto, Queen's Printer. www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm

Appendix D: Customer Service Standard

ONTARIO REGULATION 429/07

made under the

ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005

Made: July 25, 2007

Filed: July 27, 2007

Published on e-Laws: July 31, 2007

Printed in *The Ontario Gazette*: August 11, 2007

ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE

Purpose and application

1. (1) This Regulation establishes accessibility standards for customer service and it applies to every designated public sector organization and to every other person or organization that provides goods or services to members of the public or other third parties and that has at least one employee in Ontario.

(2) In this Regulation,

“designated public sector organization” means the Legislative Assembly and the offices of persons appointed on the address of the Assembly, every ministry of the Government of Ontario, every municipality and every person or organization listed in Schedule 1 or described in Schedule 2 to this Regulation; (“organisation désignée du secteur public”)

“provider of goods or services” means a person or organization to whom this Regulation applies. (“fournisseur de biens ou de services”)

Effective dates

2. The accessibility standards for customer service apply to the designated public sector organizations on and after January 1, 2010 and to other providers of goods or services on and after January 1, 2012.

Establishment of policies, practices and procedures

3. (1) Every provider of goods or services shall establish policies, practices and procedures governing the provision of its goods or services to persons with disabilities.

(2) The provider shall use reasonable efforts to ensure that its policies, practices and procedures are consistent with the following principles:

1. The goods or services must be provided in a manner that respects the dignity and independence of persons with disabilities.
2. The provision of goods or services to persons with disabilities and others must be integrated unless an alternate measure is necessary, whether temporarily or on a permanent basis, to enable a person with a disability to obtain, use or benefit from the goods or services.

3. Persons with disabilities must be given an opportunity equal to that given to others to obtain, use and benefit from the goods or services.

(3) Without limiting subsections (1) and (2), the policies must deal with the use of assistive devices by persons with disabilities to obtain, use or benefit from the provider's goods or services or the availability, if any, of other measures which enable them to do so.

(4) When communicating with a person with a disability, a provider shall do so in a manner that takes into account the person's disability.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures and, upon request, shall give a copy of a document to any person.

Use of service animals and support persons

4. (1) This section applies if goods or services are provided to members of the public or other third parties at premises owned or operated by the provider of the goods or services and if the public or third parties have access to the premises.

(2) If a person with a disability is accompanied by a guide dog or other service animal, the provider of goods or services shall ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law from the premises.

(3) If a service animal is excluded by law from the premises, the provider of goods or services shall ensure that other measures are available to enable the person with a disability to obtain, use or benefit from the provider's goods or services.

(4) If a person with a disability is accompanied by a support person, the provider of goods or services shall ensure that both persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on the premises.

(5) The provider of goods or services may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

(6) If an amount is payable by a person for admission to the premises or in connection with a person's presence at the premises, the provider of goods or services shall ensure that notice is given in advance about the amount, if any, payable in respect of the support person.

(7) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures with respect to the matters governed by this section and, upon request, shall give a copy of a document to any person.

(8) In this section,

“guide dog” means a guide dog as defined in section 1 of the *Blind Persons Rights' Act*; (“chien-guide”)

“service animal” means an animal described in subsection (9); (“animal d'assistance”)

“support person” means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services. (“personne de soutien”)

(9) For the purposes of this section, an animal is a service animal for a person with a disability,

- (a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
- (b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

Notice of temporary disruptions

5. (1) If, in order to obtain, use or benefit from a provider's goods or services, persons with disabilities usually use particular facilities or services of the provider and if there is a temporary disruption in those facilities or services in whole or in part, the provider shall give notice of the disruption to the public.

(2) Notice of the disruption must include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available.

(3) Notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider of goods or services, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document that sets out the steps to be taken in connection with a temporary disruption and, upon request, shall give a copy of the document to any person.

Training for staff, etc.

6. (1) Every provider of goods or services shall ensure that the following persons receive training about the provision of its goods or services to persons with disabilities:

- 1. Every person who deals with members of the public or other third parties on behalf of the provider, whether the person does so as an employee, agent, volunteer or otherwise.
- 2. Every person who participates in developing the provider's policies, practices and procedures governing the provision of goods or services to members of the public or other third parties.

(2) The training must include a review of the purposes of the Act and the requirements of this Regulation and instruction about the following matters:

- 1. How to interact and communicate with persons with various types of disability.
- 2. How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person.
- 3. 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.
- 4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.

(3) The training must be provided to each person as soon as practicable after he or she is assigned the applicable duties.

(4) Training must also be provided on an ongoing basis in connection with changes to the policies, practices and procedures governing the provision of goods or services to persons with disabilities.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its training policy,

and the document must include a summary of the contents of the training and details of when the training is to be provided.

(6) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall keep records of the training provided under this section, including the dates on which the training is provided and the number of individuals to whom it is provided.

Feedback process for providers of goods or services

7. (1) Every provider of goods or services shall establish a process for receiving and responding to feedback about the manner in which it provides goods or services to persons with disabilities and shall make information about the process readily available to the public.

(2) The feedback process must permit persons to provide their feedback in person, by telephone, in writing, or by delivering an electronic text by email or on diskette or otherwise.

(3) The feedback process must specify the actions that the provider of goods or services is required to take if a complaint is received.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its feedback process and, upon request, shall give a copy of the document to any person.

Notice of availability of documents

8. (1) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall notify persons to whom it provides goods or services that the documents required by this Regulation are available upon request.

(2) The notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.

Format of documents


9. (1) If a provider of goods or services is required by this Regulation to give a copy of a document to a person with a disability, the provider shall give the person the document, or the information contained in the document, in a format that takes into account the person's disability.

(2) The provider of goods or services and the person with a disability may agree upon the format to be used for the document or information.

Commencement

January 1, 2008

Appendix E: Customer Service Policy

 <h1 style="font-size: 2em; margin: 0;">Regional Health</h1> <p style="font-size: 0.8em; margin: 0; color: #0070C0;">POLICIES PROCEDURES STANDARDS GUIDELINES</p>	
TITLE: Accessibility – Customer Service	NUMBER: ADMIN-22
CATEGORY: Administration	PAGE: 1 of 2
DEPARTMENT SERVICE/PROGRAM: Administration	POLICY <input checked="" type="checkbox"/> PROCEDURE <input type="checkbox"/> GUIDELINE <input type="checkbox"/> STANDARD <input type="checkbox"/>
INTERNAL DISTRIBUTION: Organizational Wide	EXTERNAL DISTRIBUTION:
APPROVED: President and Chief Executive Officer	APPROVAL DATE: REVIEWED: May 5, 2009 REVISED:

POLICY STATEMENT:

All people regardless of disability have equal right of access to all goods and services provided by the Thunder Bay Regional Health Sciences Centre (TBRHSC).

It is the policy of the TBRHSC that people with disabilities achieve accessibility to the provisions of goods and services by the TBRHSC, consistent with the principles of independence, dignity, integration and equality of opportunity as set out in the Accessibility Standards for Customer Service.

All TBRHSC staff and volunteers, who deal with members of the public, will receive Accessibility Awareness training within six months of beginning employment.

Reference Policy: Accessibility Admin -11

PURPOSE:

The purpose of this policy is to establish procedures and practices that will facilitate the implementation of the Accessibility for Ontarians with Disabilities Act 2005 (AODA), and Ontario Regulations 429/07, Accessibility Standards for Customer Service. The goal of the Act is to improve accessibility across the province. Nothing in this policy and procedures diminishes in any way the legal obligations of the TBRHSC with respect to persons with disabilities that are imposed under any other Act or otherwise imposed law.

IMPLEMENTATION:

Training

The TBRHSC will provide training about the provision of its goods and services to persons with disabilities. All TBRHSC employees, volunteers, agents, contractors and others who deal with the public or other third parties, and those involved in developing customer service policies, practices, and procedures will receive Accessibility Awareness Training within six months of beginning their duties. The TBRHSC will also provide ongoing training with respect to changes in its policies, practices, and procedures to those individuals who require such training as soon as practical. The TBRHSC will keep records of the training provided, including dates training is provided and the number of persons trained.

Accessibility Awareness Training will include:

- a) how to provide goods and services in a manner that respects the dignity and independence of persons with disabilities
- b) how to interact and communicate with a person with a disability in a manner that takes into account his or her disability
- c) the process for people to provide feedback on how we provide goods and services to people with disabilities and how we will respond to any feedback and take action on any complaint
- d) how to interact with persons with disabilities who use an alternative device or require the assistance of a guide dog, service animal or a support person to access services or goods
- e) information on all TBRHSC policies and practices in regards to the AODA, 2005.
- f) a review of the purpose of the AODA, 2005 and the requirements of the Customer Service regulation
- g) how to use equipment or devices on the TBRHSC premises that may help with the provision of goods or services and how to adapt existing service delivery to a person with a disability
- h) what to do if a person with a disability is having difficulty accessing TBRHSC goods or services

Guide Dogs, Service Animals and Support Persons

If a person with a disability is accompanied by a guide dog or other service animal, the TBRHSC shall ensure that the person is permitted to enter the premises with the animal and keep the animal with him or her unless that animal is otherwise excluded by law from the premises. If the service animal or guide dog is excluded by law from the premises, the TBRHSC will provide other measures to enable the person with the disability to obtain, use or benefit from the goods or services.

If a person with a disability is accompanied by a support person, they shall be permitted to enter the premises together and not be prevented from having access to each other while in the premises. The TBRHSC may require a person with a disability be accompanied by a support person while on our premises only if a support person is necessary to protect the health or safety of the person with a disability or others on the premises.

Where fees for goods and services are advertised or promoted, the TBRHSC will include the amount payable in respect of the support person in advance.

Reference Policies: Pet Visitation-PAT-5-25, Animals-Service-ADMIN-15

Disruption of Services

If there is a disruption of a particular facility or service used to allow a person with a disability to access the goods or service, the TBRHSC will give notice of the disruption to the public, by posting the reason for the disruption, the anticipated duration of the disruption and describe alternative facilities or services that may be available. This information will be posted in a conspicuous place in the premises or by other methods considered reasonable. If the disruption is expected, a reasonable amount of advanced notice of the disruption will be given. If the disruption is unexpected, notice will be provided as soon as possible.

Feedback Process

The public can provide feedback on the accessibility of provisions of goods and services by the TBRHSC through the Accessibility Advisory Team by:

- a) e-mail at accessibility@tbh.net
- b) mail addressed to President's Office, 980 Oliver Road, Thunder Bay, ON P7B 6V4
- c) phone at 807-684-6007
- d) in person President's Office, 980 Oliver Road, Thunder Bay, ON P7B 6V4

Feedback will be responded to within 3 business days by the receipt of the HSC. Refer to Annual Accessibility Plan, http://www.tbrhsc.net/about_TBRHSC/accessibility_plan.asp


Assistive Devices

If a person with a disability requires assistive devices to access the goods or services of the HSC, they will be allowed to use such devices. The HSC provides assistive devices at some facilities. These devices are outlined in the Annual Accessibility Plan, People First disability awareness pamphlet, Patient Services Directory.

REFERENCES:

"Ontarians with Disabilities Act (ODA) 2001" and the "Accessibility for Ontarian's with Disabilities Act (AODA) 2005"

Appendix F: Animals Service Policy

 <h1 style="font-size: 2em; margin: 0;">Regional Health</h1> <p style="font-size: 0.8em; color: #0070C0; margin: 0;">POLICIES PROCEDURES STANDARDS GUIDELINES</p>	
TITLE: Animals-Service	NUMBER: ADMIN-15
CATEGORY: Administration	PAGE: 1 of 2
DEPARTMENT: Administration	POLICY <input checked="" type="checkbox"/> PROCEDURE <input type="checkbox"/>
SERVICE/PROGRAM:	GUIDELINE <input type="checkbox"/> STANDARD <input type="checkbox"/>
INTERNAL DISTRIBUTION: Organization Wide	EXTERNAL DISTRIBUTION:
APPROVED: President and Chief Executive Officer	APPROVAL DATE: April 5, 2005 REVIEWED: REVISED:

Service animals are animals specifically trained to assist people with disabilities in their activities of independent living. Refer to Accessibility policy ADMIN-11. They are not considered to be pets but rather an auxiliary aid similar to the use of a cane, crutch or wheelchair.

POLICY:

Service animals are permitted in places that the public are customarily admitted. Service animals are permitted within Thunder Bay Regional Health Sciences Centre in areas commonly accessed by the public. A patient accompanied by a service animal is not required to disclose the nature of their disability.

Examples of service animals include:

- A guide animal, trained by authorized vendors to service for mobility, individuals who are visually impaired and/or blind.
- A hearing animal, trained to alert a person with significant hearing loss or who is deaf when a sound occurs, such as a knock on the door or fire alarm.
- Special skills animals, trained to assist a person who has a mobility or health disability. Duties may include carrying, fetching, opening doors, ringing doorbells, activating elevator buttons, steadying a person while walking, helping a person up after a fall, emotional support, etc. Service animals sometimes are called assistance animals.
- A seizure response animal, trained to assist a person with a seizure disorder. The animal's service depends on the person's needs. The animal may go for help, or may stand guard over the person during a seizure. Some animals have learned to predict a seizure and warn the person.
- A companion animal or emotional support animal that assists persons with psychological disabilities. Emotional support animals can help alleviate symptoms such as depression,

anxiety, stress and difficulties regarding social interactions, allowing individuals to live independently and fully use and enjoy their living environment.

SUPERVISION:

The service animal must be supervised and the handler/designate must retain full control of the animal at all times. Refer to Pet Visitation Policy PAT-5-25.

AWARENESS TRAINING:

TBRHSC staff should be aware of the following while caring for a patient who is accompanied by a service animal.

- Allow a service animal to accompany the patient at all times and everywhere on the property except where animals are specifically prohibited.
- Do not pet or touch a service animal. Petting a service animal when the animal is working distracts the animal from the task at hand.
- Do not feed a service animal. The service animal may have specific dietary requirements. Unusual food at an unexpected time may cause the animal to become ill.
- Do not deliberately startle a service animal. Do not separate or attempt to separate a patient from her or his service animal. Avoid making noises at the animal (barking, whistling, etc.)
- Converse with the owner/handler, not the animal. Avoid eye contact with the animal.
- Avoid initiating conversation about the service animal, the patient's disabilities or other service animals one has known. If you are curious you may ask if the patient/handler would like to discuss it, but be aware that many persons with disabilities do not care to share personal details.
- Remember, not all disabilities are visible. The nature of the person's disability is a private matter, and you are not entitled to inquire for details.
- Service animals may wear specialized identifiable harnesses and vests. All service animals/users have identification cards.
- Staff caring for the patient shall make provisions for the service animal to go outside to relieve itself.

REFERENCE:

Bill 103

Appendix G: Accessibility Advisory Team (AAT) Terms of Reference

Purpose

The team in partnership with people with disabilities, community members and special interest groups will be accountable for identifying and initiating strategies for removing barriers to accessibility. In addition, the team will report on the current years' accomplishments and subsequent years' strategies, with respect to increasing accessibility in the Annual Accessibility Plan. This plan is presented to the Board to advise on the TBRHSCs obligations under the *Accessibility for Ontarians with Disabilities Act 2005*.

Membership

The following areas will have representatives on the team (any individual member may fulfill representation of one or more areas):

- Communications
- Management
- Staff Education
- Purchasing
- Occupational Health & Safety
- Rehabilitation Services
- Support Services
- Hospital's Policy and Procedure Committee Team member
- At least 2 Internal Representatives with a Disability
- At least 2 External Representatives with a Disability
- Representatives from organizations representing individuals with disabilities
- Senior Management
- Human Resources
- Physical Plant
- Information Technology
- Clinical Services
- Volunteer Services

- A management leader will chair the team.
- Members selected by virtue of their position will serve an indefinite term.
- Representative members will rotate service on a periodic basis.
- Administrative support will be provided by the senior management lead.

Members of the Accessibility Advisory Team

Trina Di Stefano	Manager, Information Technology (Chair)
Mary Jane Kurm	Clinical Manager (Past Chair)
Debbie Babiak	Occupational Health & Safety
Donna Brown	Volunteer
Margaret Capon	Admitting/Health Records
Krysten Deering	CNIB
Don Edwards	Communications
George Fieber	Professional Practice Leader
Nancy Frost	Canadian Hearing Society

Derek Gascoigne	Environmental Services
Rob Gaunt	Cancer Centre Volunteer Coordinator
Don Halpert	Senior Management Representative
Angela Kutok	Recording Secretary
Nella Lawrence	Planning
Jay Leather	Canadian Hearing Society
Earl McIvor	Financial Services
Kelly Meservia-Collins	Staff Education
Melissa Minelli	Independent Living Resource Centre
Sharon Peters	CNIB
Adam Shaen	Human Resources

Accessible Thunder Bay is a committee of accessibility chairs from Saint Joseph's Care Group, Confederation College, Lakehead University, the City of Thunder Bay, the Lakehead Public Board of Education and the Thunder Bay Catholic District School Board, who together deal with issues regarding the accessibility of Thunder Bay. The chair of the TBRHSC AAT will sit on the Accessible Thunder Bay committee.

Reporting Structure and Authority

The team will report to the Senior Management Team (SMT). The minutes will include issues requiring the attention of the SMT. The Senior Management representative is accountable for making certain that items to be referred to SMT are identified and will ensure that a response is communicated back to the team.

Goals and Objectives of the Accessibility Advisory Team

1. Develop an Annual Accessibility Plan for approval by the Board that shall address the identification, removal and prevention of barriers related to accessibility in the Hospitals policies, programs, practices and services. Specifically, the plan will include:
 - A report stating the actions the organization has taken to identify, remove and prevent barriers to persons with disabilities;
 - The measures in place to make certain that our organization evaluates its proposed changes to accessibility by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities;
 - A list of the accessibility by-laws, policies, programs, practices and services that our organization will review in the coming year in order to identify barriers to persons with disabilities;
 - The measures that our organization plans to take in the coming year to identify, remove and prevent barriers to persons with disabilities; and
 - All other information that the regulations prescribe for the purpose of that plan.
2. Presentation of the Annual Plan to the Board of Directors for approval.
3. Make available to the public, in accessible formats, the approved Annual Accessibility Plan.
4. Consider and advise on issues referred by Senior Management.

5. Recommend the measures necessary for compliance with the *Accessibility for Ontarians with Disabilities Act, 2005*, the Canadian Council of Health Services Accreditation Standards and other relevant legislation and established standards.
6. Evaluate, at least annually, the overall strengths and weaknesses of the team's functioning and develop strategies to deal with identified gaps.

Process


- AAT discussions will take place prior to recommendations forwarded for approval.
- Time-limited sub-committees and task forces may be struck to deal with specific issues as required. These may include others who are not normally team members.
- The team will assemble one of two ways, bi-monthly or at the call of the Chair.
- The agenda package will be prepared at least one week in advance.

Membership Duties and Responsibilities

The expectations of the members are as follows:

1. Be present at meetings of the team and actively contribute to achieving the overall goals and objectives. If unable to attend inform admin assistant – membership will be evaluated on an annual basis. If three (3) meetings are missed during your membership, your status will be reviewed
2. Make use of the team as a forum to actively engage in discussion on accessibility.
3. Review and provide feedback on proposed or current strategies, issues, programs, practices, policies, and procedures
4. Provide formal and informal reports to staff regarding the plans, activities and decisions of the team
5. Research issues as required
6. The chair of the AAT is to supply Senior Management with recommendations, where appropriate, on matters dealt with by the team.
7. Members of the AAT shall participate in activities to promote accessibility.

Appendix H: Modified Work Policy

 <h1 style="margin-left: 200px;">Regional Health</h1> <p style="text-align: right; margin-right: 50px;">POLICIES PROCEDURES STANDARDS GUIDELINES</p>			
TITLE:	Modified Work	NUMBER:	OHS-oh-124
CATEGORY:	Human Resources	PAGE:	1 of 2
DEPARTMENT SERVICE/PROGRAM:	Occupational Health	POLICY <input checked="" type="checkbox"/>	PROCEDURE <input checked="" type="checkbox"/>
		GUIDELINE <input type="checkbox"/>	STANDARD <input type="checkbox"/>
INTERNAL DISTRIBUTION:	Organization Wide	EXTERNAL DISTRIBUTION:	
APPROVED:	Senior V. P. Corporate Services and Operations	APPROVAL DATE:	May 1, 1998
		REVIEWED:	March 4, 2003
		REVISED:	December 2006

POLICY:

Thunder Bay Regional Health Sciences Centre will endeavour to provide modified work to its employees whenever possible or recommend a modified return to work program for those employees who have been absent from work for an extended period of time due to disability.

Modified work is any job or combination of tasks that an employee who is recovering from a disability may perform on a temporary basis without risk to themselves or others. This work may consist of regular tasks that have been changed, redesigned or physically modified as well as a special job which has been designated for a worker participating in a program. There may be a reduction in time or volume of work performed.

PROCEDURE:

Employees must:

- Contact his/her manager/designate as soon as possible after a lost time illness/injury and maintain contact.
- Provide medical documentation regarding restrictions to normal duties and/or hours. Duration of restrictions must also be indicated.
- Co-operate with the modified work team members in identifying suitable employment that is consistent with their functional abilities.
- Attend all modified meetings
- Co-operate in health care initiatives and other return to work measures as required.

Managers must:

- Contact worker as soon as possible after the lost time or disability injury and maintain contact

- Maintain contact with the Occupational Health & Safety department
- Forward all medical forms to the Occupational Health & Safety department
- In co-operation with the employee, identify and arrange suitable employment that is consistent with the employee abilities
- Communicate and assist in the evaluation of the modified work program with the employee
- Communicate work restrictions to the employee's co-workers

Occupational Health & Safety will:

- Co-ordinate and facilitate modified work meetings
- Assist manager/designate to identify temporary suitable work based on employee's restrictions
- Monitor employee's progress throughout the program
- Liaise with WSIB or LTD provider if applicable

Union:

- to represent and participate in modified work programs

Human Resources: (if applicable)

- to provide information and guidance on issues related to Human Resources

A meeting will be held to review the work restrictions and develop a modified work plan if applicable. The modified work team will include:

- Employee
- Manager/designate
- Union representative
- OH & S representative
- Vocational Rehabilitation Specialist if applicable
- Human Resources as required

Subsequent meetings will be held at regular intervals to assess the employee's progress. The frequency can be determined on a case by case basis. A written copy of the plan will be distributed to the participants.

Programs are usually 6 to 8 weeks duration. Exceptions can be considered on an individual basis if there is medical need.

It is expected that there will be continuous progress ie. Increase in duties and hours worked.

The employee will be paid by TBRHSC for their hours worked. The balance of their shift will be paid by sick benefit, if eligible or the Workplace Safety & Insurance Board if applicable. If a third party is involved, this may differ pending approval of the parties.

This policy does not apply to employees who are permanently disabled and require accommodation. See policy HR-cba-18, Accommodation Process of Disabled Employees.

This policy is consistent with the Workplace Safety & Insurance Board's Early and Safe return to work guidelines: Employers and worker's are obliged under the Workplace Safety and Insurance Act/ Worker's Compensation Act to co-operate in the worker's early and safe return to suitable and available employment.' (WSIB: Document No. 19-02-01)

Appendix I: Proposed Timelines for Compliance

Proposed Timelines for Compliance With Accessibility Standards				2020
<p>Broader Public Organizations 50+</p> <p><i>Note – all WCAG 2.0 requirements only apply to websites, web content and web-based applications that an organization can control either directly or through a contractual relationship, and where meeting the requirements are technically feasible</i></p>	2011	2012	2013	<p>Information & Communications</p> <ul style="list-style-type: none"> Educational libraries - multi-media/digital resources Producers (publishers) - conversion ready files of "other educational print materials"
	<p>Transportation</p> <ul style="list-style-type: none"> Technical requirements Equal fares and fees Pre-boarding route or destination announcements (verbal) On-board announcements (verbal) Courtesy seating Public school transportation services Other transportation services Ferries (maintenance) Maintenance of equipment Integration of transportation services 	<p>General Requirements</p> <ul style="list-style-type: none"> Emergency and public safety information 	<p>General Requirements</p> <ul style="list-style-type: none"> Emergency and public safety information 	
<p>Transportation</p> <ul style="list-style-type: none"> Accessible boarding/de-boarding Storage of assistive devices Companions Treatment of support persons Taxi registration on bumper Availability of accessible equipment and features Operator Responsibilities Emergency preparedness and response 	<p>Transportation</p> <ul style="list-style-type: none"> Coordinated services between adjacent municipalities Service disruptions Visitor service Fare parity for conventional and specialized transportation (single tier) Alternative Accessible method of transportation Hours of service (within single tier) Service delays Ferries (signage, etc.) 	<p>Information & Communications</p> <ul style="list-style-type: none"> Educational institutions - accessible materials and training Public libraries 	<p>General Requirements</p> <ul style="list-style-type: none"> Training Accessible feedback processes 	<p>Information & Communications</p> <ul style="list-style-type: none"> Accessible formats and communication supports Educational libraries – print based resources Producers (publishers) - conversion ready educational textbooks
<p>Employment</p> <ul style="list-style-type: none"> Workplace emergency information 	<p>Employment</p> <ul style="list-style-type: none"> Recruitment Employees returning to work Employees and accommodation Performance management, career development, and redeployment 	<p>Information & Communications</p> <ul style="list-style-type: none"> All new internet websites and web content on those sites conforms with WCAG 2.0 level A 	<p>2014</p>	
<p>2015</p>	<p>2017</p>	<p>Transportation</p> <ul style="list-style-type: none"> Training Accessibility plans Trip restrictions Eligibility Application and Process (existing) Booking Proportion of accessible taxis 	<p>Transportation</p> <ul style="list-style-type: none"> Pre-boarding route or destination announcements (electronic) On-board announcements of stops and connections (electronic) Ferries (electronic messages) Fare parity for conventional and specialized transportation (multi tier) Hours of service (multi tier) Eligibility application and (new) process Categories of eligibility 	