



# 2024-2029 Accessibility Plan

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# **Table of Contents**

2024-2029 Accessibility Plan	
Table of Contents	2
Land Acknowledgement	3
LHSC Commitments	4
Fundamental Commitments	4
Commitment to Accessibility	4
Planning Process	5
Responsibilities	5
Staff and Community Engagement	5
General Accessibility	6
Training	7
Procurement	7
Customer Service	8
Employment	9
Information and Communications	10
Design of Public Spaces	11
Definitions	12

## **Land Acknowledgement**

Victoria, University, and Children's hospitals are situated on the traditional territories of the Anishinaabek, Haudenosaunee, Lūnaapéewak and Chonnonton Nations, on lands connected with the London Township and Sombra Treaties of 1796 and the Dish with One Spoon Covenant Wampum.

We also acknowledge local Indigenous communities, the Chippewas of the Thames, Oneida Nation of the Thames, and the Munsee-Delaware Nation - sovereign Nations who continue to thrive with their own unique languages, cultures, and ceremonies.

LHSC is deeply committed to building and maintaining reciprocal relationships with Indigenous communities with the aim to listen and learn. We are dedicated to becoming better allies, advocates, and partners in the journey to incorporate Indigenous ways of knowing, being, and healing while advancing Truth and Reconciliation.



**Image:** The Indigenous Healing Space at Victoria Hospital features a mural called Ka-Bzindmin, created by Tsista Kennedy, local Indigenous artist, from Beausoleil First Nation, and Oneida

## **LHSC Commitments**

### **Fundamental Commitments**

The LHSC 2023-2027 Strategic Plan includes our fundamental commitments as an organization to advancing equity and inclusion. These commitments will guide how we deliver on our strategic priorities over the next four years.

- We commit to creating an inclusive and safe environment for our staff, providers, affiliates, learners, patients, care partners, and community by dismantling systems of oppression, discrimination, racism, and bias.
- We commit to seeking out, listening to, and working with those who experience
  inequities and our system partners to address the social determinants of health and
  to ensure we provide wholistic and equity-oriented care.
- We commit to Truth and Reconciliation and working with Indigenous Peoples to integrate Indigenous ways of knowing and healing and co-create solutions for health and wellness.

### **Commitment to Accessibility**

LHSC is committed to the identification, removal, and prevention of accessibility barriers in compliance with standards that have been established under the <u>Accessibility for Ontarians with Disabilities Act, 2005</u> (AODA). LHSC is equally committed to advancing accessibility and inclusion in which employees, physicians, volunteers, patients, care partners and visitors of all abilities can access employment, goods, services, and facilities, including buildings, public spaces, information, and communications, in a way that meets their individual needs.

In accordance with AODA requirements, LHSC is responsible for developing a 2024-2029 Accessibility Plan to outline the organization's goals and initiatives to maintain and monitor compliance with AODA. LHSC's 2024-2029 Accessibility Plan aims to advance accessibility and inclusion at LHSC beyond legislative requirements in the following areas:

- General Accessibility
- Customer Service
- Employment
- Information and Communication
- Design of Public Spaces

\*Note: LHSC recognizes Transportation is a regulated area under the AODA. As the organization does not provide transportation services, this document does not include information about this regulation.

## **Planning Process**

### Responsibilities

Although many departments are accountable for planning and implementing activities to support the advancement of accessibility and inclusion at LHSC, the Equity, Diversity and Inclusion team (EDI) is accountable for the oversight of the LHSC Accessibility Plan. In partnership with other LHSC departments and the community, the EDI team will:

- Lead the identification process of accessibility barriers to be removed or prevented;
- Describe how these barriers will be removed or prevented through the development of the 2024-2029 Accessibility Plan;
- Work with LHSC departments and the community to identify and remove barriers;
- Review the LHSC Accessibility Plan annually and update it every five years;
- Make the approved Accessibility Plan available to the public on <u>www.lhsc.on.ca</u>;
   and
- Complete an annual Accessibility Status Report and post on the www.lhsc.on.ca website detailing accomplishments and progress.

Several LHSC departments with corporate accountability have been identified for each initiative and will be the designated lead. They are responsible for reviewing the Accessibility Plan and ensuring all initiatives for which they have responsibility have been completed.

### **Staff and Community Engagement**

The EDI team engaged in a variety of methods to inform the development of the 2024-2029 Accessibility Plan.

- Three focus groups were held to gather feedback on improving accessibility at LHSC as part of Master Planning during the summer of 2022. Additional community accessibility-related feedback was gathered through social media channels during this period.
- Accessibility feedback was reviewed from three Community Conversation events held in 2023.
- Accessibility-related AEMS reports were reviewed between 2021 and 2023.
- Accessibility feedback was reviewed from the Indigenous Voices Matter event in the summer of 2023.

- Patient experience survey data was reviewed for accessibility themes between 2021-present
- Accessibility feedback was reviewed from the 2023 Team LHSC Survey results.

The feedback and data were collated to identify common themes of shared challenges and recommendations, which helped to inform this plan. In winter 2024, we then shared the draft of the plan with a group of LHSC Patient Partners, staff, and the community for their input before finalizing the 2024-2029 Accessibility Plan.

# **General Accessibility**

LHSC will actively seek feedback regarding the accessibility of programs and services from its staff and community.

- 1. Establish an accountability framework and performance monitoring dashboard for the implementation of the Accessibility Plan.
- 2. Develop relevant departmental action plans which will include detailed deliverables and timelines.
- 3. Develop, maintain, and monitor accessibility guidelines and tools to support implementation and AODA compliance assurance.
- 4. Continue to engage and partner with disability communities to advance accessibility.
- 5. Ensure community engagement events are accessible and inclusive with consideration to equity-denied communities.
- 6. Develop an Employee Resource Group for staff with disability to identify and provide recommendations for removing accessibility barriers. As well, as guiding the implementation of the 2024-2029 Accessibility Plan.
- 7. Develop an equity lens tool to assist staff with considering equity impacts when planning projects, policies, and initiatives.
- 8. Develop corporate indicators to monitor and evaluate the advancement of accessibility and inclusion at LHSC.

9. Ensure accessibility considerations are integrated within the new Safety Incident Management System.

### **Training**

LHSC will ensure that all individuals who deliver goods or services on behalf of LHSC are provided training regarding the requirements of Ontario's accessibility laws and the Ontario Human Rights Code.

#### **Initiatives**

- 10. Update existing accessibility-related iLearn modules for frontline staff and leaders around AODA and Human Rights legislation.
- 11. Provide education to staff about support persons, service animals, and legislative responsibilities under AODA.
- 12. Ensure that Team LHSC training activities, course materials, and learning approaches are developed and delivered using best practices for creating accessible content.
- 13. Identify and implement training opportunities for staff in a variety of areas related to anti-racism and anti-oppression including ableism and intersectionality; trauma and violence-informed care; and harm reduction.

### **Procurement**

LHSC will ensure that accessibility criteria and features are incorporated when procuring or acquiring goods, services, or facilities.

- 14. Work with supply vendor to ensure accessibility criteria are key requirements of the procurement process when acquiring or purchasing goods, services, and/or facilities.
- 15. Provide tools and resources to assist staff involved in procurement activities to meet accessibility obligations, such as training, templates, sample language, and guidelines that embed accessibility considerations at all stages of procurement.

16. Develop vendor contract provisions for AODA and Human Rights Legislation training requirements, as well as a declaration of compliance with Anti-Harassment/Discrimination Legislation; in addition to updating LHSC's policy for all procurement contracts and memorandums of understanding.

### **Self-service Kiosks**

LHSC will ensure that accessibility features are incorporated when designing, procuring, or acquiring self-service kiosks.

#### **Initiatives**

17. Review and update existing wayfinding self-service kiosks to ensure accessibility features are being optimized.

## **Customer Service**

LHSC will ensure that its policies, practices, and procedures respect dignity, independence, integration, and equal opportunity for persons of all abilities.

- 18. Ensure safe and appropriate assistive devices such as wheelchairs and lifts are accessible to patients and staff.
- 19. Identify opportunities to enhance wayfinding and navigational support to people of all abilities while attending LHSC for care.
- 20. Update the LHSC Accessibility Policy.
- 21. Implement on-demand video remote American Sign Language (ASL) interpretation services across LHSC.
- 22. Integrate equity considerations, including accessibility, in the budget and capital planning processes.

# **Employment**

LHSC will support the recruitment of potential employees and retention of current employees by ensuring that policies, practices, and workplaces are accessible.

- 23. Examine job requirements and minimum qualifications to reduce barriers to application for people of all abilities and ensure only bona fide qualifications are listed.
- 24. Develop and implement an employment strategy for equity-denied groups, including people of all abilities.
- 25. Complete an Employment Systems Review of Human Resource policies and procedures to identify, remove, and prevent systemic employment barriers focusing on recruitment, promotion, and career development. In addition, conduct an employee survey about the experience of equity, inclusion, and accessibility at LHSC.
- 26. Develop and conduct an employee census survey to inform priorities for advancing equity, inclusion, and accessibility at LHSC.
- 27. Develop education for leaders on the topics of accommodations, inclusion, and anti-ableism in performance management.
- 28. Ensure equity and inclusion are embedded into the Healthy Workplace strategy.
- 29. Expand mental health resources for LHSC staff.

## **Information and Communications**

LHSC will communicate using a variety of methods and techniques to ensure that information is available to all employees and community members in a format that best suits their needs.

- 30. Identify a corporate suite of accessible communication aids for staff caring for persons who are deaf, hard of hearing, blind and/or have other visual abilities.
- 31. Provide education to staff about the availability of accessible formats and communication supports.
- 32. Continue to evaluate and remediate LHSC website content and web applications to ensure that they meet or exceed accessibility compliance requirements by providing the appropriate frameworks, tools, guidelines, and training for use by content creators.
- 33. Review and update corporate signage and wayfinding guidelines to embed inclusion and accessibility considerations.
- 34. Ensure ongoing accessible document training and support for accessible document revision.
- 35. Create online video tutorials for staff on how to revise common accessibility errors and concerns in corporate documents.
- 36. Update the LHSC and Children's Hospital Patient Handbooks to ensure they are accessible and inclusive.

## **Design of Public Spaces**

LHSC will ensure that all newly constructed or significantly renovated public spaces are accessible to staff and the community.

- 37. Continue to prioritize and retrofit existing built environment barriers to comply with the Ontario Building Code.
- 38. Continue to implement accessibility improvements, prioritizing the installation of automated buttons for washrooms and doors in public corridors.
- 39. Continue to maintain accessible elements in public spaces through monitoring and regularly planned preventative maintenance of accessible amenities.
- 40. Continue to respond to temporary disruptions when accessible elements in public spaces are not in working order by notifying the public and prioritizing remediation.
- 41. Upgrade existing outdoor eating areas to include accessible seating and clear pathways to access them.
- 42. Complete an accessibility audit of public spaces to create a prioritized list of accessibility enhancements.
- 43. Develop resources to build Facilities Management expertise around inclusive design.

## **Definitions**

**Accessible formats** may include, but are not limited to, large print, recorded audio and electronic formats, braille, and other formats usable by persons with disabilities.<sup>1</sup>

Accessibility barriers can include any of the following types of barriers:

- Attitudinal barriers include negative attitudes and assumptions about persons with disabilities.
- Systemic barriers include policies and procedures that create barriers to full inclusion.
- Information, communication, and technology barriers include communication formats that are not available in accessible formats (e.g., screen reader compatible, braille, plain language, etc.)
- Built and physical barriers include elements in the physical environment that
  create barriers for persons with disabilities (e.g., lack of a ramp or elevator to
  access different levels, door widths that prohibit access for users of mobility
  devices).

<sup>&</sup>lt;sup>1</sup> https://www.aoda.ca/integrated/