



London Health Sciences Centre

Multi-Year Accessibility Plan and ODA Report

April 2012 to March 2013

Submitted to LHSC Board of Directors, April 18th, 2012

Submitted by LHSC's Accessibility Working Group

April 16, 2012

Introduction

At London Health Sciences Centre we are committed to improving access to our facilities and services for patients, their families, employees, physicians, students, volunteers and visitors.

Guided by our values of respect and collaboration, and the principles of the Accessibility for Ontarians with Disabilities Act (AODA) Customer Service Regulation we continue to work towards eliminating barriers to our care and services.

Since 2003, London Health Sciences Centre has prepared annual accessibility plans that address physical, informational, communicational, attitudinal, technological and policy barriers.

The AODA (June 2005) Customer Service Regulation requires hospitals to implement specific policies, procedures and plans. These will contribute to making hospitals fully accessible by 2025. Documents related to the Customer Service Regulation are available upon request.

This plan will:

- Summarize the actions taken to remove and prevent barriers in the 2011/2012 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions planned to remove and prevent barriers from April 2012 to March 2013; and
- Describe how the plan will be communicated internally and to the public.

The time period for this plan is from April 2012 to March 2013 in alignment with the hospital's fiscal year.

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1. Description of London Health Sciences Centre

London Health Sciences Centre (LHSC) is an academic health sciences centre with the following primary facilities: University Hospital, South Street Hospital, Victoria Hospital, and Children's Hospital. Staff members total over 15,000 and the budget for last year was about \$886 million. Additional information about LHSC is available at http://www.lhsc.on.ca/About_Us/LHSC/Who_We_Are/Facts_And_Stats/FactsandStats10.pdf

LHSC has completed an accessibility plan annually since 2003. Previous plans are posted on LHSC's internet site under *Publications* or go to http://www.lhsc.on.ca/About_Us/LHSC/Publications/index.htm.

2. Aim of the Accessibility Plan

This plan will:

- Summarize the actions taken to remove and prevent barriers in the 2011/12 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions planned to remove and prevent barriers from April 2012 to March 2013; and
- Describe how the plan will be communicated internally and to the public.

3. Accessibility Working Group

In accordance with the ODA, senior leaders from LHSC and St. Joseph's Health Care, London (St. Joseph's) formally constituted the LHSC and St. Joseph's Accessibility Working Groups in April 2003.

The Ministry of Community and Social Services announced that the ODA would be repealed once the AODA was in place. To date this has not occurred. In anticipation of the ODA being repealed, the Accessibility Working Group was disbanded in late 2008; however it reconvened in June 2009 to meet the requirements of the Act.

While some members of the working group have disabilities, other members have experience working with patients and staff members who have a range of disabilities. In the upcoming year, the working group will extend invitations to several members of the community to join the group.

4. Planning Cycle

According to the Act, *each year every scheduled organization shall prepare an accessibility plan*. The first plan was due in September 2003 and since then each accessibility plan has covered time period from October to September. Beginning in 2011, the hospital aligned the cycle with its business planning cycle. The current plan will cover the period from April 2012 to March 2013.

5. Barrier removal initiatives for April 2011 to March 2012

a) University Hospital - Prepare signage for UH Voyageur drop off point to the main elevators

For people with mobility challenges, the shortest distance from the Voyageur drop off point to the main elevators is through the side corridor. Signage can help people navigate this route. *Project Status: In Progress; working with Facilities Planning to complete signage.*

b) University Hospital – Install push button automatic doors for entrance and exit of Cafeteria

Cafeteria exit doors are large and heavy, and cannot be opened by persons in wheelchairs or scooters without significant use of force. Manual entrance doors are not consistently open. *Project Status: Completed*

c) University Hospital – Main lobby washroom is not accessible

Washroom off main floor lobby not accessible, engage architect in reconfiguring space. *Project Status: In Progress; washroom has had an automatic door installed. Reconfiguration is tendered.*

d) University Hospital - People using wheelchairs and scooters drive into the elevator facing the back wall and some have difficulty backing out.

Mirrors in the rear corners would assist in backing out of the elevators allowing people using wheelchairs and scooters to exit elevators safely. *Project Status: Completed. Audible notifications have been installed as part of elevator upgrade. Feasibility of installing mirrors in elevators has been assessed and will no longer be recommended. It is not a requirement within elevators, as per the Ministry of Community & Social Services.*

e) Victoria Hospital – Design new garage with adequate accessible parking spots

Opportunity to have the new garage designed for adequate accessible parking spots, which are located close to automated doors that lead to accessible entrances to the hospital. *Project status: Completed. All elevator lobby doors are automated, with accessible external entrances and numerous accessible parking spaces.*

f) Victoria Hospital – Install an automatic opener for C2-500

The door is creating a barrier for those in wheelchairs entering non-invasive cardiology. *Project Status: In progress; quote received, Purchase Order issued, to be completed by June 2012.*

g) University Hospital - Install a raised toilet seat in Ortho Outpatients

Raised toilet seat required for patient/visitors washroom; most people using these washrooms are elderly and many have ambulation issues. *Project Status: Completed*

h) Victoria Hospital – Redesign change rooms in medical imaging to make one larger room

Change room not large enough to accommodate someone in a wheelchair or scooter, must allow for patients using wheelchairs to change in privacy. *Project status: In progress; project request submitted to Facilities Planning.*

i) Victoria Hospital – Assess doors to change rooms of Medical Imaging

Door difficult for people with mobility challenges to open. Automation not required, change the swing of one door. *Project Status: Completed.*

j) Victoria Hospital – Have more wheelchairs accessible for visitors

Wheelchairs are not always available for people with mobility challenges. *Project Status: Completed. Increased wheelchair inventory in 2011/2012; University Hospital added 39, Victoria Hospital in process of adding 73 more wheelchairs.*

k) Victoria Hospital - Conduct a tour to identify barriers

Barriers are often better identified by those with disabilities. Conduct a tour with a representative from Engineering, someone with a disability, and a member of the Accessibility Working Group to identify barriers. *Project Status: Conduct tour in 2012 with people that have a variety of disabilities.*

l) All sites - Post maps of accessible parking spots on the external website and inform people who often provide directions of these maps and website

Insufficient information is available for people using wheelchairs and scooters to plan their trip to and from the hospital. *Project Status: In progress; working with Parking to map all accessible parking spots.*

m) All sites – Staff do not know where accessible washrooms are located.

Consider providing maps of accessible washrooms for each site (including the Family Medical Clinic). Post these maps on the external website and inform people who often provide directions of these maps. *Project Status: In progress; Working Group to determine definition of accessible washroom, and work with Facilities Planning to locate and map all washrooms.*

n) All sites – Create maps showing locations of TTY telephones.

Staff do not know where TTY phones are located and how to access them. Create maps citing the locations of TTY telephones. *Project Status: In progress, working with Telecom to locate and map TTY phones.*

o) University Hospital – There are no accessible washrooms in psychology department

Assess location of accessible washrooms and/or need for modifications to current washrooms. *Project Status: This will be rectified during M2P3.*

p) Victoria Hospital – Address the accessibility issues with the Dentistry doorway

Investigate whether door jams leading into the Dentistry Department are too narrow to allow people in wheelchairs and scooters to pass through, using standards and guidelines. *Project Status: In Progress; Project Request has been submitted, Facilities Planning is evaluating doorway.*

q) Victoria Hospital – Address the privacy concerns for shower near Emergency room

Showers, in an alcove accessed directly from the hallway that is the thoroughfare to the ambulance entrance, have curtains and the automatic doors open to admit the ambulances. Air from outside swirls around and blows the curtains and the water around creating a wind tunnel effect thereby exposing the patient. *Project Status: Completed. Although, no accessibility issue identified, Velcro strips were added to secure curtain.*

r) University Hospital – Automate doors from Parkade to elevator lobby

Other than the first level, manual doors in parking garage between parking and the elevator lobbies are heavy and present as a barrier for those people in wheelchairs (who have parked in wheelchair accessible spots). Space on either side of accessible parking spots is tight leaving little room to maneuver a wheelchair. *Project Status: In Progress; to be reviewed with Parking to ensure requirements as per Ministry of Community and Social Services are being met.*

s) University Hospital – Sidewalk from Parkade to Hospital is often not clear for wheelchairs, scooters and walkers

Sidewalk from the patient parking garage to the front door is poorly drained and snow is often not well cleared making it difficult for people using wheelchairs, walkers and scooters. *Project Status: Completed. Increased attention has been paid to this area by Clintar.*

t) University Hospital – Automate heavy doors from walkway to PDC

Two sets of heavy doors leading from elevator banks across walkway to the main building. The width of these doors and the height of the button may also create barriers. *Project Status: In progress; assessing doorways, approximately \$6000-8000 per floor, levels 2,3,4 needed. May require new type of door for all levels.*

u) University Hospital – Automate doors to washrooms in PDC

The doors to the washrooms in PDC require automation. *Project Status: In Progress; quote received and purchase order issued.*

v) All Sites – Designated smoking areas are not accessible

Ramps and door width are appropriately sized. *Project status: No action required. Smoking huts have been reviewed and meet current standards.*

w) All Sites – Training rates for Excelling at Accessible Customer Service

As of March 29th, 2012, LHSC is at 94.3% compliancy rate for staff completing online training. This is a training which only needs to be completed once. The leaders of those staff not compliant, have been contacted and are following up with their employees. *Project Status: In progress to gain 100% compliancy by end of 1st quarter of fiscal 2012/13.*

x) Victoria Hospital – Automate doors to CCTC

The main entrance doors to CCTC require automation for accessibility. *Project Status: Completed.*

y) Victoria Hospital – Automate D zone entrance

The hospital entrance doors to D zone require automation for accessibility. Project Status: Quotes received, to be completed in the first quarter of fiscal 2012/13.

6. Barrier Identification Methodology

The Accessibility Working Group used the following barrier-identification methodologies:

Methodology	Description	Status
Generated reports from the patient feedback software (FM Pro)	Patient, visitor and family complaints and compliments regarding barriers are captured using the software	Reports were reviewed by the Working Group and considered during selection and prioritization exercise
Conducted a brainstorming exercise of Accessibility Working Group members from which they drew from observations and experience	Working group members identified barriers and initiatives to overcome barriers	This input has contributed to the plan
Review of AODA proposed Integrated Standards	The standards are currently out for public consultation	The standards and links have been forwarded to the most appropriate departments. The requirements of the standards will be addressed once passed into law.
Review of initiatives from 2011/12 plan	Some initiatives are ongoing from the 2011/2012 plan	Each ongoing initiative was reconsidered for the 2012/2013 plan
Review of Project Request forms	Requests from staff for physical building changes regarding accessibility barriers.	Reviewed by Engineering and the Working group to assess feasibility and priority

7. Opportunities and Barriers to be addressed from April 2012 to March 2013

Barriers can be categorized according to seven barriers: physical, architectural, informational, communication, attitudinal, technological, and policy/practice. These categories are used in the work plan.

The Accessibility Working Group developed the following list of criteria to aid in prioritization of the barriers to be addressed in the 2012/13 plan.

- Will the program be moving within the next year? If so, the barrier will not be addressed unless it creates a safety risk and then temporary measures will be considered.
- Is the area moving? If so, alert Facilities Planning to the accessibility issue so that it may be considered in the new space.
- Does the barrier have an impact on one specific population or does it have an impact on the broader patient population?
- Are the cost and the scope of the barrier within the scope of the Working Group?
- Does the project address access issues for those people with disabilities as defined in the AODA?

In addition to the barriers captured in the plan, other barriers will be addressed as they are identified throughout the year. Patients and visitors can alert the Working Group to barriers via email, mail, telephone or in person. Staff members can communicate barriers to any one of the Working Group members.

South Street Hospital and the Buildings on the North Side of South Street

The past two leaders' surveys, as well as the brainstorming exercises, identified many accessibility issues related to South Street Hospital and the buildings on the north side of South Street. At this time, the Working Group has chosen not to put forth recommendations regarding accessibility barriers related to the South side of South Street Hospital because of its projected closure in the summer of 2012. Further, no barriers identified in the buildings on the North side of South Street will be addressed given Facilities Planning is committed to undertaking a review of the facilities and ensuring their accessibility prior to the closure of South Street Hospital.

The buildings on the north side of the street do not have accessible washrooms, and only one has an accessible entrance. The elevators and physical layout particularly between buildings (ramps and lips) may also present accessibility challenges. Facilities has begun the process of reviewing the North Side buildings in terms of accessibility to build a plan for implementation in 2012.

Process to Engage Facilities Planning (internal document only)

For projects that are classified as physical and architectural, a project request is now submitted to Facilities Management, which assesses the viability of the project and establishes its cost.

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
Information/ University Hospital (low cost)	For people with mobility challenges the shortest distance from the Voyageur drop off point to the main elevators is through the side corridor. Signage can help people navigate this route.	New signage Planning to prepare signage Engineering to Install	Sign mounted	<i>N. Kellogg</i> <i>B Wakefield</i>	Complete in 2012
Architectural / University Hospital	Washroom off main floor lobby not accessible.	Architect engaged in reconfiguring the space. Short term: Automatic door has been installed.	Accessible washrooms	B Wakefield Planning Facilities	<i>Reconfiguration has been tendered. Complete by 03/13.</i>
Physical -Victoria Hospital Non invasive diagnostic cardiology, C2-500 (\$1994.45)	Door creating a barrier for those in wheelchairs	Install an automatic opener for C2-500	People using wheelchairs and scooters enter unit	D. McMillan	Quote received, to be completed by June 2012.
Architectural – University Hospital Medical Imaging – 2 nd floor C2-241/243 (Facilities Planning to determine cost)	Change room not large enough to accommodate someone in a wheelchair or scooter	Redesign change rooms to make one larger Project request submitted to Facilities Planning	Patients using wheelchairs can change in privacy	P Renaud Planning Facilities	Will review with Planning
All categories of barriers- VH	Barriers are often better identified by those with disabilities	Consider conducting a tour with a representative from Facilities, people with a disability, and a member of the Accessibility Working Group to identify barriers	Conduct a tour to identify barriers	Representatives from Engineering, member from the Accessibility Working Group, people with a variety of	Complete in 2012

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
				disabilities.	
Communicational	Insufficient information is available for people using wheelchairs and scooters to plan their trip to and from the hospital	Consider providing maps of accessible parking spots for each site (including the Family Medical Clinic). Post maps on the external website and inform people who often provide directions of these maps and website	Determine viability, and if viable develop plan	Parking, and L. Richardson	Complete 2012
Communicational	Staff report not knowing where accessible washrooms are located	Consider providing maps of accessible washrooms for each site (including the Family Medical Clinic). Post these maps on the external website and inform people who often provide directions of these maps.	Determine viability, and if viable develop plan	Planning, and working group to determine definition of accessible washroom	Complete 2012
Communicational	Staff do not know where TTY phones are located and how to access them	Consider creating maps citing the locations of TTYs	Determine viability, and if viable develop plan	Network & Telecom Services, and L. Richardson	Complete 2012
Architectural - VH	Investigate whether door jams leading into the Dentistry Department are too narrow to allow people in wheelchairs and scooters to pass through	Using standards and guidelines assess the width of doors Request submitted to Facilities Planning for a project review.	Request submitted and review completed	P. Schwab	Complete by 03/2013
Physical - UH	Other than the first level, manual doors in parking garage between parking and	Investigate parking garage for accessibility	Path investigated	Parking Office	Investigate by 03/13

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
	the elevator lobbies are heavy and present as a barrier for those people in wheelchairs (who have parked in wheelchair accessible spots). Space on either side of accessible parking spots is tight leaving little room to maneuver a wheelchair				
Physical – PDC (Approx. \$6000-8000 per level, 3 levels required)	Two sets of heavy doors leading from elevator banks across walkway to the main building. The width of these doors and the height of the button may also create barriers.	Assess the need for automated doors and other actions to improve accessibility. May require a new type of door.	Request submitted and review completed	B Wakefield	Complete by 03/2013
Physical / Victoria Hospital D Zone main entrance	“D” zone entrance doors are heavy and are not easily accessible	Install a push button automatic door	People using wheelchairs and other devices and easily enter building	D. McMillan	Quote received, to be completed by May 2012
Physical / Victoria Hospital B4-300 \$3926.75	NICU-It is difficult to open doors and push a wheelchair through	Install a push button automatic door (button directly under the card swipe access)	People using wheelchairs or pushing wheelchairs can enter/exit unit with ease	D. McMillan	Quote received, to be completed in 2012
Physical – PDC	Doors to washrooms require	Assess the need for	Request		

Category of Barrier, Location and Cost	Identified Barrier or Opportunity	Means to prevent or remove barrier	Indicator of success	Accountability	Timing
\$3750.00	automation	automated doors.	submitted and review completed	B Wakefield	Quote received to be completed in 2012.
Communicational	Emergency measures publications are not produced in large print	Print or publish on the website a larger print version of the emergency measures manual and emergency code tab flip document.	Larger print versions available	Security-S. Davis	Complete by 03/ 2013
Informational – all sites	Ensure all staff have completed the training, Excelling at Accessible Customer Service.	Follow up with leadership of those staff who are non-compliant on this one time training web module.	100% Compliancy rate for staff completing Excelling at Accessible Customer Service	L. Richardson	Complete by June 2012

8. Communication of the plan

Each year, LHSC publishes the Accessibility Plan on its Internet website and in hard copy form. The publication of the plan is communicated by the following means:

- An E-cast to staff members
- Notice in the staff newsletter *the Page*
- Posting on the LHSC website under the *Accountable to You* section
- A link in a brochure entitled *Attitudinal Awareness: the difference you can make*, which is distributed to new staff members and students receiving clinical experience at LHSC
- Link in the *News and Events* section of the LHSC Internet website

A copy of the plan is available in the libraries at each hospital site, from the Corporate Communications and Public Relations Department, and from the Patient Relations specialists.

On request, the plan is available on computer disk, in large print, or in Braille.

9. Integrated Accessibility Standards Regulations Work plan

AODA Requirement	Deliverable	Activities	Compliance Date
Reg. 191/11 s.3 Establish Policies	Implement policy on achieving accessibility within organization	Policy established and posted, provided in an accessible format upon request.	January 1st, 2013 Completed
Reg. 191/11 s.4 Accessibility Plan	Establish & implement multi-year accessibility plan, meeting requirements under the regulation. Post the plan on website. Review and update the accessibility plan at least once every 5 years. Review and update plans in consultation with persons with disabilities.	Create plan, involving applicable departments and Accessibility Working Group. Consult with London AAC on plan. Post on website. Provide report in an accessible format upon request. Post status report on website.	January 1st, 2013 Completed

Reg. 191/11 s. 5 Procuring or acquiring goods, services or facilities	Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities.	Train staff making procurement decisions on accessibility criteria that needs to be considered (adding a checklist). Also add accessibility as criteria in score carding on RFP's.	January 1st, 2013 In Progress
Reg. 191/11 s. 6 Self-Service Kiosks	Incorporate accessibility features when designing, procuring or acquiring self-service kiosks.	Train staff making procurement decisions on accessibility criteria that needs to be considered.	January 1st, 2013 In Progress
Reg. 191/11 s. 7 Training	Provide training on the requirements of accessibility standards and on Human Rights Code as it pertains to persons with disabilities.	Through e-learning, train all employees and volunteers using the tools offered on accessforward.ca	January 1st, 2014 In progress
Reg. 191/11 s. 11 Feedback	Ensure processes for receiving and responding to feedback are accessible to persons with disabilities, upon request. Notify public about the availability of accessible formats.	Post on website the availability of accessible formats for receiving and responding to feedback. Upon request, and in consultation with requester, accommodate process for receiving and responding to feedback.	January 1st, 2014 In progress
Reg. 191/11 s. 13 Emergency Procedure, plans and public safety	Provide emergency procedures, plans and public safety information in an accessible format as soon as practicable, upon request.	Upon request, emergency procedures will be made available in alternate formats, with consultation of requester.	January 1st, 2012 Completed
Reg. 191/11 s.14 WCAG 2.0 Level A	All new Internet websites and web content must conform with WCAG 2.0 Level A (excluding live captioning and pre-recorded audio descriptions)	Establish a procedure that all new websites created cannot be published unless meeting the WCAG 2.0 Level A requirements. Train web designers of the WCAG requirements.	January 1st, 2014 In Progress

Reg. 191/11 s. 14 WCAG 2.0 Level AA	All Internet websites and web content must conform with WCAG 2.0 Level AA (excluding live captioning and pre-recorded audio descriptions)	Revise internet website to conform to WCAG 2.0 Level AA requirements.	January 1st, 2021
Reg . 191/11 s. 22 Recruitment	Notify Employees and Public about the availability of accommodation for applicants with disabilities in recruitment processes.	Statement on all job postings, internally and externally.	January 1st, 2014
Reg . 191/11 s. 23 Recruitment	Notify applicants once selected in assessment process that accommodations are available upon request in relation to materials or processes to be used. If requested, consult with applicant and provide arrangement that accounts for the applicant's accessibility needs.	When inviting all applicants for interview, notify that accommodations are available, if requested Assess each request on an individual basis to accommodate.	January 1st, 2014
Reg . 191/11 s. 24 Recruitment	When making offers of employment, notify successful applicant of its policies for accommodating employees with disabilities	Add notification to list of offer details (offer letters) HR sends out.	January 1st, 2014

Reg. 191/11 s. 25 Informing employees of supports (Accommodation)	Every employer shall inform its employees of policies used to support employees with disabilities, including policies on the provision of job accommodations that take into account accessibility needs. Provide this information as soon as practicable after they begin their employment. Employers shall provide updated information to its employees whenever there is a change to existing policies on the provision of job accommodation	Add duty to accommodate policies in corporate orientation. Notify employees through e-cast of any changes/updates to the policy.	January 1st, 2014
Reg. 191/11 s. 26 Accessible formats & Communication supports for employees	When requested, consult the needs and provide in accessible format: a) information needed in order to perform the employee's job b) information generally available to employees in the workplace	If requested, all duty outlines and job descriptions will be made available in appropriate formats (based on consultation)	January 1st, 2014
Reg. 191/11 s. 27 Workplace emergency response information	Provide individualized workplace emergency response information to employees who have made aware to their employer the need for accommodation	Individualized work plans have been created by the Emergency Planning Specialist to accommodate those employees who have made aware of their need.	January 1st, 2012 Completed
Reg. 191/11 s. 28 Documented individual accommodation plan	Develop a written policy for developing documented individual accommodation plans (IAP) for employees with disabilities	Develop a policy and train all HRC's and occupational health on how to develop individualized work accommodation plans.	January 1st, 2014

Reg. 191/11 s. 29 Return to Work Policy	Develop & document a return to work (RTW) policy for those who have been absent from work due to a disability and require disability-related accommodations in order to return to work. RTW shall include steps employer will take to facilitate RTW, and use the individualized accommodation plans	Occupational health and Human resources develop a policy, posting on the policy website. As employees are in process of RTW, Occ. health & HRC will work with employee to create IAP and help the employee to get back to work.	January 1st, 2014
Reg. 191/11 s.30 Performance Management	Take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, with using its performance management process	When rolling out training for new e-performance system, ensure leaders are trained to take into account the accessibility needs of employees. Have a statement within e-performance program that leaders have taken into account accessibility needs (check box system).	January 1st, 2014
Reg. 191/11 s. 31 Career Development and Advancement	Take into account the accessibility needs of employees with disabilities as well as any IAP's when providing career development and advancement to its employees with disabilities.	All internal job postings will state accessibility needs will be taken into account during selection process.	January 1st, 2014
Reg. 191/11 s. 32 Redeployment	Take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when redeploying employees with disabilities.	HR to create a procedure for redeployment, ensuring accessibility needs are taken into account before redeployment of an employee.	January 1st, 2014