



ACCESSIBILITY PLAN

Purpose:

The purpose of the Accessibility Plan is to identify and address accessibility issues within the home in order to identify and remove barriers that limit and restrict the ability of individuals that we support. The plan will identify the following:

- Existing barriers
- Barriers which the Home is able to address and correct
- Barriers identified but which the Home is unable to address at this current time

Legislation, introduced in 2005, focused on organizations and businesses identifying barriers and to work at removing barriers to make it easier for people with disabilities to participate in their workplaces and communities.

There are five accessibility standards in place under the AODA to support the creation of an accessible province by 2025:

- Customer Service
- Employment
- Information and Communications
- Transportation
- Design of Public Spaces

Strathcona Long Term Care recognizes that we serve:

- Personnel
- Public
- Service Providers
- Families, Volunteers, Contractors
- Others

Types of Barriers:

Architectural –any physical factor that makes accessibility difficult for an individuals. Examples include: narrow doorways and hallways, stairwells, washrooms that are not physically accessible, arrangement of furniture which may restrict movement, poor lighting for visually impaired, alarms which hearing impaired may not hear, multi-level facilities without elevators, various types of flooring which may impede individuals with mobility disabilities, door knobs which individuals may find difficult to grasp and open, narrow parking spaces, lack of telephones for hearing impaired.

Environmental Barriers—may include poor signage, low lighting, noisy environment. May also include areas as identified in Architectural barrier outline.

Attitudinal Barriers—assumptions based on age, ethnic background, socioeconomic status, thinking individuals with physical disabilities i.e. hearing impairment –do not understand.

A negative attitude towards the individuals we support and serve. A lack of acceptance or inclusion, negative language or “labelling”

Financial Barriers—anything that may mean, at an organizational level, that a service is restricted or eliminated because of the lack of sufficient funds.

Employment Barriers—a workplace that does not provide sufficient flexibility or training or equipment to ensure a productive and satisfying workplace for employees. Inability of an organization to offer employment as a result of architectural or environmental barriers (without causing undue hardship).

Transportation—limited accessible public transportation, limited availability of vehicles that deal with various physical limitations (height, weight, mobility).

Communication Barriers-lack of translation of materials into formats that are appropriate to understand, print is too small, inappropriate signage, lack of hearing amplification equipment, difficulty in accessing websites if an individual is not able to use a mouse. Lack of translation in material, lack of training on diversity,

Systemic Barriers-- policies, practices or procedures that result in some people receiving unequal access or being excluded.

Identification of Barriers:

In order to identify any accessibility barriers, Strathcona Long Term Care will utilize the following methods for implementing an Accessibility Plan:

- Assessment of the Facility to determine existing barriers
- Have Joint Health & Safety Committee conduct regular inspections to identify any potential concerns.
- Ongoing – staff, residents and others to be engaged to identify barriers and to report them to the Managers, who will address issue(s) through Quality Improvement to develop and implement corrective action, as possible.
- All employees who are requiring modified work due to either a permanent or temporary loss of an ability have their needs discussed in the presence of a union steward and rely on the most current medical information to match work tasks to the abilities of the employee.

Reviews and Updates:

The leadership team will review the Accessibility Plan at least annually, or more frequently as barriers are identified or other information is received that suggests areas are not providing the degree of accessibility necessary for individuals with disabilities.

Maintaining Compliance:

The Home will submit Accessibility Compliance reports to the Accessibility Directorate of Ontario as mandated.

Objective	Desired Outcome	Lead	Action	Target Date	Comments/Status Report
Educate and communicate AODA requirements and the Home's commitment	Staff will receive annual education on AODA	Executive Director and Department Managers	Ensure that staff take the education by monitoring Surge learning	Scheduled for Nov 2024 in Surge and ongoing	Education completed on an annual basis including 2023 and when hired.
Ensure on a monthly basis that no new hazards have developed in the Home eg: changes in the environment that would affect AODA	Staff understand the requirements and the accessibility features of the Home.	H&S committee	Continually review accessibility of the Home throughout the year. Utilize the OH&S inspections as one means to accomplish this.	A review of accessibility needs are part of the monthly H&S inspections. Deficiencies to be reported to the appropriate department manager.	Complete inspection on a monthly basis.
Ensure public bathrooms on first room have door openers.	Make restroom doors accessible.	Director of Environmental Services	Obtain quotes to install door openers and seek corporate approval	October 2024	If not approved, other contingency plan may need to be made.
Inform and provide AODA information to the family and residents on an ongoing basis.	Share the Surge based information with both FC and RC throughout the year	DOTR for RC and ED for FC	Create a plan to educate parts of the AODA legislation for the FC and RC	Quarterly in 2024 starting March 2024	

ECV --Accessibility Plan reviewed on: December 29th, 2023

Team Members

J. Pennant --Executive Director

I. Brogee -- Director of Care

Sheryl McTavish-- Director of Therapeutic Recreation

Rachael Veenstra -- Director of Nursing

Brian Campbell -- RN Nurse Manager

Glenn Drimmie -- Environmental Director

Andrea Franzke -- Dietary Service Manager

Robyn Beale -- Ward Clerk

Sherry- Lynn McRobb – Resident Services Co-ordinator

Shelby Jackson-- RAI Co-ordinator

Amanda Burke -- BSO PSW
