

Accessibility Plan 2015-18

ARCH Hospice

TABLE OF CONTENTS

CONTEXT	3
OBJECTIVES.....	3
DEFINITIONS.....	4
ARCH HOSPICE PROFILE.....	5
ACCESSIBILITY COMMITTEE	5
COMMITMENT TO ACCESSIBILITY PLANNING	6
BARRIER IDENTIFICATION METHODOLOGIES	6
PROCESS FOR REVIEW AND MONITORING.....	13
COMMUNICATION OF ACCESSIBILITY PLAN.....	14
APPENDIX 1 – CUSTOMER SERVICE STANDARDS.....	15
APPENDIX 2 – ACCESSIBILITY COMMITTEE TERMS OF REFERENCE.....	17
APPENDIX 3 – ACCESSIBLE CUSTOMER SERVICE POLICY	19
APPENDIX 4 – SAMPLE FORM FOR DISRUPTIONS IN SERVICE – PUBLIC NOTIFICATION	21

CONTEXT

The Ontario government's goal is a fully accessible Ontario within 20 years. 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 Law came into force on January 1, 2008 (refer to Appendix 1 for summary of requirements). This Ontario law is the first accessibility standard created under the authority of the AODA 2005, which the Province of Ontario had enacted on June 2005, to require the provincial government to work with the public and private sectors and the disabled community to jointly develop standards to be achieved in stages of 5 years or less.

The preceding Ontarians with Disabilities Act, (ODA 2001) however remains in force until repealed. The purpose of this Act was 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 mandated certain public sector organizations to write, approve, endorse, submit, publish and communicate their accessibility plans.

The Accessibility Plan for ARCH Hospice will cover the period from January 1, 2015 to December 31, 2018. This Plan is developed with references to the Accessibility for Ontarians with Disabilities Act (AODA 2005), which builds on the ODA and whose purpose is to create an accessible Ontario by 2025 through the development of standards and enforcement mechanisms. Compliance reporting on the Customer Service Standard was completed in 2010, as required by law, and ongoing customer service standard initiatives continue. Legislated standards in the areas of Information and Communications, Employment and Transportation are combined in the Integrated Accessibility Standards Regulation (2011), and the phased-in nature of the IASR is reflected in the targets and timelines in the current multi-year plan.

The Hospice has prepared an annual/multi-year plan pursuant to the Ontarians with Disabilities Act, 2001, which requires other public sector organizations to publish such plans each year. In addition, the Hospice, as a designated public sector organization has the obligation to record all training including the dates on which the training is provided and the number of individuals to whom it is provided. This plan has been developed with input from staff and persons with disabilities, through the Accessibility Committee. The Hospice continually monitors its compliance and works to remove/prevent barriers to persons with disabilities.

OBJECTIVES

The ARCH Hospice Accessibility Plan aims to improve opportunities for people with disabilities who work in or use the Hospice in accordance with the *Ontarians with Disabilities Act, 2001* (hereinafter referred to as "the Act").

The objectives of the Plan are to:

1. Identify barriers that limit access to people who work in or use the Hospice, including residents and their family members, staff, health care practitioners, volunteers and members of the community, including organizational policies, programs, practices, services and physical facilities.
2. Identify barriers that will be removed or prevented by the ARCH Hospice in the coming year and outline the strategy to remove or prevent these barriers.

3. Outline how the ARCH Hospice will make the Accessibility Plan available to the public.
4. Describe the process by which ARCH Hospice will identify, remove and prevent barriers to people with disabilities in the coming year.

DEFINITIONS

A “barrier” is defined as 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.

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

- Hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker
- Counters that are too high for a person of short stature
- Poor lighting for people with low vision
- Doorknobs that are difficult for people with arthritis to grasp
- Doors that are difficult to open (heavy)
- Parking spaces that are too narrow for a driver who uses a wheelchair
- Telephones that are not equipped with telecommunications devices for people who are Deaf, deafened or hard of hearing
- Information or **communications** barriers occur when a person can't easily understand information.

Examples are:

- Print is too small to read
- Websites that can't be accessed by people who do are not able to use a mouse
- Signs that are not clear or easily understood
- A person who talks loudly when addressing a person with a hearing impairment

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

- Thinking that persons with disabilities are inferior
- Assuming that a person who has a speech or hearing impairment does not understand you
- A receptionist who ignores a customer in a wheelchair

Technological barriers occur when a technology can't be modified to support various assistive devices. An example is:

- A website that doesn't support screen-reading software

Organizational barriers are an organization's **policies, practices or procedures** that discriminate against persons with disabilities. Examples are:

- A hiring process that is not open to persons with disabilities
- A practice of announcing important messages over an intercom that persons with hearing impairments cannot hear clearly²

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 mental impairment or a developmental disability,
- c. A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. A mental disorder, or
- e. An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

ARCH HOSPICE PROFILE

The Hospice plays a unique role in Algoma District serving patients and their families who are living with a life-altering diagnosis. Hospice services are available to patients and families from pre-diagnosis to bereavement. The services can include wellness programs, support groups, supportive care, education, pain and symptom management, palliative care and bereavement.

Hospice currently employs approximately 45 staff and there are approximately 130 volunteers who serve in a variety of roles. Together we serve the Algoma District Community.

Commitment to Our Patients

- Your care, safety and comfort will be our highest priority.
- We will treat you and your loved ones with compassion and respect.
- We will honour your individual needs and preferences.
- We will work as a team to ensure you and your family are well cared for.

ACCESSIBILITY COMMITTEE

At Hospice, the Accessibility Committee is the group to oversee the philosophy and requirements for the AODA and ODA, and to fulfill the obligations under the Acts. The members of the group are drawn from a cross-section of the organization. They are committed to the philosophy of the AODA and ODA and to fulfilling the obligations under the Acts. The group reports to the Leadership Team at Hospice.

The terms of reference for meeting the requirements of the AODA and ODA are attached as Appendix 1.

The group was created to:

1. Identify barriers to accessibility at ARCH.
2. Describe how these barriers will be removed or prevented.
3. Review policies, practices, services and physical facilities that limit access by people with disabilities.
4. Renew the Annual Accessibility Plan.

Areas represented on the Accessibility Committee:

- Care Services
- Maintenance Services
- Health and Safety
- Administration
- Volunteer Services
- Privacy Officer

COMMITMENT TO ACCESSIBILITY PLANNING

Hospice is committed to building a diverse, accessible and inclusive organization that takes into account the principles of dignity, independence, integration and equality of opportunity to ensure that policies, procedures, practices, and services respect the rights and needs of persons with disabilities, through:

- Continuous review and improvement of access to the facilities, policies, programs, practices, and services for patients and their families, staff, health care practitioners, volunteers and members of the community.
- Participation of people with disabilities in the development and review of the Accessibility Plan.
- Establishment of an Accessibility Committee at Hospice.

BARRIER IDENTIFICATION METHODOLOGIES

The Hospice continues to assess and implement processes and initiatives to ensure access for persons with disabilities. The following are consulted/considered in the process:

- Patient and visitor feedback
- Employee input
- Consultation with representatives from community groups to ensure solutions are as sensitive as possible to their needs
- Impact of architectural and building system elements on accessibility/current building code requirements

In instances where the Hospice is limited in its capacity to address all barriers identified due to limited resources, the following criteria were used to assess barriers and to inform the key actions over the coming year:

- Magnitude of issue – breadth of persons and service areas impacted.
- Financial implications – the cost impact of implementing an identified solution and the extent to which the solution is feasible.
- Availability of alternatives – whether favourable alternatives exist and their financial impact.
- Legal compliance – whether the issue contravenes existing legislation.
- Risk/urgency – the degree of risk and urgency of the situation, based on the magnitude of persons/departments impacted and gravity of the issue.
- Timing/appropriateness – whether it is realistic to address the issue at present or to incorporate solutions into hospice expansion plans, in consideration of current space and financial resources.

The Hospice continually assesses the need to reduce or eliminate barriers throughout the organization focusing on:

1. The provision of quality services to all clients/patients and their family members, Hospice employees and members of the community with disabilities.
2. The continual improvement of access to the organization, its policies, programs, practices and services for clients/patients and their family members, staff, physicians, Hospice employees, volunteers and members of the community with disabilities.
3. The participation of persons with disabilities in the development and review of its Plan. The fundamental foundation for ensuring the development of an accessible environment is the development of a culture that supports barrier-free access to care and services and the establishment of corporate policies and strategies that set and maintain clear expectations and resources for barrier identification and removal.

This foundation provides the basis for our future plans. As barriers are identified they will be prioritized and improvements will be made where technically feasible and fiscally practical. All new capital construction and renovation projects in the planning stage or currently underway will reflect Hospice’s commitment to the removal of current barriers and the prevention of future barriers.

The following identifies the methodology to be undertaken to identify/assess and prioritize barriers at Hospice:

Methodology	Description	Status
Accessibility Committee	Members meet to monitor and update the Plan. They provide recommendations to the Leadership Team regarding processes/procedures and structural	Issues are brought to the Accessibility Committee for information and follow-up. Website monitored, emails acknowledged and forwarded to

	<p>changes that may be required.</p> <p>The group meets semi-annually (or at the call of the Chair) to discuss issues related to accessibility.</p>	<p>most appropriate person/service area for follow-up.</p>
Feedback Management System	<p>The Hospice invites feedback on accessibility through our public website through email or directly to the Manager of Operations & Maintenance. The Hospice manages and documents feedback from clients/patients, families, Hospice employees and visitors for quality improvement purposes, including feedback about accessibility. Feedback is directed to the Accessibility Committee.</p>	<p>Website monitored, emails acknowledged and forwarded to most appropriate person/service area for follow up.</p>
Walk About	<p>Initiate a tour of the facilities with staff members to identify barriers that exist through the Hospice.</p>	<p>Conducted annually.</p>
Internet Research	<p>Research websites of groups working with persons with disabilities and the barriers that their clients face. Look for these barriers within the Hospice environment.</p>	<p>Ongoing.</p>

BARRIERS ADDRESSED SINCE 2010

Type of Barrier	Description of Barrier	Strategy for Removal/Prevention
Physical	Parking	Accessible spaces are clearly identified for access to the Hospice
Physical	Entrance	The main entry point is equipped with power activated door operators
Communication	Way finding	Accessible washrooms are clearly identified
Policy	Hospice policy	Revised consistent with changes in legislation

ACCESSIBILITY IMPROVEMENT PLAN 2015-2018

The areas of focus for accessibility that will be addressed in 2015-16 include:

1. Developing a process for providing information in alternative/multiple formats to people with disabilities.
2. Updating the Hospice website to ensure an accessible format.
3. Implementing an Accessibility Committee.
4. Refreshing ARCH Hospice's three-year Accessibility Plan.
5. Assigning leadership accountability for accessibility.
6. Engaging local accessibility resources to assess our practices to help us understand any improvement areas that we have not already identified.
7. Liaising with the Canadian Hearing Society to assess opportunities to provide the best care and services to individuals who have hearing impairments.
8. Rolling out Accessible Customer Service training to all ARCH Hospice volunteers.

Part I – General Requirements

Integrated Accessibility Standards Regulation (IASR) 191/11 Section 7	Action Plan	Timeline
7.1 – Provide training on IASR accessibility standards and Human Rights Code All employees, volunteers, persons participating in development of	<ul style="list-style-type: none"> • Review learning module as required • Collaborate with Volunteer Services to ensure ongoing training/ education of volunteers 	Ongoing

organizational policy and other persons who provide goods, services or facilities on behalf of the organization, receive training	<ul style="list-style-type: none"> • New employees receive 30 minutes of disability awareness education during orientation 	
7.3 – Deliver training as soon as practicable	<ul style="list-style-type: none"> • Education is initiated on hire and is ongoing as required. • A learning module is to be completed by all staff during their orientation. Volunteers also have a session in their training that focus on accessibility 	
7.5 – Record of training	<ul style="list-style-type: none"> • Keep current record of all training activities 	

Part II – Information and Communication Standards

AODA/IASR 191/11 Section 11, 12 & 14	Action Plan	Timeline
11.1 – Ensure feedback processes are accessible by accessible formats and/or communication supports upon request	<ul style="list-style-type: none"> • A wide variety of options are available for people to provide feedback on accessibility • Solicit feedback on accessibility through multiple channels – direct patient/family input, online, by phone, fax, email • Report out to the Accessibility Committee and the Leadership Team identifying issues and recommending action plans 	Ongoing
11.3 – Notify the public about the availability of accessible formats and communication supports	<ul style="list-style-type: none"> • Insert statement regarding availability of alternate formats in all communications regarding feedback processes 	November 2015
<p>12.1 – Provide accessible formats and communication supports for information</p> <p>Information in accessible formats and/or using communication supports provided:</p> <ul style="list-style-type: none"> • In a timely manner that takes into account the persons accessibility needs due to disability and • At a cost that is no more than the regular cost charged to other persons 	<ul style="list-style-type: none"> • Create a standard process for requesting alternate format • Investigate accessibility options for non-print formats of communications (e.g. text for hearing impaired, captioning, audio captioning etc.) 	
12.2 – Consult with person requesting alternate format	<ul style="list-style-type: none"> • Integrate consultation with the requestor into the standard process for requesting 	Ongoing

<p>25.3 – Provide updated information on accommodations policies to employees when changes occur</p>	<ul style="list-style-type: none"> • Accommodation and return to work policies available to staff 	<p>Ongoing</p>
<p>28.1 – Develop written process for documented individual accommodation plans</p>	<ul style="list-style-type: none"> • Review and update procedures for accommodations 	<p>Ongoing</p>
<p>28.2 – Include prescribed elements in process</p>	<ul style="list-style-type: none"> • The above process is to include all prescribed elements 	<p>Ongoing</p>
<p>28.3 – Individual accommodations plans shall:</p> <ul style="list-style-type: none"> • Include an information regarding accessible formats and communications supports provided, if requested • Include individualized workplace emergency response information is required • Identify any other accommodation that is to be provided 	<ul style="list-style-type: none"> • As prescribed elements will be included as required by individual 	<p>Ongoing</p>
<p>30.1 – Include accessibility considerations in performance management processes</p> <p>The use of the performance management processes takes into account the accessibility needs of employees with disabilities, including existing accommodation plans</p>	<ul style="list-style-type: none"> • Review performance process and identify opportunities for integration of accessibility criteria • Ensure that the performance tools will be available in alternate formats and/or communication support, upon request • Develop questions(s) that ensure accessibility needs are identified and addressed in the process • Integrate questions into the performance management tool • Integrate questions into the probationary assessment 	<p>Ongoing</p>
<p>31.1 – Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position</p> <p>The use of the performance tool will identify any barriers due to disability relative to career development and prompts discussion of accommodation or</p>	<ul style="list-style-type: none"> • Review process and identify opportunities for integration of accessibility criteria within career development section • Develop question(s) that ensure accessibility needs are identified relative to career development, including additional responsibilities/opportunities within current position • Integrate questions into performance management tool 	<p>Ongoing</p>

supports needed		
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AODA Design of Public Space Standard – not yet legislated

S. 80.16, 80.22, 80.33, 80.37, 80.39-80.42	Action Plan	Timeline
Technical requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or renovation, in all relevant areas including: <ul style="list-style-type: none"> - Accessible parking - exterior paths or travel - outdoor public use eating areas - service counters - fixed queuing guides - waiting areas maintenance - elevators - doorways 	<ul style="list-style-type: none"> • Identify stakeholders involved in development, redevelopment, design, renovation and maintenance of public spaces and share information on status of built Environment standards • Identify and inform relevant stakeholders of proposed new standards for Accessible Parking • New standards implemented as they are made law • Identify current maintenance schedules for interior and exterior spaces • Identify the need to add new maintenance as per requirements of AODA, once proposed standards are legislated • Conduct assessment re: installation of visual fire alarms in all appropriate public areas. 	2016
25.1 – Inform employees of policies supporting employees with disabilities	<ul style="list-style-type: none"> • Continue to inform employees of policies supporting employees with disabilities upon onboarding 	Ongoing
25.2 – Provide this information to new employees as soon as practicable after hiring	<ul style="list-style-type: none"> • As above 	Ongoing

PROCESS FOR REVIEW AND MONITORING

Accessibility planning is an important means of improving both the safety and quality of service delivery to the populations we serve, of attracting and retaining employees, and of increasing efficiency of our operations. The Accessibility Committee and the Manager of Operations and Maintenance will monitor current plans and develop subsequent annual plans.

Specifically, Accessibility Committee will:

- Ensure the inventory of new barriers is updated and prioritized
- Ensure implementation strategies are identified and carried out

- Present plans and annual reports to the Leadership Team for discussion, and further recommendations for implementation

The Accessibility Committee will liaise directly with service leads to achieve these objectives when appropriate. The Committee will provide updates to the Leadership Team on an annual basis or as required. All accessibility planning documentation and reporting will be available in alternate formats and/or with communication support, upon request.

The multi-year plan was developed for the period 2015-2018. Hospice is committed to revising the Plan to include the period up to 2021 when all regulations/legislation are to be fully implemented.

COMMUNICATION OF ACCESSIBILITY PLAN

The 2015-18 multi-year Accessibility Plan will be posted on the Hospice website to:

- Publicly communicate the Accessibility Plan as required by the Ontarians with Disabilities Act.
- Share the progress Hospice is making to improve access for people with disabilities.

The multi-year accessibility plan will be made available in alternate format and/or with communication support, upon request.

Please contact Nicole Pearce at 705-942-1556 ext. 233 or via email pearcen@archhospice.ca for more information.

Key Messages

- The Accessibility Committee at ARCH Hospice prepares accessibility plans in consultation with people with disabilities and others, and make them public in accordance with the Ontario Government – Ontarians with Disabilities Act.
- The Accessibility Committee at ARCH Hospice identifies and recommends changes to the Leadership Team that will result in the removal barriers.
- The Committee is responsible for the development of Accessibility Plans will allow the Hospice to integrate accessibility planning into other planning cycles.
- The Hospice is committed to the continual improvement of access to facilities, policies, practices and services for people with disabilities.

The removal of barriers means that:

- Services, policies and procedures will meet the needs of all people
- All people, including the elderly will be better served
- More people will have access to information resources

APPENDIX 1 – CUSTOMER SERVICE STANDARDS

The Customer Service standard requirements that apply to all providers are as follows:

1. Establish policies, practices and procedures on providing goods or services to people with disabilities.
2. Set a policy on allowing people to use their own personal assistive devices to access your goods and use your services and about any other measure your organization offers (assistive devices, services, or methods) to enable them to access your goods and use your services.
3. Use reasonable efforts to ensure that policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.
4. Communicate with a person with a disability in a manner that takes into account his or her disability.
5. Train staff, volunteers, contractors and any other people who interact with the public or other third parties on your behalf on a number of topics as outlined in the customer service standard.
6. Train staff, volunteers, contractors and any other people who are involved in developing policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.
7. Allow people with disabilities to be accompanied by their guide dog or service animal in those areas of the premises you own or operate that are open to the public, unless the animal is excluded by another law. If a service animal is excluded by law, use other measures to provide services to the person with a disability.
8. Permit people with disabilities who use a support person to bring that person with them while accessing goods or services in premises open to the public or third parties.
9. Where admission fees are charged, [provide notice ahead of time on what admission, if any, would be charged for a support person of a person with a disability].
10. Provide notice when facilities, goods or services used by people with disabilities are temporarily disrupted.
11. Establish a process for people to provide feedback on how you provide goods or services to people with disabilities and how you will respond to any feedback and take action on any complaints. Make the information about your feedback process readily available to the public.

Public sector organizations and providers with 20 or more employees are further required to:

12. Document in writing all your policies, practices and procedures that govern accessible customer service and meet other document requirements set out in the standard.
13. Notify customers that documents required under the customer service standard are available upon request.

14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format that takes into account the person's disability.

APPENDIX 2 – ACCESSIBILITY COMMITTEE TERMS OF REFERENCE

Purpose

The purpose of the Accessibility Committee is to develop, review, monitor, implement and evaluate the Hospice’s Accessibility Plan and related recommendations.

Functions

The Committee will:

1. Review recent initiatives and successes in identifying, removing and preventing barriers.
2. Identify barriers that may be addressed in the coming year.
3. Recommend priority areas and develop strategies to address barrier removal and prevention.
4. Make recommendations to the Leadership Team on the priorities to be addressed each year.
5. Develop and monitor the annual/multi-year plan.

Authority

The Accessibility Committee receives its authority from and reports to the Executive Director. The Team’s authority is limited to its primary purpose. Decisions may be implemented provided they are:

- Within available resources;
- Consistent with the vision, mission, values and strategic plan of the Hospice;
- Would positively impact on quality of care, service and resident/family satisfaction.

Reporting Format

- Issues requiring the attention of the Leadership Team will be highlighted in the minutes.

Membership List

Nicole Pearce	Manager Operations & Maintenance	pearcen@archhospice.ca
Julie Premo	Manager Support Services	premoj@archhospice.ca
Jennifer Osesky	Privacy Officer	oseskyj@archhospice.ca
Laura Fryia	Professional Practice Lead	fryial@archhospice.ca
Lee Skinner	Manager Fund Development	skinnerl@archhospice.ca
Theresa Mudge	Executive Director	mudget@archhospice.ca

Chair

The Chair shall be the Manager of Operations & Maintenance.

Quorum

The minimum number of members for quorum shall be 50% of Committee members.

Meetings

The Accessibility Committee shall meet on a semi-annual basis and at the discretion of the Chair.

Team Process

- Decision-making will occur through discussion and consensus whenever possible and will be data-driven/evidence-based.
- 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 meet on an ad hoc basis to discuss and solve specific issues.
- Minutes will be distributed to all appropriate staff and physicians.

Members Duties and Responsibilities:

- Attend all meetings of the Committee Team, prepare for the meeting and actively participate in facilitating the overall goal.
- Declare conflict of interest when appropriate.
- Resign when unable to continue.

Records

The Chair shall retain copies of the Accessibility Committee minutes and all documents relevant to the activities of the Committee.

Terms of Reference Review

The Terms of Reference for the Accessibility Committee will be reviewed every year or more frequently as required.

December 2015

APPENDIX 3 – ACCESSIBLE CUSTOMER SERVICE POLICY

Services at ARCH Hospice will be provided in a manner that:

- Maintain the dignity, autonomy, respect, privacy and safety of persons with disabilities;
- Are inclusive, sensitive and responsive to their unique needs.

Training

- All ARCH Hospice staff and volunteers will receive accessible customer service training that includes:
 - A review of the purpose of the Accessibility for Ontarians with Disabilities Act (AODA), 2005 and the requirements of the Accessible Customer Service Standard.
 - Guidelines for interacting and communicating with persons with various types of disabilities.
 - Guidelines for interacting with persons with disabilities who use assistive devices or require the assistance of a support person, guide dog, or other service animal.
 - Guidelines for using equipment or devices available at ARCH Hospice that may help with the provision of services to a person with a disability.
 - Guidelines for proper initiating and responding if a person with a particular type of disability is having difficulty accessing ARCH Hospice services.
- AODA Accessible Customer Service training will be provided to each person as soon as is practicable and will be provided on an ongoing basis for updates in legislation, changes to Hospice policies and procedures governing the provision of services to persons with disabilities.
- Records will be kept to document training, learning or direction to employees and volunteers, including dates in personnel files.

Service Animals, Support Persons and Assistive Devices

- The presence and use of accessibility support persons, service animals and assistive devices are embraced with consideration taken for infection control and resident safety (for example, kitchen and dining areas).
- Service animals are allowed on the parts of our premises that are open to the public. Sensitivity of residents and families staying at the Hospice who are allergic to animals will be respected.
- A person with a disability who is accompanied by a support person will be allowed to have that person accompany them on our premises. Fees will not be charged for support persons except for minimal meal charges consistent with those charged to all families, should the support person decide to eat meals at ARCH Hospice.

Communication

- We will communicate with people with disabilities in ways that take into account their disability.
- We will provide this policy and procedural guideline to all persons, upon request, in a format requested by the person.

Feedback

- ARCH Hospice will invite its visitors to provide feedback and will respond within a maximum of five business days in a format that takes into account accessibility concerns.
- Feedback related to accessibility shall be reported to the Manager of Operations and Maintenance Services.
- Customer feedback mechanisms will provide an accessible process to obtain, document, consider and take necessary action on feedback and/or complaints. Methods by which ARCH Hospice receives and responds to feedback includes:
 - a. In person
 - b. By telephone
 - c. In writing
 - d. On diskette or otherwise
- Trends will be reviewed on an annual basis by the Accessibility Committee and reported to Leadership Team.

Notice of Temporary Disruption

- In the event of a planned or unexpected disruption to services or facilities for that impact access to persons with disabilities ARCH Hospice will notify families impacted promptly. This clearly posted notice will include information about the reason for the disruption, its anticipated length of time, and a description of alternative facilities or services, if available.
- The notice will be placed at the main door, on our website and families with planned admissions will be notified.

REFERENCE

- *Accessibility for Ontarians with Disabilities Act (2005).*

APPENDIX 4 – SAMPLE FORM FOR DISRUPTIONS IN SERVICE – PUBLIC NOTIFICATION

The following is a sample form to ensure appropriate communication and to guide staff in the development and use of materials to notify the public of service disruption(s). Other forms and materials will be developed as required consistent with the needs of persons requiring accessible materials/notices.

Sample 1:

Dear visitors,

The following _____ (service) is currently unavailable. We expect to have _____ (service) available within _____ (days/hours, etc).

In the interim, we have made arrangements for our visitors to use _____ at the following location: _____.

We apologize for any inconvenience.

Thank you,
ARCH Hospice Team

Sample 2:

Dear visitors,

Our _____ is out of service due to _____. A repair person will be on the premises tomorrow _____ to fix it.

In the interim, we have made arrangements for our guests to use _____ at the following location _____.

We apologize for any inconvenience.

Thank you,
ARCH Hospice Team