



THE MIDDLESEX HOSPITAL ALLIANCE

Four Counties Health Services Site

Accessibility Plan

September 2009-August 2010

This publication is available on the following website:

www.mhalliance.on.ca

and will be made available in alternative formats upon request

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Executive Summary

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) 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. To this end, the ODA requires each organization 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 document is Four Counties Health Services' annual 2009-2010 plan. The plan describes measures that the hospital will take in the upcoming year (2009-2010) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of Four Counties Health Services (FCHS).

FCHS is committed to:

- the continual improvement of access to hospital facilities, policies, programs, practices and services for patients, their family members, staff and volunteers
- the participation of persons with disabilities in the development and review of its annual plan
- the provision of quality services to all patients, their family members, and members of the community with disabilities



INTRODUCTION

The Ontario government's goal is a fully accessible Ontario by 2025. In 2001, the Ontarians with Disabilities Act (ODA) was passed. This was followed in 2005 by the Accessibility for Ontarians with Disabilities Act (AODA) and most recently by the Accessibility Standard for Customer Service- Ontario Regulation 429/07. This Standard came into force on January 1, 2008. This Ontario law is the first accessibility standard created under the authority of the AODA 2005, The Province of Ontario enacted the Standard on June 13, 2005, requiring the provincial government to work with public and private sectors, as well as the disabled community, to jointly develop standards to be achieved in stages of five years or less.

The preceding Ontarians with Disabilities Act, (ODA 2001) remains in force until retracted. The purpose of this Act 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." This Act mandates hospitals and other identified public sector organizations to write, approve, endorse, submit, publish, and communicate their accessibility plans. The Middlesex Hospital Alliance (Four Counties Health Services) and (Strathroy Middlesex General Hospital) is committed to providing an environment free of barriers for the disabled.



A “Barrier” is:

- A. 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, a policy or a practice.

A Disability is:

- A. 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
- B. A condition of developmental disability or mental impairment
- C. A learning disability or a dysfunction in one or more of the processes involved in understanding or using spoken language or symbols
- D. An injury or disability for which benefits were claimed and received under the insurance plan established under the Workplace Safety and Insurance Act, or
- E. A Mental Disorder



The MHA has undertaken projects throughout the years to enhance the accessibility of the hospital, and its services. The FCHS site of the MHA will continue to do so with the goal of eliminating any barriers to access, communication and service for those with disabilities.

REQUIREMENTS UNDER THE AODA 429/07

The Act requires that we:

- 1) Implement policies, practices and procedures on providing goods and services to people with disabilities
- 2) Execute a policy on allowing people to use their own personal assistive devices to access goods and services, and provide information about any other means offered by the hospital (assistive devices, services etc.) to allow them access to goods and services
- 3) Ensure hospital policies, practices and procedures are in line with the core principles of independence, dignity, integration and equality of opportunity
- 4) Communicate with a person having a disability in a manner that takes into account his or her disability
- 5) Train staff, volunteers, contractors and other people that interact with the public or other third parties on the hospital's behalf on the topics outlined in the customer services standard, and record all training including the dates the training occurred and names of the individuals trained
- 6) Train staff and any other people involved in developing hospital policies, practices and procedures on the requirements regarding goods or services as outlined in the customer service standard



- 7) Allow people with disabilities to be accompanied by their guide dog, service animal or support person in areas of the premises unless the animal or person is restricted for health reasons, or by law
- 8) Provide information on any admission fees that may be charged for a support person, with as much advance notice as possible
- 9) Provide notice when services, goods, or facilities used by people with disabilities are temporarily disrupted
- 10) Establish a process for people to provide feedback on the hospital's method of providing goods and services to people with disabilities and how you will respond to any feedback, and take action on any complaints, ensuring information about how the hospital will provide feedback should be readily available to the public
- 11) All policies, practices and procedures that govern accessible customer service and associated requirements must be documented
- 12) Provide notice to customers that documents required under the customer service standard are available upon request
- 13) Ensure the documents required under the customer service standards are available when requested, by a person with a disability, in a format that takes into account the person's disability



FOUR COUNTIES HEALTH SERVICES

Four Counties Health Services is a sixteen bed rural community hospital, with an active Emergency Department, several outpatient clinics, and community services available.

This accessibility plan builds on previous site specific accessibility plans in place at Four Counties Health Services. The planning and implementation of changes occurs over a period of time, keeping in mind the operational, and in some cases capital costs of implementation.

ACCESSIBILITY AT FOUR COUNTIES HEALTH SERVICES

The Accessibility Planning committee is made up of members of the Joint Occupational Health and Safety/Environment Team at each individual site. The Joint Occupational Health and Safety, Environmental Committee is composed of a cross section of staff employed at the hospital, and reports directly to Senior Administration, as well as to Partners and Leadership on a regular basis. Staff, volunteers, third party contracts, and physicians have received training on the accessibility standards and have reviewed the corresponding policies as part of our plan to enhance accessibility to customer services at FCHS.

The committee is dedicated to identifying, removing and preventing barriers to people with disabilities. The hospital's accessibility plan is available on the Middlesex Hospital Alliance Corporate Website, and in hard copy, including large print version upon request.



IDENTIFICATION OF BARRIERS

We believe that it is the responsibility of all staff to be on the alert for barriers within the organization, and to bring the existence of the barrier to the attention of the JHSEC. To facilitate this, a designated space is available for staff, volunteers and physicians to log the barrier, and a possible solution if known.



BARRIERS IDENTIFIED SEPTEMBER 2009-AUGUST 2010

BARRIER	OBJECTIVE	MEANS TO REMOVE/PREVENT	PERFORMANCE CRITERIA/DATE	RESOURCES	RESPONSIBILITY
Way-Finding	To improve signage for use by visually impaired	Install bright signs and add Braille signage	Completed - Fall 2009	Capital	Project Manager
Handicap Parking	Larger Spaces	Re-align parking spaces to allow side loading, unloading of transit vehicles	Completed - Fall 2009	Operational	Project Manager
ACNU Shower	Make showers Wheel-chair accessible	Removing curbing in showers to allow wheel-chair mobility	Summer 2010	Operational	Envrionmental Services
Grab Bars	To improve better positioning and fit of current grab bars	Assess and properly size and position replacement grab bars	5 year plan	Operational	Environmental Services
X-Ray room Bathrooms	Enlarge Bathroom to accommodate walkers/Wheelchairs	Renovate area	5 year Plan	Hospital Capital	Diagnostic's Imaging