



Accessibility Plan

2015-2016

for

Hôpital Glengarry Memorial Hospital

Table of Contents

Executive Summary.....	3
Preamble.....	3
1. Implementation Approach	5
2. Progress & Recommendations	5
3. AIM	6
4. About HGMH	6
4.1 Mission & Vision.....	6
5. Accessibility Planning.....	8
5.1 The Committee	8
5.2 Terms of Reference.....	8
5.3 Barrier Identification Methodologies	9
6. Commitment to Accessibility Planning.....	10
7. Facility Planning Then & Now	11
7.1 Facility History and Past Accessibility Initiatives	11
8. Planning overview	12
Table #1 Barriers addressed, in progress or under review.....	13
9. Review and Monitoring Process.....	33
10. Communication Strategy	33
10.1 Key Messages.....	34
10.2 Internal and External Audiences.....	34
11. Table #2 Compliance with Customer Service Standards	35
Appendix #1 Internal Policies and Forms for the Accessibility Standards Act	37

Executive Summary

Preamble

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 standard came into force on January 1, 2008. 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 13th 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The preceding Ontarians with Disabilities Act, (ODA 2001) however remains in force until repealed.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 the 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 hospitals and other identified public sector organizations to write, approve, endorse, submit, publish and communicate their accessibility plans. This is Hôpital Glengarry Memorial's third Accessibility Plan since 2003.

A "barrier" is 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 information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.¹

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, 1997.²

The ultimate goal for our organization is to integrate accessibility planning into the budget and other strategic and operational planning cycles.

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

¹ A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, <http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>, p.8

² Idem, p.8

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 that your organization offers (assistive devices, services or methods) to enable them to access your goods and use your service.
3. Use reasonable efforts to ensure that your 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 her or his 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 your 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, good 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.³

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.⁴

³ Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07, pp 12 -13

⁴ Ibid, Pg. 13

1. Implementation Approach

The HGMH Accessibility Plan is broken down into specific workable sections. The sections have policies that relate to the section, meeting the required need of a person with a disability. The sections and policies are enforced to ensure compliance with AODA requirements.

1. An accessibility plan was established.
2. A commitment was made to the accessibility plan.
3. The plan was reviewed, identifying initiatives, possible barriers and gaps.
4. Any barriers and gaps that were identified will be addressed in the current year.
5. Set priorities and develop strategies for such barriers and gaps.
6. Specify how and when progress is to be monitored.
7. Write, approve, endorse, submit, publish and communicate the plan to the public.
8. Review and monitor the plan.

2. Progress & Recommendations

The HGMH Accessibility Plan was reviewed, revised and is being put into process. The expected outcome by year end will focus on these three main areas:

1. The continual improvement of access to hospital facilities, services, physician offices and clinics for patients, family members, visitors, staff, volunteers and contractors with disabilities.
2. The education of staff and volunteers to address the needs of individuals with disabilities. To sensitize staff and volunteers to be consistent with the core principles of independence, dignity, integration and equality of opportunity.
3. The provision of quality services to all patients and their family members, visitors, staff, volunteers and members of the community with disabilities.

The primary focus is to develop a culture that supports accessibility to services and sensitivity towards individuals with disabilities.

3. AIM

The plan describes the measures that HGMH will take during the fiscal year 2014-2015 to identify, remove and prevent barriers to people with disabilities who live, work in or use these facilities and services of these facilities including patients and their family members, staff, health care practitioners, volunteers and members of the community.

Objectives

This Plan:

- a. Describes the process by which HGMH will identify, remove and prevent barriers to people with disabilities.
- b. Lists the by-laws, policies, programs, practices and services that HGMH will review in the coming yearS to identify barriers and potential gaps in current policy to people with disabilities.
- c. Describes how HGMH will make this Accessibility Plan available to the public.

4. About HGMH

HGMH is a 37 bed primary care facility with 22 acute care medical beds and 5 continuing complex care beds, 4 geriatric beds and 6 *post-acute stroke rehabilitation beds*. We have an active emergency department, diagnostic department and provide many consultant ambulatory care clinics.

4.1 Mission & Vision

It is the mission of Hôpital Glengarry Memorial Hospital to provide innovative, accessible and quality health care services to residents of Eastern Counties.

It is the vision of Hôpital Glengarry Memorial Hospital (HGMH) to be the health care provider and employer of choice in its service area. We intend to accomplish this by;

1. Providing individualized care that meets the needs of those it serves.
2. Recognizing the value of each employee and providing opportunities for personal growth and development that complement the needs of the organization.
3. Promoting and encouraging team approaches to challenges and opportunities.
4. Developing and maintaining expertise in meeting the needs of those HGMH serves.
5. Achieving the financial strength and balance needed to continue delivering high-quality, cost-effective care.
6. Exercising prudent and ethical behaviour in all situations.
7. Linking with or initiating activities that contribute to the improvement of the health status of the communities HGMH serves.

The values upon which Hôpital Glengarry Memorial Hospital (HGMH) operates are vital to providing a safe, professional workplace build on five key values:

- **INTEGRITY** We create and maintain an atmosphere of reliability, honesty and confidentiality. We provide care that is both ethical and fair, not varying in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status.
- **RESPECT** We treat everyone with courtesy, honor, and dignity, accepting and valuing each individual. We provide care that is respectful of- and responsive to- individual patient preferences and needs, and values and ensure that the patient's values guide all clinical decisions.
- **QUALITY & SAFETY** We make a commitment to achieve excellence by providing services in a timely, efficient, safe and accurate manner through ongoing evaluation for improvement. We diligently maintain high standards by performing our duties safely, with expertise and good judgement.
- **COMPASSION:** We understand that how health care is delivered is just as important as what health care is delivered, and we commit ourselves to providing compassionate care to our patients and their families.
- **WORKING TOGETHER:** We support each other, our patients, and their families by proactively providing assistance and support. We know that by working together, we can achieve great things.

5. Accessibility Planning

“The accessibility planning was initially introduced in 2003 by the Chief Executive Officer, Mr. Kurt Pristanski, in consultation with Senior Management and the Board of Directors of HGMH. The current C.E.O., Linda Morrow has overseen the development and changes in the current plan.

5.1 The Committee

The Committee shall consist of:

- CEO or a designated senior manager
- Maintenance Manager or designate
- Physiotherapy Manager or designate
- One staff member, preferably with a disability
- One volunteer, preferably with a disability
- One Member of the public, preferably with a disability

Members may change from year to year. Support to the committee will be from the Project Manager

5.2 Terms of Reference

Purpose:

The Accessibility Committee is an external committee of HGMH which establishes priorities for the identification, removal and prevention of barriers for people with disabilities.

It is accountable for ensuring that HGMH fully complies with the Accessibilities for Ontarians Act, its regulations and related GMH policies.

Responsibilities:

The Committee reviews quarterly the barriers that may impede accessibility to HGMH services and recommends appropriate corrective action to the Executive Management Committee and the CEO. Barriers include: architectural or structural barriers, information and communications barriers, technology barriers, systemic barriers, and attitudinal barriers.

Chair:

- Manager of Emergency Preparedness/Project Manager
- Manager of House Services

Membership:

- One staff member at large (selected by the co-chairs)
- Two members at large from the community (selected by the co-chairs)

Standard Operating Procedures:

The Committee meets quarterly and follows the procedures outlined in the “General Standard Operating Procedures for Hospital Committees” unless specifically approved otherwise by the CEO.

Functions of the Committee:

1. The Committee will have an understanding of the organizations facilities, by-laws, legislation, policies, programs, practices and services:
2. The Committee will have an understanding of the barriers to access issues for people with disabilities.
 - a) Establish priorities for the identification, removal and prevention of barriers to people with disabilities
 - b) Develop, update and recommend the plan to the CEO annually
 - c) Monitor the planned improvements
 - d) Report all minutes of meetings to the Board through the CEO

An opportunity that will help to identify barriers and monitor our progress in addressing them will be through the feedback mechanisms of the HGMH Hospital Report Card and our personal survey, “Bricks & Bouquets” available to emergency and clinic patients. Questions will be added to both the Hospital Report Card and to our Bricks & Bouquets Out Patient Survey. The two questions to be included will be:

1. If you have a disability, did the hospital accommodate your special needs?

Yes always Yes sometimes No Do not have a disability

2. How would you rate the treatment of persons with disabilities at this facility?

Poor Fair Good Very Good Excellent Don't know⁵

6. Commitment to Accessibility Planning

HGMH is committed to:

- ◆ The continual improvement of access to hospital facilities, services, physician offices and clinics for patients, family members, visitors, staff, volunteers and contractors.
- ◆ The education of staff, support services and volunteers to address the needs of individuals with disabilities. To sensitize staff, support services and volunteers to be consistent with the core principles of independence, dignity, integration and equality of opportunity.
- ◆ Ensuring that hospital policy identifies the provision of quality services to all patients and their family members, visitors, staff, volunteers and members of the community with disabilities.

The primary focus is to develop a culture that supports accessibility to services and sensitivity towards individuals with disabilities.

- ◆ Specify how and when progress is to be monitored.
- ◆ Write, approve (seek board approval), endorse, submit, publish and communicate the plan.
- ◆ Review and monitor the plan.

⁵ Accessibility Plan; The Ottawa Hospital April 1, 2008- March 31, 2010

7. Facility Planning Then & Now

7.1 Facility History and Past Accessibility Initiatives

Hôpital Glengarry Memorial Hospital was constructed in 1965. It was a one and one-half story building. Because it was built into a hill, both the lower and upper levels were accessible from the ground. There were two stairwells and one service elevator. In 1975 there was a major addition to the hospital that included an addition of a chronic care unit, an expanded emergency and out patient department, a new physiotherapy department and re-locating laboratory services from the lower level to the upper level.

As of 1994, the majority of entrances were ground accessible; however, there were no automatic doors and only one wheelchair washroom in the whole facility. Since 1994 the following accessibility improvements were completed:

1994

- ◆ Washroom renovated to wheelchair standards at the emergency waiting room area

1995

- ◆ Washroom renovated to wheelchair standards in administration

1996

- ◆ New wheelchair washroom constructed in the main lobby
- ◆ Automatic door openers installed at the emergency entrance

1997

- ◆ Automatic door openers installed at the main entrance
- ◆ Wheelchair shower room installed on the nursing floor

1998

- ◆ Upgrade administration exit to handicapped standards
- ◆ Upgrade former chronic care unit exit to handicapped standards

1999

- ◆ New wheelchair washroom constructed in the lower level
- ◆ Lighting in parking lot quadrupled

2000

- ◆ New automatic door opener installed in the lower level
- ◆ Relocated handicapped parking to the drive-through

2001

- ◆ Converted outdoor courtyard into an indoor courtyard that included an automatic door opener and two wheelchair washrooms
- ◆ Major addition of a rehabilitation and health promotion pool that included automatic door openers, three wheelchair washrooms and wheelchair ramp into pool and adult and child change tables.
- ◆ Relocated physiotherapy department to former chronic care unit which included a wheelchair washroom
- ◆ New wheelchair washroom constructed beside patient and family Quiet Room
- ◆ Constructed wheelchair ramp at physician entrance

2003

- ◆ Started an audio book library
- ◆ Purchase large-key keyboard for patient computer
- ◆ Construct new wheelchair washroom in new patient room
- ◆ Upgrade four patient washrooms to wheelchair standards
- ◆ Family change room - automatic door opener

2004

- ◆ Install automatic door opener in main entrance vestibule
- ◆ Purchase Braille buttons for elevator and new sign
- ◆ Place markers on top step and bottom landing on each flight of stairs
- ◆ Replace round door knobs with lever openers Investigate possibility of purchasing embossed tickets for laboratory
- ◆ Install telephone device for the deaf
- ◆ Upgrade toilet seats and bars in washroom were needed
- ◆ Plan Accessibility Awareness Day
- ◆ Install automatic door openers in 5 hallway doors or a magnetic hold-open device on 2 of the 5 doors
- ◆ Replace round door knobs with lever type (10 this year)

2008

- ◆ Launch internet site with capability of enlarging text

2010

- ◆ Implemented Serving Customers with Disabilities training for staff Mandatory In-Service and new employee Orientation Training.

2011

- ◆ Implemented multiple formats Policy IN.02.009.0.11. The term multiple formats refers to the production of standard print and/or electronic documentation, including access to information, in a non-traditional manner.

2012

- ◆ Braille included in signage for room numbers throughout the hospital.

2013 -2025

- ◆ *The HGMH Accessibility Plan has been a work in progress. During most of 2014-2015 the Accessibility Plan was reviewed by the Accessibility Team to better address the needs of individuals with a disability. A walk about by the HGMH Accessibility Chair and Occupational Therapist was conducted; to review the layout of public washrooms, interior and exterior access routes that could impede access for individuals with a disability. As a result of the review a number of changes have been recommended and are best identified under the "Resource" section of Table #1 indicating "Accessibility Design Guidelines Toronto 2004". The Accessibility Design Guidelines Toronto 2004 was referenced as a resource that posed to be sensible and necessary to alleviate barriers and ensure that HGMH is compliant by the AODA standards, by 2025.*

8. Planning overview

Our accessibility planning is laid out in the Table below and will focus on three main areas:

1. The participation of persons with disabilities in the development and review of its accessibility plans
2. The provision of quality services to all patients and their family members and members of the community with disabilities.
3. A fundamental framework for ensuring the development of a culture that supports barrier-free access to care and services and the establishment of corporate policies and multi-year strategies that set and maintain clear expectations and resources for barrier identification and removal.

Table #1 Barriers addressed, in progress or under review

6

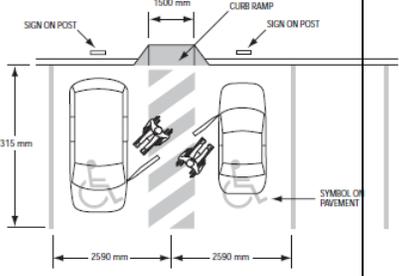
Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<i>Year of Hospital build 1965</i>	<i>All facilities providing health care services to the general public or to private clients should be fully accessible to persons with varying disabilities. All client rooms for short or long-term accommodation, including any attached washrooms, clothing storage areas or lounges, should be accessible to persons using mobility aids.</i>	<i>AODA Ontario regulation standards 191/11</i>	<i>2025</i>	<i>Accessibility Maintenance Department</i>	<i>In progress</i>
Attitudinal - Staff may lack knowledge and sensitivity about disabilities.	Disability awareness will be increased. Staff, physicians and volunteers will better understand the challenges faced by persons with disabilities and how to interact with them.	<i>AODA Serving Customers with Disabilities AODA Ontario regulation standards 429/07</i>	Ongoing	Accessibility Chair	Ongoing HGMH intranet and internet section dedicated to Disabilities Awareness <i>Policy Accessible Customer Service Training CO.07.025.1.13</i>
Disability Self Identification	Health care workers will know which patients have a disability and will take necessary measures to respond to their needs	AODA Ontario regulation standards 429/07	Health care workers are aware of the person's disabilities via notification on their chart.	Clinical staff/clerks	Expected outcome is being met

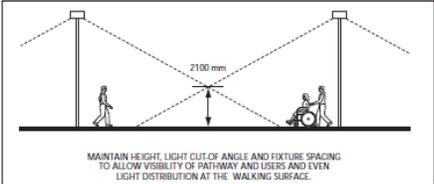
⁶ Accessibility Plan; The Ottawa Hospital April 1, 2008- March 31, 2010

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<p>Communicational and Informational-persons with visual and other disabilities are hindered from utilizing current modes of communication, such as the Internet and Intranet. Addresses standards 1,2,3,4,5,6,10,11-14</p>	<p>To improve access to the HGMH Internet for people with visual disabilities. <i>Ensure that the website templates are AODA compliant and the second part is to train staff on how to maintain AODA compliance when they are adding content.</i></p>	<p>AODA Ontario Regulation Standards 191/11 Part II information and communications standards/ accessible websites & web content</p> <p><i>HGMH Policy CO.01.036.0.11 Accessible Customer Service</i></p> <p><i>HGMH Policy IN.02.009.0.11 Accessibility Multiple Format</i></p>	<p>2015</p>	<p>Information Management, Accessibility Chair</p>	<p>On target for November 2015.</p>
<p>Communicational and Informational-persons with visual and other disabilities are hindered from utilizing current modes of communication, such as the Internet and Intranet. Addresses standards 1,2,3,4,5,6,10,11-14</p>	<p>Persons with disabilities will be able to access the HGMH Intranet site with application software to access key information.</p>	<p>AODA Ontario Regulation Standards 191/11 Part II information and communications standards/ accessible websites & web content</p> <p><i>HGMH Policy IN.02.009.0.11 Accessibility Multiple Format</i></p>	<p>2016</p>	<p>Information Management, Accessibility Chair</p>	<p><i>The IM Committee will investigate additional providers for the HGMH Intranet site. The investigation will include access to the HGMH Intranet for persons with visual disabilities.</i></p>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
Communication/written	Patients and staff with a visual or hearing impairment will be able to access information through improved written material or conversion of current material into an appropriate form to meet their needs.	<i>AODA Ontario Regulation Standards 191/11</i>	2025	Accessibility Committee	Policy IN.02.009.0.11 Multiple format the term multiple formats shall refer to the production of standard print and/or electronic documentation, including access to information, in a non-traditional manner.
Communication Feedback	Persons with disabilities needs are addressed and being met.	AODA ONTARIO REGULATION STANDARDS 429/07	Ongoing	Accessibility Committee <i>Quality Patient Care Committee</i>	Feedback from people with disabilities regarding the level of access provided to them and the barriers observed during their visit/stay are gathered monthly and reviewed by the Quality Committee/concerns are shared with the Accessibility Committee for possible change implementation

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
Communication/written/verbal Patients and their families will understand the information provided to them and will, as a result, become active participants in their care.	People with disabilities will have a better understanding of their care plan	<i>AODA ONTARIO REGULATION STANDARDS 429/07</i>	2015	<i>Elder Care Committee/Accessibility Committee/Nursing</i>	Ongoing
<i>Passenger loading/parking spaces</i>	<i>Four per cent of the total number of parking spaces for the use of persons with disabilities, where there are between 13 and 100 parking spaces in accordance with the following ratio, rounding up to the nearest whole number:</i>	<i>AODA Ontario Regulation Standards 191/11 Part IV.1 accessible parking</i>			<i>Complete</i>

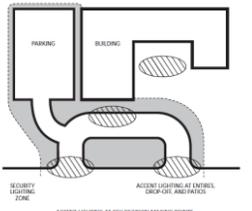
Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<p><i>Passenger loading/parking spaces</i></p>	<ul style="list-style-type: none"> All designated passenger loading zones should have a sidewalk or safe pedestrian zone, located behind the vehicle and at the passenger boarding side of the vehicle, a minimum of 2000 mm wide by the length or width of the boarding space, to ensure safe loading and unloading. 	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p>To be reviewed fall 2016</p>	<p>Accessibility Committee & Building & Property</p>	<p><i>Reviewed Spring 2015</i></p>
<p><i>Public Telephones</i></p>	<p>No controls or coin slots should be mounted higher than 1200 mm. Telephone should be designed to be wheelchair accessible.</p>	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>		<p><i>Accessibility/Elder Care Committee</i></p>	<p><i>TTY phone near Business Office. Consider TTY for Emergency Department</i></p>

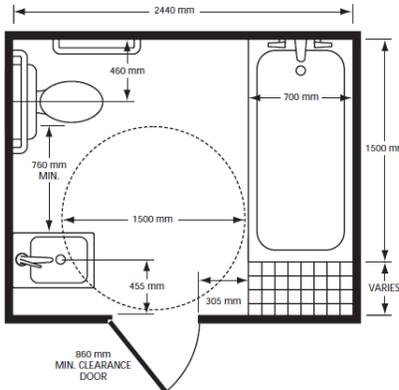
Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<p><i>Lighting for exterior areas not including roads</i></p>	<ul style="list-style-type: none"> • <i>Supplementary lighting should be provided to highlight all key way-finding signage.</i> • <i>Lighting standards or posts should be mounted to one side of pedestrian walkways so as not to inhibit free movement of persons using mobility aids.</i> • <i>Low-level lighting standard should be tall enough to clear normal snow accumulation heights.</i> • <i>Overhead light fixtures should be mounted on standards that ensure clear headroom of 2030 mm is available, below fixtures or supports, as an aid to persons with visual limitations.</i> • <i>Lighting of landscape on special site features should be designed and installed to minimize direct glare to both pedestrians and building users.</i> 	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>Additional lighting possible 2016</i></p>		<p><i>Reviewed Spring 2015</i></p>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<p><i>Lighting for exterior areas not including roads</i></p>	<ul style="list-style-type: none"> • <i>Exterior lighting should be designed generally in accordance with I.E.S.N.A. (Illuminating Engineering Society of North America standards in all public thoroughfares and along all pedestrian routes to ensure safe access for persons with disabilities at sidewalks, bus stops, or parking areas leading to public facilities or amenities. Lighting levels of 100 lux (10 ft. candles) measured at the ground of all accessible pedestrian entrances are recommended as an aid to persons with visual disabilities.</i> • <i>At frequently used pedestrian routes(including paths, stairs, ramps) recommended lighting levels should be 30 lux (3 ft. candles)</i> • <i>In accessible parking areas, lighting levels are recommended to be a minimum of 50 lux (5 ft. candles) at accessible parking spaces and along accessible routes from areas of parking to accessible entrances.</i> • <i>Lighting sources should be selected and located at, or beside steps and stairs, to ensure clear definition of treads, risers, and nosings.</i> • <i>All lighting over pedestrian routes should be evenly distributed, provide a reasonable colour spectrum and minimize cast shadows for persons with low vision.</i> 	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p>2016</p>		<p><i>Review spring 2015</i></p>

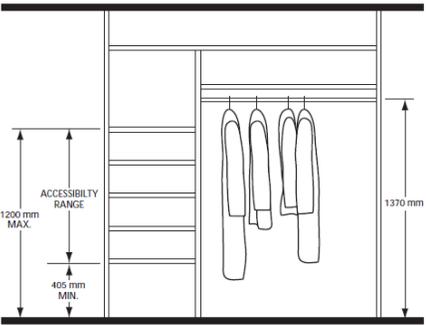
Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<i>Signage & Way-finding</i>	<ul style="list-style-type: none"> • <i>A comprehensive exterior signage and way finding system is required at every major site or facility, to assist visitors with varying disabilities to locate appropriate parking and accessible entrances.</i> • <i>Pedestrian, vehicular, and emergency routes should all be clearly identified.</i> 	<i>Accessibility Design Guidelines Toronto 2004</i>			<i>Complete</i>
<i>Signage & Way-finding</i>	<p><i>One-way routes should be clearly marked-both with paving markings and by post-mounted signs.</i></p> <p><i>The “International Symbol of Accessibility” should be used to identify special amenities, such as accessible parking, accessible entrances, or accessible washrooms.</i></p>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>Expected Outcome complete</i>		<i>Complete</i>
	<i>All directional signage and locational signage should be mounted at eye-level, between 1370 mm and 1525 mm high, for quick and easy identification by persons who have visual limitations.</i>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>Expected Outcome complete</i>		<i>Complete However floor colour coded arrows for lab and x-ray may be helpful and may be taken into consideration-Under Review.</i>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<p><i>Colour & texture</i></p>	<p><i>Signage should generally be designed using highly visible and contrasting colours (e.g., white or yellow on a black, charcoal, or other dark background such as brown, dark blue, dark green or purple). Black lettering on white or yellow matte surfaces is also acceptable. Unacceptable background colours are: light grey or pastels. Colour/Tone contrast of approximately 70% light reflectance should be provided on signage. All finishes should be matte in order to minimize glare. Colour contrast should also be used to define edges or boundaries of objects (e.g., stair nosings, the head and foot of an escalator or ramps, or colour differentiated handrails). In high use spaces, colour or tone contrast should also be used to define the boundaries of a room (e.g., at the junction between walls and floors), as an aid to orientation.</i></p>	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>Ensure all doors have yellow caution on automatic doors May 2015</i></p>	<p><i>Accessibility Committee/Building & Property</i></p>	<p><i>Under Review</i></p>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<i>Colour & texture</i>	<i>People with low vision or who are legally blind, are frequently dependent upon tactile and visual cues in the environment, both to find their way in complex settings, but also to be forewarned about potential hazards Way-finding strategies should utilize at least 70% contrast (or greater) contrast. Note; One exception is the use of bright yellow, which is acceptable at 40% contrast.</i>		<i>Expected Outcome complete</i>		<i>Complete</i>
<i>Safety & security</i>	<p><i>Ensure that adequate lighting is provided over public walkways, steps and ramps as well as where public parking is provided</i></p> 				<i>Under Review</i>
<i>Safety & Security</i>	<i>Develop a comprehensive 'Emergency Plan,' which addresses the needs of persons with varying disabilities, as well as frail seniors, for exiting large outdoor recreational facilities or other places where crowd-control is likely to be an issue.</i>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>September 2015 Patient Mobility List implemented</i>	<i>Emergency Preparedness/ Nursing/Elder care Committee</i>	<i>Complete</i>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<p><i>Indoor areas</i></p>	<p><i>Bathrooms, washrooms or shower areas should be large enough to accommodate persons using mobility aids or a commode chair. Consideration should be given to providing space for a wheelchair accessible shower, in lieu of a standard bathtub. Where a bathtub is provided, a transfer seat, level with the bath rim and at least 380 mm (deep) is recommended at the end located opposite of the controls. A 915 mm long horizontal grab-rail, mounted at 835 mm high on the long sidewall, is recommended to provide stability in entering exiting or standing while in the tub.</i></p>  <p>The diagram illustrates a bathroom layout with the following dimensions: <ul style="list-style-type: none"> Total width: 2440 mm Total height: 1500 mm Transfer seat depth: 380 mm Transfer seat width: 700 mm Toilet width: 450 mm Toilet height: 760 mm MIN. Clearance from toilet to tub: 1500 mm Transfer seat height: 455 mm Transfer seat depth: 305 mm Door width: 860 mm MIN. CLEARANCE DOOR Height of tub area: VARIES </p>	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>TBD</i></p>	<p><i>Accessibility/Elder Care Committee/ Building & Property</i></p>	<p><i>Consideration for construction of Rehab apartment space.</i></p>

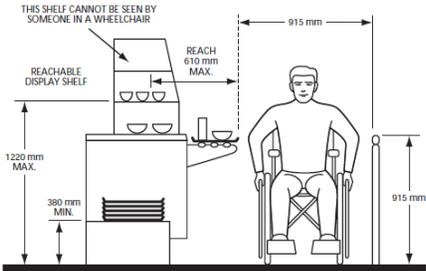
Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<i>Indoor areas</i>	<p><i>The preferred side grab bar is the reversed “L” shaped type.</i></p> <p><i>Lighting levels in bathrooms should be evenly distributed and no less than 100 lux (10 ft. candles).</i></p> <p><i>Faucets and controls should be of the “single-lever action” handled type so that they are easy to use by persons with limited strength or grasp.</i></p>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>December 2015</i>	<i>Accessibility Committee and Maintenance</i>	<p><i>B121 requires reverse L grab bar request submitted</i></p> <p><i>Recommend and review 2017 auto water or single lever for public washrooms.</i></p>
	<i>In extended length corridors of 40 m or more, consideration should be given to the provision of a bench or other seating, located at intermediate points along the corridor for seniors and others with limited mobility.</i>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>December 2015</i>	<i>Accessibility/Elder Care Committee/ Maintenance</i>	<i>Consider alcove for bench placement. Under Review</i>
<i>Indoor areas</i>	<p><i>Elevators and platform lifts used by persons with disabilities should include an emergency call system linked to a monitored location within the building, with 2-way voice communication capability.</i></p> <p><i>Install a concave mirror at the back of the elevator cab.</i></p> <p><i>Lighting in elevator cabs and at platform lifts is recommended to be no less than 100 lux (10 ft. candles) measured at the floor level. The same lighting level should be provided in adjacent lobby space to minimize tripping hazards at door openings.</i></p>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>December 2015</i>	<i>Accessibility/Elder Care Committee/ Building & Property/ Maintenance</i>	<p><i>Increase lighting in passenger elevator to ensure it is no less than 100 lux (10 ft candles) and is the same lighting to adjacent hall space at the door opening. Install concave mirror at back of elevator cab.</i></p> <p><i>Review blue tooth technology stairwell #2 needs to meet 100 lux lighting</i></p>

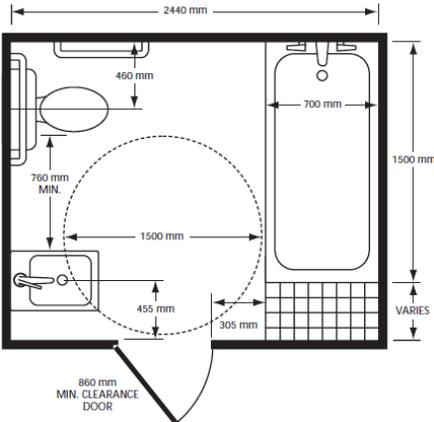
Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
Stairs & steps	<p>A highly contrasting and cane-detectable floor surface at least 915 mm deep, should be located at the head or foot of each flight of steps or stairs to warn persons who have visual limitations that a level changes is pending.</p> <p>Handrails or guards should be contrasting in colour and project a minimum of 300 mm beyond the top and bottom riser to aid persons who have visual limitations.</p>	<p>Accessibility Design Guidelines Toronto 2004</p>	<p>Expected Outcome complete</p>	<p>Accessibility/Elder Care Committee/ Maintenance</p>	<p>Complete</p>
Coat closets and coat rack	<p>In major area, provide at least one section of coat hanging space that is reachable and useable by persons using mobility aids such as wheelchairs/scooters. Note: approximately 10% of all coat space storage should be accessible and free of obstacles. Accessible closets and coat racks should have coat rods and/or coat hooks fixed securely and mounted between 1200 mm and 1370 mm high.</p> 	<p>Accessibility Design Guidelines Toronto 2004</p>	<p>December 2015</p>	<p>Accessibility/Elder Care Committee/ Maintenance</p>	<p>Under Review</p>
Door & cupboard hardware	<p>Door pulls or latches should be of the lever handled or "D" type for easy use by persons with disabilities.</p>	<p>Accessibility Design Guidelines Toronto 2004</p>	<p>Expected Outcome met</p>	<p>Accessibility Committee</p>	<p>Complete</p>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<i>Interior amenities</i>	<p><i>The provision of a baby-changing table, mounted no higher than 865mm from floor level, should be considered.</i></p> <p><i>The preferred side grab bar is the reversed "L" shaped type.</i></p> <p><i>Accessible public and staff washrooms should be equipped with automatic door openers whenever possible.</i></p> <p><i>The preferred faucet on basins are of the automatic type.</i></p>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>December 2015 for changing tables, reverse L grab bar, door opener.</i>	<i>Accessibility/Elder Care Committee/ Maintenance Building & Property</i>	<p><i>M185, M154, M160 B121: Changing table Auto water- 2017</i></p> <p><i>B121 requires reverse L grab bar</i></p> <p><i>M185 needs auto door opener M160 not wheelchair accessible- Under Review</i></p>
<i>Washroom accessories</i>	<p><i>At least one mirror in public washrooms, change rooms or locker rooms is recommended to be full length as an aid to grooming.</i></p> <p><i>Faucets on basins may be automatic (preferred) or of the lever handled type, set at 205 mm on centre. The single action type is preferred for use by persons with limited dexterity.</i></p>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>December 2015</i>	<i>Accessibility/Elder Care Committee/ Maintenance Building & Property</i>	<p><i>M154 full length mirror M185, M154, M160 B121: Auto water review 2017</i></p>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<p><i>Windows & window hardware</i></p> <p><i>Year of construction of hospital 1965</i></p>	<p><i>Horizontal transoms in windows should be designed so that they do not interrupt the eye level of seated persons (i.e., not mounted between 1070 mm and 1200 mm).</i></p> <p><i>Window blinds, drapes or louvers should have operators, controls, and pull cords etc., that are accessible to persons using mobility aids, (i.e., with controls in an open approachable space), mounted no higher than 1200 mm.</i></p>	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>Unknown/move forward basis</i></p>	<p><i>Accessibility/El der Care Committee/ Maintenance Building & Property</i></p>	<p><i>To be considered for future construction</i></p>
<p><i>Audible signals</i></p>	<p><i>Fire alarm signals in public buildings should be designed to alert seniors and persons with sensory disabilities, that (1) there is a problem, and (2) when to evacuate the building.</i></p> <p><i>Essential audible signals, such as fire-alarm signals or elevator arrival call systems, should be loud/distinct enough to be heard above normal ambient sounds by persons with sensory disabilities.</i></p> <p><i>Audible alarm signals should be accompanied by visual alarms, as an aid to persons who are deaf, deafened or hard of hearing. Note: For persons who have both visual and auditory limitations, portable-vibrating alarms should be considered.</i></p>	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>Expected Outcome met</i></p>	<p><i>Accessibility/El der Care Committee/ Maintenance Building & Property/Emergency Preparedness Committee</i></p>	<p><i>Complete</i></p>
<p><i>Washroom accessories</i></p>	<p><i>In all public buildings and institutions providing services or programs to seniors and persons with disabilities, a two-stage emergency alarm system is recommended, with distinctive (i.e., pulses or intermittent)</i></p>	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>Expected Outcome met</i></p>	<p><i>Accessibility/El der Care Committee/ Maintenance Building & Property</i></p>	<p><i>Complete</i></p>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<i>Information system & directories</i>	<i>Essential print information should generally be printed in large text (e.g., 12-14 pt bold) on a highly contrasting background colour. Print information should also be available in alternate formats, including braille or audiotape, for use by persons who have visual limitations.</i>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>Expected Outcome met</i>	<i>Accessibility/Elder Care Committee/ Maintenance Building & Property</i>	<i>Complete</i>
<i>Ticketing machines</i>	<i>Both interior and exterior ticketing machines for parking, fares, or general admission etc., should be accessible to persons with limited manual dexterity, persons using mobility devices and persons with low vision.</i>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>2016</i>	<i>Accessibility/Elder Care Committee/ Maintenance Building & Property</i>	<i>In Progress</i>
<i>Cafeterias</i>	<i>Where counter service is provided, at least one section of the counter should be no higher than 915 mm by 760 mm wide, to allow a person using a wheelchair or scooter to approach. Where cafeteria or buffet style food services are provided, displays should be accessible and mounted on surfaces no higher than 915 mm from the floor. Overhead display shelves should be no higher than 1220 mm (e.g., for desserts and salads etc.) Cutlery, condiments, and napkin containers etc., should be mounted no higher than 1065 mm from floor level.</i>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>Expected Outcome Met</i>	<i>Accessibility/Elder Care Committee/ Building & Property/Dietary Department</i>	<i>Complete</i>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<i>Cafeterias</i>		<i>Accessibility Design Guidelines Toronto 2004</i>	<i>Expected Outcome Met</i>	<i>Accessibility/Elder Care Committee/ Building & Property/Dietary Department</i>	<i>Complete</i>
	<i>Beverage dispensing areas should be accessible to persons using wheelchairs or scooters with machines that are easy to operate with one hand.</i>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>Expected Outcome met</i>	<i>Accessibility/Elder Care Committee/ Dietary Department</i>	<i>Complete</i>
<i>Indoor areas</i>	<i>Aisle spaces between furniture, equipment or other fixed objects should be wide enough to allow a person using mobility aids to pass, i.e., major aisles should be a minimum of 1065 mm wide. The narrowest aisle should be at least 810 mm wide. (e.g., doctors' offices)</i>	<i>Accessibility Design Guidelines Toronto 2004</i>	<i>TBD</i>	<i>Accessibility/Elder Care Committee/ Building & Property/</i>	<i>To be considered for future construction/expansion</i>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<p><i>Special facilities & areas/ Rehabilitation</i></p>	<p><i>Bathrooms, washrooms or shower areas should be large enough to accommodate persons using mobility aids or a commode chair. Consideration should be given to providing space for a wheelchair accessible shower, in lieu of a standard bathtub. Where a bathtub is provided a transfer seat level with the bath rim and at least 380 mm (dep) is recommended at the end located opposite of the controls. A 915 mm long horizontal grab-rail, mounted at 835 mm high on the sidewall, is recommended to provide stability in entering, exiting or standing while in the tub.</i></p> 	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>2020</i></p>	<p><i>Accessibility /Elder Care/Building & Property/Maintenance</i></p>	<p><i>Under review for patient room renovation and will be included in future budget planning</i></p>

Barrier	Expected Outcome	Resources	Implementation Targets	Responsible (Persons)	Status
<i>Special facilities & areas/</i>	<p><i>Bathtubs and showers should have a non-slip finish in the standing area.</i></p> <p><i>The preferred side grab bar is the reversed "L" shaped type/</i></p> <p><i>Lighting levels in bathrooms should be evenly distributed and no less than 100 lux (10 ft. candles)</i></p>	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>Expected Outcome met</i></p>	<p><i>Accessibility Committee/Elder Care/Building & Property and Maintenance</i></p>	<p><i>Complete</i></p> <p><i>Keep in mind for future construction of bathtub and shower in the Rehab unit.</i></p>
<i>Special facilities & areas/ Rehabilitation</i>	<p><i>Controls for bathtubs should ensure that the hot water temperature in the showerhead or faucet does not exceed 49 C to minimize accidental scalding.</i></p> <p><i>Faucets and controls could be the automatic running type so that they are easy to use by persons with limited strength or grasp.</i></p>	<p><i>Accessibility Design Guidelines Toronto 2004</i></p>	<p><i>Expected Outcome met</i></p> <p><i>2017</i></p>	<p><i>Accessibility Committee/Elder Care/</i></p>	

9. Review and Monitoring Process

The Quality & Patient Safety Committee will review and monitor results from the questionnaires of Bricks & Bouquets, NRC Picker, the Hospital Report Card and an internal staff survey. Such monitoring will be reported to Accessibility to provide opportunity to target gaps and address necessary change and or identify what is working well.

The HGMH Senior Management team will be committed to review, monitor and make necessary changes that will encompass the following:

1. Measure progress of service provided to individuals accessibility on the hospital premises.
2. Measure progress of accessibility for employees who may have disabilities.
3. Ensure that barriers are updated and prioritized as needed.
4. Ensure that allotted funds are allocated for such changes.
5. Provide the Senior Management Team with recommendations resulting from Accessibility meetings.
6. Senior Management will provide recommendations during applicable Board Committee meetings.

10. Communication Strategy

The strategy behind the Communication plan is to make known the adherence of HGMH to the Accessibility Standards Act, using a variety of mediums that are currently available. Adhere to Customer Service Accessibility Standards including policies and procedures that incorporate hospital premises and customer, hospital premises and staff and staff to customer. Educate management and staff with regards to the sensitivity of accessibility, serving a customer with a disability, working with a colleague with a disability. Both, serving a customer and working with a colleague are to be consistent with the principles of dignity, independence, integration and equality.

The Communication Plan will incorporate the hospital mediums for internal use:

1. The Hospital Post (HGMH newsletter)
2. Accessibility Standards Act and polices on the HGMH intranet site
3. CEO updates
4. Education-general and annual orientation
5. Hospital Report Card-feedback

The Communication Plan will incorporate mediums for external use:

1. Public Forum
2. The Glengarry News
3. The Community Networks (service announcement screen in emergency)
4. NRC Picker-feedback
5. Bricks & Bouquets customer survey-feedback
6. Hospital Report Card-feedback

10.1 Key Messages

The HGMH key message to all will be that our policies and procedures comply with the Ontario Disabilities Act by implementing an Accessibility Plan. The plan will address attitudinal, communicational, physical, architectural, technical or informational barriers.

The target audience for our theme and key message will be consistent with the outline provided in the “Accessibility Standards for Customer Service” as per the “Summary of Requirements” section and will address customers, staff, physicians, visitors and volunteers.

10.2 Internal and External Audiences

- Provide a power point presentation of the plan to the Board of Director, Medial Advisory Committee, staff, volunteers and other healthcare providers as needed.
- Advise staff, volunteers of any renovations or impending renovations and the impact to staff and to customers via The Hospital Post, e-mail and intranet.
- Provide e-mail of who to contact in the event that barriers need to be reported.
- Make the plan available on the internet and intranet.
- Special coverage of the Accessibility Plan in the Hospital Post and on the intranet, providing a method on how to report non compliance.
- Include a section in General and Annual Orientation on the importance of the Accessibility Standards Act and the responsibility of the employees and the hospital to be compliant.
- Implement a “Disabilities Awareness Week”.
- News release indicating the implementation of the plan and possible public forum to address the specifics of the Act and how measurement of our compliance will be calculated.
- Community Networks (screen in emergency) message on screen mentioning to complete the “Bricks & Bouquet” survey
- Community Networks, notation of what is the Accessibly Standards Act and how HGMH is compliant.

11. Table #2 Compliance with Customer Service Standards

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
1. Establish policies, practices and procedures on the mission providing goods or services Hospital and partners to people with disabilities.	Accomplished as laid out in the mission statements of the Hospital and partners	Ongoing.
2. Set a policy on allowing people to use their own personal assistive devices to access goods and use 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.	This standard is met. In certain circumstances where there may be interference with medical monitoring equipment, e.g. heart monitors, cell phones may be restricted.	A policy directly stating that persons with a disability (PWD), need and use personal devices to access, and benefit from our services is developed and publicized throughout HGMH in 2010. <i>CO.01.036.0.11. Addresses communication, assistive devices, service animals, support workers, correspondence, invoices, training and feedback process.</i>
3. Use reasonable efforts to ensure that your policies, practices and procedures are consistent with the core principles of independence, dignity, integration and equality of opportunity.	Accessibility awareness is improving throughout - all new employees receive 30 minutes of disability awareness education during orientation. In addition all new managers receive one-hour sessions during their orientation.	Education will be ongoing. Incorporate into Ethics
4. Communicate with a person with a disability in a manner that takes into account his or her disability.	Accessibility Guide developed and distributed widely.	Education will be ongoing. Alternative formats for information to give to PWD must be developed in all areas where required.
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.	As described above, orientation and accessibility guide.	Education is continuous.

The Customer Service standard requirements that apply to all providers		
Standard	Progress	Plans
6. Train staff, volunteers, contractors and any other people who are involved, developing policies, practices and procedures on the provision of goods or services on a number of topics as outlined in the customer service standard.	As described above, orientation and accessibility guide	Education is continuous.
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.	As per policies and procedures in place.	Policy in place Accessible Customer Service. Policy #CO01.036.0.XX
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.	As per policies and procedures in place.	Policy in place Accessible Customer Service. Policy #CO01.036.0.XX
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.	Not applicable to our sector.	N/A
10. Provide notice when facilities or services that people with disabilities rely on to access or use your goods or services are temporarily disrupted.	Education and orientation sessions on disability awareness are helping to ensure the organization is sensitized to persons with disabilities. Signs will be posted when any services may be interrupted.	Education is continuous. Policies have been developed to ensure that when usual plans are not operating, (e.g. elevators from the parking garages) accessible alternatives exist and are well publicized and marked.
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. ⁷	NRC Picker surveys have included questions on accessibility. Departmental surveys and feedback forms are distributed widely and the information is shared appropriately.	Bricks & Bouquets are reviewed monthly at Quality & Patient Safety
12. Document in writing all your policies, practices and procedures for providing accessible customer service and meet other document requirements set out in the standard.	I n the process of formally writing and compiling this information.	Policy in place Accessible Customer Service. Policy #CO01.036.0.XX
13. Notify customers that documents required under the customer service standard are available upon request.	This information is printed on the front page of the accessibility plan and as posted on the Web site.	Multiple formats Policy # IN.02.009.0.11.
14. When giving documents required under the customer service standard to a person with a disability, provide the information in a format.	Orientation and education sessions on disability awareness and accessibility should improve these outcomes.	Multiple formats Policy # IN.02.009.0.11.

⁷ Guide to the Accessibility Standards for Customer Service, Ontario Regulation 420/07, pp 12-13

Appendix #1 Internal Policies and Forms for the Accessibility Standards Act

Barrier Policy includes:

Attitudinal, architectural, physical, technical
CO.01.036.0.11, CO.01.035.0.10

Accessibility Committee
CO.01.035.0.10

Accessibility Customer Service
Includes: Communication, Assistive Devices, Correspondence, Invoices and other documentation, Use of Service Animals and Support Persons
IN.02.010.0.10

Accessibility Customer Service Training
CO.07.025.1.13

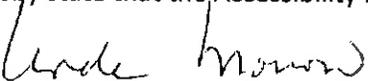
Accessibility Self Identification
CO.03.006.0.11

Accessibility Communication
Includes: Disruption of Service
IN.02.010.0.10
External Form CISOC on Intranet (Cultural Interpretive Services for Our Community)

Accessibility Multiple Format Policy
IN.02.009.0.11

Accessibility Multiple Request Form 51-A-171-11
Includes: Includes: HTML, Pdf, large text, plain text

We hereby state that the Accessibility Plan for HGMH is complete and accurate to the best of our knowledge.

Signed  (with authority to bind the organization)
(C.E.O.) Linda Morrow

Signed 
Bruce Starkauskas Chair of the Board of Directors