

**Annual Accessibility Plan  
for  
Thunder Bay Regional Health Sciences Centre  
2011**

Submitted to:

The Board of Directors  
of  
Thunder Bay Regional Health Sciences Centre



This publication is available on the Thunder Bay Regional Health Sciences Centre website,  
[www.tbrhsc.net](http://www.tbrhsc.net)

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Alternate formats are available upon request.

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## Accessibility Advisory Team Preamble – 2011 Board Report

The Thunder Bay Regional Health Sciences Centre 2011 Annual Accessibility Plan is the ninth annual report to the Board. The central theme of the annual reports is; change and change management. We have used the catchphrase, ‘Continuous Improvement’ and while we have seen continuous improvement, we had our share of successes and disappointments along the way.

**"All positive change in the world comes from our ideas of what we believe is possible."**

~Alexandra Jamieson~

People with disabilities are asking to be treated the same as those without disabilities and are calling for change. This is reflected in the new *Accessibility for Ontarians with Disabilities Act (AODA) 2005* that provides for mandatory progressive change. Businesses and organizations that provide goods and services to people in Ontario will be required to meet certain accessibility standards in five important areas; **Customer Service, Transportation, Information and Communications, Employment and the Built Environment.**

Compliance with the Customer Service Standard was required by January 2010 for public sector organizations. Having successfully met this regulation with expectations to maintain quality, the Team will now focus on advising how to implement the regulations for Transportation, Employment, and Information and Communications that are now law.

**"Those who say it can't be done are either the ones who have never tried or who have never succeeded."**

~Satish Thawani~

A great deal of discrimination is faced by persons with disabilities. This emanates from faulty presumptions and conclusions. Social and personal attitudes are a system-wide problem. We strive to be a leader in changing employees’ attitudes on accessibility and have been featured in the *HR Professional* magazine outlining our successes.

Our objectives for 2012 include:

- Customer service training and continuing improvements in all areas for people with disabilities.
- To implement regulatory requirements set out by the AODA.
- To continue to assess our facility and address any accessibility issues that may arise.
- To continue to work to increase awareness and availability, both internally and externally, to all services offered by TBRHSC.
- To become an accessibility leader while promoting accessibility in our community.
- To comply with the new accessibility regulations introduced in 2011.

## Description of the Thunder Bay Regional Health Sciences Centre

Thunder Bay regional Health Sciences Centre (TBRHSC) is an academic health sciences centre providing patient and family-centred acute care to the citizens of Northwestern Ontario. In addition to leading the delivery of acute care with its local and regional partners, TBRHSC is also a mentorship site for students from medical schools and various university/college healthcare programs, offering teaching and practical experience.

The 375-bed state-of-the-art facility delivers Cardiac-Care, Renal Services, Trauma, Critical Care and Surgical Services, and incorporates a fully integrated Regional Cancer Program. Additional programs include Regional Stroke Services, Forensics, Adult and Adolescent Mental Health, Ambulatory Care, a Bariatric Program, and Newborn Maternal Child Services. The Emergency Department is one of the busiest in Canada with over 100,000 patients cared for in 2010.

TBRHSC is a leader in the field of interdisciplinary care. Over 3,000 physicians, staff and volunteers provide exceptional and compassionate patient care. Through its partnership with the internationally acclaimed Thunder Bay Regional Research Institute, TBRHSC provides innovative medical translational research opportunities.

## TBRHSC Mission, Vision & Values

### Mission Statement

To advance world-class Patient and Family Centred Care in an academic, research-based, acute care environment.

### Vision Statement

Healthy Together

### Values Statement

Patients ARE First

\*Patients First \*Accountability \*Respect \*Excellence

### Value Definitions

#### Patients First

We are respectful of and responsive to the needs and values of our patients and families. Patient values guide all decisions.

#### Accountability

We are responsible to each other to advance quality, safety and Patient and Family Centred Care as measured against principles of best practice and within an ethical framework. We are accountable for delivering services that are fiscally responsible.

#### Respect

We honour the uniqueness of each individual.

#### Excellence

We are recognized leaders in Patient and Family Centred Care through the alignment of Academics and Research with Clinical Services.

## Accessibility Advisory Team

The Accessibility Advisory Team (AAT) first met on October 31, 2002. The AAT identifies issues regarding accessibility. The AAT recommends ways for TBRHSC to make improvements, while ensuring a course of action is in place for addressing those issues. Terms of Reference, (see Appendix E).

## Accessibility Goals & Objectives

Consistent with the spirit and content of the “*Ontarians with Disabilities Act (ODA) 2001*” and the “*Accessibility for Ontarians with Disabilities Act (AODA) 2005*”, the accessibility goal of the Thunder Bay Regional Health Sciences Centre is:

**To be fully accessible by January 1, 2025**

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### Objectives

1. To identify gaps and create plans to meet regulatory requirements of AODA legislation.
2. To actively engage those with disabilities, community members and appropriate organizational in identifying barriers, determining priorities, designing solutions and planning and evaluating appropriate implementation strategies.
3. To continually refine processes to identify, remove and prevent barriers.
4. To maintain an ongoing record and evaluation of past measures taken to identify, remove and prevent barriers.
5. To target the identification and removal of barriers for the coming year by:
  - Identifying by-laws, policies, procedures, practices and services that will be reviewed
  - Detailing the measure that will be taken to identify, remove and prevent barriers
6. To ensure that the Annual Accessibility Plan is available to the general public.

## TBRHSC Commitment to Accessibility Planning

TBRHSC is committed to accessibility planning and strives proactively to make its services and programs accessible through:

- The continual improvement of access to facilities, policies, programs, practices and services
- The participation of people with disabilities in the development of the annual accessibility plan and its implementation;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility.

The AAT will provide an annual report to the TBRHSC Board of Directors. The AAT reports to the TBRHSC Senior Management Team prior to final approval from the Board (see Appendix C). In addition, on a bi-annual basis the AAT reports to the Board of Quality Management Committee.

### Consumer Participation

Thunder Bay Regional Health Sciences Centre welcomes the perspectives and participation of people with disabilities and community members as part of our commitment to accessibility planning. The following options are channels available to participate and contribute to our accessibility.

1. Contact Renee Laasko, Executive Assistant to the President at (807) 684-6007 or send an e-mail to [accessibility@tbh.net](mailto:accessibility@tbh.net) to file a complaint or make a suggestion regarding accessibility.
2. Complete the Accessibility Survey on the TBRHSCs website at [www.tbrhsc.net](http://www.tbrhsc.net) to make a suggestion regarding accessibility.
3. Become a member of the TBRHSCs Accessibility Advisory Team by sending the application to [accessibility@tbh.net](mailto:accessibility@tbh.net). As a member of the team you will have to attend accessibility meetings throughout the year, as well as provide input on current accessibility issues.

## Family CARE Grants 2010-2011

### 2010

- 1) 2010-FG-003 - Benches Outside Main Entrance & ED - funded at \$1395.55
- 2) 2010-FG-030 - Walkers (7) Rehab - funded at \$1270.30

### 2011

Due October 17, 2011 the AAT will apply for the following Family CARE Grants to continue to provide exceptional accessibility for employees and visitors.

#### American Sign Language Interpreting Services-Tandberg System

During the summer of 2009 a subcommittee of the Accessibility Advisory Team was developed with the mandate of evaluating the viability of implementing an after-hours ASL interpreting services system in the Emergency Department.

After much research and many meetings, this subcommittee conducted trials of three independent service providers through a lap top/web cam device, as well as a Tandberg teleconferencing system. It was evident the Tandberg teleconferencing unit was far superior to the lap top/web cam service in quality of delivery as well as ease of use.

#### Braille Embosser

A Braille embosser will help TBRHSC comply with the Accessibility for Ontarians with Disabilities Act (AODA), as the Information and Communications standard is law as of 2011. This standard requires that organizations have all requested documents in accessible formats.

It will make TBRHSC more accessible and allow for quick translation and printing of Braille documents for persons who are vision impaired and need to make health related decisions for themselves or family in our care. Various departments will be able to access the printer for department or community members who require forms or policies.

#### FM Systems

Contego FM Transmitter and Receiver is a wireless, digital, secure high-definition FM sound communications system designed to improve and enhance the quality of sound for persons with hearing loss. A submission to the Family Care Grant in 2010 was not accepted.

### Community Laptops

AAT would like to offer patients the opportunity to connect with people and information outside of the HSC during their stay in-turn providing comfort and personal stability. Patients may also be able to access material to assist health care providers with any information that will assist with their treatment.

## Outline of New Regulations

On June 3, 2011 the Ontario government introduced Bill 191-11, the final Integrated Accessibility Standards regulation under the Accessibility for Ontarians with a Disability Act, 2005 (the “AODA” or the “Act”). In addition to the previously implemented customer service standard, the final regulation includes three accessibility standards; information and communication, employment and transportation.

This development is a significant step for human rights and laws affecting accessibility for nearly all organizations in Ontario. Each area offers various compliance dates for small private or not-for-profit sector organizations to large designated public sector organizations which include the TBRHSC. The five standards that are or will be implemented consist of:

- Customer Service
- Transportation (new)
- Information and Communications (new)
- Employment (new)
- Built Environment (currently under review)

## Accessibility Plan

As stated in 4 (1) of the Ontario Regulation 191/11, The Government of Ontario, Legislative Assembly has implemented a new regulation to include a multi-year accessibility plan that outlines our strategy to prevent and remove barriers and meet our requirements. This is to be reviewed at least once every five years. The Thunder Bay Regional Health Sciences Centre has annually produced an Accessibility Plan.

The 2011 plan will include 2012 through 2015 compliance dates as provided in the new regulations. Status reports and/or Accessibility Plan updates will be provided on an annual basis.

In addition to the new standards the regulation also offers a General standard that establishes accessibility protocol, for implementing Information and Communication, Employment, and Transportation standards.

## Accessibility Definitions – New Standards

**Information and Communication Standards:** Communication is defined as the “interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received”. Information includes “data, facts and knowledge that exists in any format, including text, audio, digital or images, and that conveys meaning.”<sup>1</sup>

This standard is going to have the most significant impact for hospitals. It will include standards for visual, verbal, print, audio-visual, electronic, biometric and other forms of communication.

<sup>1</sup> As stated in the Ontario Regulation 191/11

Improvements for information and communications at TBRHSC have already started to take place. The AAT is also researching different solutions for persons who are culturally Deaf, and have trialed two different companies who offer American Sign Language Services via webcam with Deaf volunteers. Currently, the AAT is exploring the next steps for hardware acquisition.

**Employment Standards:** Obligations apply to organizations that are employers and do not apply to volunteers and other non-paid individuals. Regulations include various topics and are not limited to; recruitment, workplace emergency response information, career development and advancement.

Currently when an employee is unable to perform regular work due to a disability, a Modified Work Program may be provided for staff with short term restrictions (See Appendix F). When there is a staff incident or issue, staff complete Incident Reports, which are reviewed and followed up by the department manager/delegate, the Occupational Health and Safety Department, and the Joint Occupational Health and Safety Committee.

Beyond the policies stated and implementation of the new standards, TBRHSC will endeavor to accommodate any other special needs requested by an employee.

**Transportation Standards:** Regulations established for conventional and specialized transportation service providers. Services operate solely within Ontario and are designed to transport persons with disabilities. There are limited requirements on behalf of the Thunder Bay Regional Health Sciences Centre to this standard.

## Compliance Dates

**January 1, 2012**

**General-not applicable**

**Information and Communication-not applicable**

### Employment

<b>Workplace Emergency Response Information</b>			
27 (1)	Every employer shall provide individualized workplace emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the employer is aware of the need for accommodation due to the employee's disability.		
Strategy	A hospital wide policy has been drafted and will be submitted for approval.		
Responsible	Quality and Risk Management	Status	Draft policy include in 2011 Accessibility Plan
27 (2)	If an employee who receives individualized workplace emergency response information requires assistance and with the employees consent, the employer shall provide the workplace emergency response information to the person designated by the employer to provide assistance to the employee.		
Strategy	A hospital wide policy has been drafted and will be submitted for approval.		
Responsible	Quality and Risk Management	Status	Draft policy include in 2011 Accessibility Plan
27 (3)	Employers shall provide the information required under this section as soon as practicable after the employer becomes aware of the need for accommodation due to the employee disability.		
Strategy	A hospital wide policy has been drafted and will be submitted for approval.		
Responsible	Quality and Risk Management	Status	Draft policy include in 2011 Accessibility Plan
27 (4)	Every employer shall review the individualized workplace emergency response information. (a)when the employee moves to a different location in the organization (b)the the employee's overall accommodation needs or plans are reviewed (c)when the employer reviews its general emergency response policies		
Strategy	A hospital wide policy has been drafted and will be submitted for approval.		
Responsible	Quality and Risk Management	Status	Draft policy include in 2011 Accessibility Plan

**Transportation-not applicable**

**Compliance Date: January 1, 2013**

**General**

<b>Establishment of Accessible Policies</b>			
Regulation: 3 (1)	Develop, implement and maintain policies governing how the organization achieves or will achieve accessibility through meeting its requirements.		
Strategy			
Responsible	VP Human Resources	Status	
3 (2)	Include a statement of commitment to meet the accessibility needs of persons with disabilities in a timely manner.		
Strategy			
Responsible	VP Human Resources	Status	
3 (3)	Prepare one or more written documents describing its policies and make them publicly available in an accessible format upon request.		
Strategy	Accessibility plan is available on the website. Need to identify area/process requests for accessible formats.		
Responsible	VP Human Resources	Status	
<b>Accessibility Plans</b>			
4 (1)	(a) Establish, implement, maintain and document a multi-year accessibility plan which outlines strategy to prevent and remove barriers and meet requirements. (b) Post accessibility plan on website and in an accessible format upon request. (c) Review and update the plan at least once every five years.		
Strategy	The AAT will review and update progress on regulation compliance deadlines annually. Changes will continue to be posted on the website.		
Responsible	VP Human Resources – Don Halpert	Status	ongoing
4 (2)	Establish, review and update the plan in consultation with persons with disabilities and or accessibility advisory committee.		
Strategy			
Responsible	VP Human Resources – Don Halpert	Status	ongoing
4 (3)	*Prepare annual status report on the progress of measures taken to implement the strategy referred to in 4 (1) (a).		
Strategy			

Responsible	AAT committee chair	Status	ongoing
<b>Procuring or acquiring goods, services or facilities</b>			
5 (1)	Incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities except where not practicable.		
Strategy	We currently adhere to Ontario Building Codes by engineers and architects employment and by virtue of new building design. The Accessibility standards were followed in advance of regulations. Will create a blanket statement to be included with terms and conditions for future RFP (Requests for Proposal) and built into the terms of reference for the product and evaluation group. Will also review signage and any opportunity to maximize use rather than overuse.		
Responsible	Director Environmental Services – Derek Gasgoine	Status	To be reviewed with Product and Evaluation group in 2012.
5 (2)	If requested, shall provide an explanation if it is not practicable to incorporate accessibility criteria when procuring goods, services or facilities.		
Strategy	Will create a blanket statement to be included with terms and conditions for future RFP (Requests for Proposal) and built into the terms of reference for the product and evaluation group.		
Responsible	Director Environmental Services – Derek Gasgoine	Status	To be reviewed with Product and Evaluation group in 2012.
<b>Self-Serve Kiosks</b>			
6 (1)	Without limiting the generality of Section 5, the government, the Government of Ontario, Legislative Assembly and designated public sector organizations shall incorporate accessibility features when designing, procuring or acquiring self-service kiosks.		
Strategy			
Responsible	Director Environmental Services – Derek Gasgoine	Status	To be reviewed with Product and Evaluation group in 2012

**Information and Communication-not applicable**

**Employment-not applicable**

**Transportation-not applicable**

**Compliance Date: January 1, 2014**

**General**

<b>Training</b>			
7 (1)	Ensure that training is provided on the requirements of the accessibility standards referred to in the regulation and Human Rights Code. (a)All employees and volunteers (b)all persons who participate in developing policies (c)persons who provide goods, services or facilities		
Strategy			
Responsible	Manager Organizational Development - Amy Carr and Kelly Meservia-Collins (Human Resources)	Status	Follow up in Summer of 2012 for update.
7 (4)	Shall provide training in respect of any changes to the policies on an ongoing basis.		
Strategy	Medworxx content will be reviewed for the opportunity to include changes as they occur. How to update employees who have already taken the one time training will be part of the updated strategy.		
Responsible	Manager Organizational Development - Amy Carr and Kelly Meservia-Collins (Human Resources)	Status	Follow up in Summer of 2012 for update.
7 (5)	Shall keep a record of the training provided to include the dates and number of individuals it is provided to.		
Strategy			
Responsible	Manager Organizational Development - Amy Carr and Kelly Meservia-Collins (Human Resources)	Status	Under review for spring 2013 update.

**Employment**

<b>Recruitment-general</b>			
22	Shall notify its employees and the public about the availability of accommodation for applicants with disabilities in its recruitment process		
Strategy	Include a one line statement of accommodation on all application forms.		
Responsible	Manager Organizational Development - Amy Carr (Human Resources)	Status	Under review for spring 2013 update.
<b>Recruitment, Assessment or Selection Process</b>			
23 (1)	During recruitment an employer shall notify applicants when they are selected to		

	participate in an assessment or selection process that accommodations are available upon request in relation to the materials or processes to be used.		
Strategy	Current policy #HR-esa-02 will be updated to include accommodation availability and a checklist will be created for each hiring folder to include accommodation among necessary topics of discussion. This is likely only required for testing purposes. A presentation will be made to all managers.		
Responsible	Manager Organizational Development - Amy Carr (Human Resources)	Status	Policy is under review for spring 2013 update.
23 (2)	If a selected applicant requests an accommodation, the employer shall consult with the applicant and provide or arrange for the provisions of suitable accommodation for the applicants accessibility needs due to disability.		
Strategy	Current policy #HR-esa-02 will be updated to include accommodation availability.		
Responsible	Manager Organizational Development - Amy Carr (Human Resources)	Status	Policy is under review for spring 2013 update.
<b>Notice to Successful Applicants</b>			
24	When making offers of employment, notify the successful applicant of its policies for accommodating employees with disabilities.		
Strategy	Policy #HR-esa-02 will be updated to include a statement to offer accommodations when interviewing and when hiring. The letter of hire will include a statement allowing new employees to ask for supports.		
Responsible	Manager Organizational Development - Amy Carr (Human Resources)	Status	Policy is under review for spring 2013 updates.
<b>Informing Employee of Supports</b>			
25 (1)	Inform employees of its policies used to support its employees with disabilities, including but not limited to, policies on the provision of job accommodations that take in account employee needs due to disability.		
Strategy	Content regarding accommodation will be included in the mandatory education policy.		
Responsible	Manager Organizational Development - Amy Carr (Human Resources)	Status	Under review for follow up in spring 2013.
25 (2)	Provide information required under this section to new employees as soon as practicable after they begin employment.		
Strategy	Content is included in the orientation material.		
Responsible	Manager Organizational Development - Amy Carr (Human Resources)	Status	<b>Completed</b>
25 (3)	Provide updated information to employees whenever there is a change to existing policies on the provision of job accommodations.		
Strategy	Medworxx has a mandatory 1 time course for Accessibility and Occupational Health and Safety (see 25 (1)). The course will be re-run if there are significant changes.		
Responsible	Manager Organizational	Status	Content/ process under review.

	Development - Amy Carr (Human Resources) and Occupational Health and Safety		
<b>Accessible Formats and Communications Supports for Employees</b>			
26 (1)	Every employer shall consult with the employee to provide or arrange for the provisions of accessible formats and communication supports for, (a) information that is needed in order to perform the employee’s job (b) information that is generally available to employees in the workplace		
Strategy	(a) during the pre-employment date meeting Occupational Health and Safety will address this inquiry and ask permission to pass to the department manager. (b) hiring managers will be responsible to provide information in accessible formats in the workplace. If required they will ask the employee to contact Occ/Health and disclose any physical support needs. The opportunity to meet with HR and Occ/Health is offered to new hires.		
Responsible	Occupational Health and Safety, - Lorraine Campbell	Status	Occ/Health will review process content for Nov. 2012
26 (2)	The employer shall consult with the employee making the request in determining the suitability of an accessible format or communication support.		
Strategy	During the first meeting Occupational Health and Safety will determine the next steps and get permission to speak with the department manager.		
Responsible	Occupational Health and Safety, - Lorraine Campbell	Status	Occ/Health will review process content for Nov. 2012

### Information and Communication

<b>Feedback</b>			
11 (1)	Every obligated organization that has processes for receiving and responding to feedback shall ensure that processes are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communication supports, upon request.		
Strategy			
Responsible	Chair AAT and VP Human Resources	Status	
11 (3)	Shall notify the public about the availability of accessible formats and communication supports.		
Strategy			
Responsible	Chair AAT and VP Human Resources	Status	
<b>Accessible Websites and Web Content</b>			
14 (2)	Shall make their internet websites and web content conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0 at Level A and increasing to Level AA in 2021.		
Strategy	A group will be created to review the criteria to meet Level A of WCAG 2.0. Additional Ontario hospitals will be contacted for shared resources or direction.		

Responsible	Communications and Engagement; and Information Technology	Status	To be initiated in 2012
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### Employment

Documented individual accommodation plans			
28 (1)	Employers shall develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities		
Strategy			
Responsible	Human Resources Strategic Plan	Status	
28 (2)	<p>The process for the development of documented individual accommodation plans shall include the following elements.</p> <p>1 the manner on which an employee requesting accommodation can participate in the development of the individual accommodation plan.</p> <p>2 the means by which the employee is assessed on an individual basis.</p> <p>3 the manner in which the employer can request an evaluation by an outside medical or other expert, at the employer's expense, to assist the employer in determining if accommodation can be achieved and how.</p> <p>4 the manner in which the employee can request the participation of a representative from their bargaining agent, where the employee is represented by a bargaining agent, or other representative from the workplace where the employee is not represented by a bargaining agent in the development of the accommodation plan</p> <p>5 the steps taken to protect the privacy of the employee's personal information</p> <p>6 the frequency with which the individual accommodation plan will be reviewed and updated and the manner in which it will be done</p> <p>7 if an individual accommodation plan is denied, the manner in which the reasons for the denial will be provided to the employee.</p> <p>8 the means of providing the individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability.</p>		
Strategy			
Responsible	VP Human Resources – Don Halpert	Status	
28 (3)	<p>The individual accommodation plan shall,</p> <p>(a)if requested, include any information regarding accessible formats and communication supports provided as described in section 26</p> <p>(b)if required, include individualized workplace emergency response information, as described in section 27</p> <p>(c)identify any other accommodation that is to be provided</p>		
Strategy			
Responsible	Occupational Health and Safety, - Lorraine Campbell	Status	

<b>Return to work process</b>			
29 (1)	(a)Develop and have in place a return to work process for its employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work (b)shall document the process		
Strategy			
Responsible	Occupational Health and Safety, - Lorraine Campbell	Status	
29 (2)	Return to work process shall (a)outline the steps the employer will take to facilitate the return to work of employees who were absent because their disability required then to be away from work (b)use documents, individual accommodation plans, (section 28) as part of the process		
Strategy			
Responsible	Occupational Health and Safety, - Lorraine Campbell	Status	
<b>Performance Management</b>			
30 (1)	An employer that uses performance management in respect of its employees shall take into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when using its performance management process in respect of employees with disabilities		
Strategy			
Responsible	Manager Labour Relations– Rodney Miller	Status	
<b>Career Development and Advancement</b>			
31 (1)	Shall take into account the accessibility needs of its employees with disabilities as well as any individual accommodation plans, when providing career development and advancement to its employees with disabilities.		
Strategy			
Responsible	HR policy	Status	
<b>Redeployment</b>			
32 (1)	An employer that uses redeployment shall take into account the accessibility needs of its employees with disabilities, as well as individual accommodation plans, when redeploying.		
Strategy			
Responsible	Manager Labour Relations– Rodney Miller , Occupational	Status	

	Health and Safety, - Lorraine Campbell		
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**Transportation-not applicable**

**Compliance Date: January 1, 2015**

**General-not applicable**

**Information and Communication**

<b>Accessible formats and communication supports</b>			
12 (1)	Upon request, provide or arrange for accessible formats and communication supports for persons with disabilities. (a)in a timely manner (b)at a cost that is no more than the regular cost charged to other persons.		
Strategy			
Responsible		Status	
12 (2)	Consult with person making the request in determining the suitability of an accessible format or communication support.		
Strategy			
Responsible		Status	
12 (3)	Notify the public about availability of accessible formats and communication supports.		
Strategy			
Responsible		Status	

**Employment-not applicable**

**Transportation-not applicable**

**Compliance Date: January 1, 2021**

<b>Accessible Websites and Web Content</b>			
14 (4) 2.	By January 1, 2021, all internet websites and web content must conform to WCAG 2.0 Level AA other than i.success criteria 1.2.4 captions (live) ii.success criteria 1.2.5 audio descriptions (pre-recorded)		
Strategy			
Responsible	Communication and Engagement; and Information Technology	Status	Will be reviewed upon completion of first compliance criteria in 2014.

**Ongoing-Customer Service Standard**

The Customer Service standard was the first accessibility standard created under the authority of the Accessibility for Ontarians with Disabilities Act 2005 (AODA) and is now law. TBRHSC successfully met compliance standards for January 2010.

There are different requirements to be met under this standard; requirements and compliance strategies are outlined under the following requirement sub-headings. These requirements and strategies reflect initiatives to improve accessibility as well as highlight improvements made in 2009-2010.

<b>Establishment of Policies, Practices and Procedures</b>	
Requirement Description	Compliance Strategy
To ensure that volunteers, contractors and third parties who operate within TBRHSC are informed ofin accessibility issues/awareness.	A method with supporting resource material and documentation was developed for volunteers, clergy, contractors, vendors and consultants who conduct business or provide service within our facilities.
	Status: Ongoing
TBRHSCs mission, vision and values should to include persons with disabilities.	A new vision ‘Healthy Together’ has been reviewed and PFCC (Patient and Family Centered Care) guidelines are inclusive of persons with disabilities.
	Status: Complete

<p>A process needs to be developed to easily identify any accommodations for an admitted patient.</p>	<p>On each admitted patient, an admission database is completed that identifies a number of accommodation needs for an individual. From this information the care team forms a plan of care that is communicated. Additional options are being explored to increase process and accuracy of the communication.</p>
<p style="text-align: right;">Status: Currently in use, exploring other options</p>	
<p>More accommodation needed for patients and visitors with vision loss.</p>	<p>Visit to the Canadian National Institute for the Blind to explore different types of technology and to develop a plan to purchase items to accommodate persons with vision loss (pocket magnifiers from CARE grants).</p>
<p style="text-align: right;">Status: complete, 2009-2010 submission</p>	
<p>Compliance with the legislated customer service standards outlined in regulation 420/07 (see Appendix D).</p>	<p>Approved a customer service policy that meets the new requirements (see Appendix D).</p>
<p style="text-align: right;">Status: Met regulations as of January 2010</p>	
<p>Communication options that best meet the needs of those with disabilities.</p>	<p>Medbridge is no longer supported by the vendor. Exploring phone translation, Braille printer. AAT will consider applying for the printer through Family Care Grants in 2011.</p>
<p style="text-align: right;">Status: developing</p>	
<p><b>Notice of Temporary Disruptions</b></p>	
<p>Inform clients of a Physical Plant disruption of service</p>	<p>Magnetic signs have been approved and are in the process of being developed. Some doors and/or surface areas are not magnetic, so suction-cups to hook onto the sign are being purchased. The signs indicate reasons and duration of the disruption, as well as alternate facilities or services.</p>
<p style="text-align: right;">Status: follow up 2011-2012</p>	
<p><b>Training for Staff</b></p>	
<p>Staff knowledge of the services that the hospital offers to accommodate patients with various types of disabilities</p>	<p>A staff pamphlet on disability awareness has been developed titled <i>People First</i>. The pamphlet contains information on the different types of disabilities. <i>People First</i> details tips on the best ways to communicate with and what services TBRHSC offers to assist in better serving persons with disabilities. All staff received a pamphlet as a quick reference source. Distribution and incorporation into new staff hire orientation has been implemented for general staff education as well as an overview of the Patient and Family Centered Care initiative.</p>
<p style="text-align: right;">Status: Distributed/Ongoing</p>	

<p>A mandatory accessibility training course for all employees to complete</p>	<p>Developed our own Customer Service E-Learning tool based on the Ontario Hospital Associations (OHA) program. The course is taken on-line using our education database MEDworxx. The course is titled, Accessibility: Putting People First and is mandatory for all employees to complete. *There are issues with reporting to staff education. IT has been notified. Follow up needed with Dan Beaudry and Lauren Beach.</p>
<p style="text-align: right;">Status: Implemented, ongoing improvements</p>	
<p>Provide further accessibility awareness for the management team</p>	<p>New AODA guidelines presentation is required by Trina Diner and Don Halpert.</p>
<p style="text-align: right;">Status: Ongoing</p>	

<p><b>Feedback Processes</b></p>	
<p>Increase the membership of AAT to include more persons with disabilities</p>	<p>Successfully recruited PUSH (People United for Self Help) rep, a PFA( Patient and Family Advisor), internal staff Rob Cella and Dennis Morrow.</p>
<p style="text-align: right;">Status: Complete</p>	
<p>Annual accessibility issues feedback</p>	<p>A procedure whereby feedback generated will be given active consideration and the person/group that has brought forward the concern will have a response from the appropriate Hospital manager. Please see Appendix A for flowchart and Appendix B for Feedback form. This format needs to be reviewed with Quality Management</p>
<p style="text-align: right;">Status: Presently being used-pending review in 2011-2012</p>	

## Ongoing-Built Environment

Built Environment is still under review and will soon become law as part of the complete AODA Regulations. Since the AATs inception in 2004 we have strived to address existing barriers as well as prevent the development of potential barriers. The physical environment of TBRHSC has been undergoing accessibility improvements for the past seven years. Below are some highlights of these physical improvements.

<p><b>Washrooms</b></p>	
<p>All private rooms have their own washrooms. Handrails are installed around toilets and where there is no wall next to the toilet there are pull-down bars.</p>	
<p style="text-align: right;">Completed: 2004</p>	
<p>Many of TBRHSC’s accessible washrooms have one, two and three inch lifts. There are two new barrier</p>	

free washrooms near forensics and support services. Also, accessible washrooms are available before entering each nursing station.	Completed: 2005
The Professional Building holds TBRHSC programs so the washrooms on floors four and five were audited to meet accessibility standards.	Completed: 2006
An audit was performed of the washrooms at TBRHSC and eight more washrooms are now fully accessible.	Completed: 2007
NOSM (Northern Ontario School of Medicine) area of TBRHSC holds barrier free washrooms. An accessible washroom was added to the third floor Cancer Centre.	Completed: 2008
All TBRHSC washrooms have been assessed and accessibility signs have been modified where required.	Completed: 2009
Male and female washrooms in the TBRHSC by Robins Donuts have been updated to increase accessibility. Three washrooms in the Emergency department area were also retrofitted (Room 2470 and Station B) in order to meet accessibility standards.	Completed: 2010
<b>Doors</b>	
The Professional Building doors were changed from having knobs to levers and doorways are a minimum of thirty-six inches wide.	Completed: 2004
Accessible door buttons were repaired throughout the TBRHSC.	Completed: 2005
Automatic sliding doors were installed in various departments including the emergency department, operating room, cardiac cath lab and mental health. Six sets of automatic doors have been installed in critical areas after an audit was completed.	Completed: 2006
Installation of sliding glass doors for the Westside entrance of the building.	Completed: 2007
Staff and fire doors are heavy and have a slope/lip that makes these doors less accessible. A six degree slope was added to the doors to correct this problem. Automatic door openers were added to two diagnostic imaging entry points and the 1C entry. Sliding glass doors added to the main Cancer Centre doors from street entrance. Door hold open devices have been added in labour and deliver, surgical daycare and pre-admission clinic.	Completed: 2008
Double sliding doors were added to the Renal department entrance. Emergency room main corridor washrooms had automatic door openers installed.	Completed: 2009

Along with washrooms and doors, other physical features have been updated and maintained. During the winter month's snow removal, salting and sanding takes place 24/7. The security desk in the emergency department was lowered in order to accommodate persons in wheelchairs or persons with height restrictions. It is our goal to maintain these efforts and quickly identify and rectify any new barriers.

## Budget, Review and Monitoring Process & Communication of the Plan

Our AAT has a small budget to cover its direct operating costs. We also benefit from the TBRHSCs corporate repairs and maintenance budget, which provides funds for minor accessibility related modifications and updates on an ongoing basis. More costly modifications that exceed our current year's budget allocations are included in the budget submission for the next fiscal year. Recently, we began tracking costs related to accessibility modifications so we can both report and use them for future budget submissions.

The AAT has divided the TBRHSC into twenty-three different sections and began to audit each section individually. The audits commenced in September 2006 and were completed in June 2009. In order to maintain the accessibility of the TBRHSC, an Accessibility Feedback form was created so input from staff and/or patients on the accessibility of our facility (See Appendix B).

Not only is the TBRHSC committed to making the Annual Accessibility Plan available to the public, it communicates the plan to the community; as well as solicit and welcome their suggestions for improvement.

To help broadcast the Annual Accessibility plan the TBRHSC has placed an advertisement in the *Chronicle-Journal* and other regional newspapers. This advertisement contains contact information where interested parties can obtain a copy of the complete plan and put forward their questions and concerns.

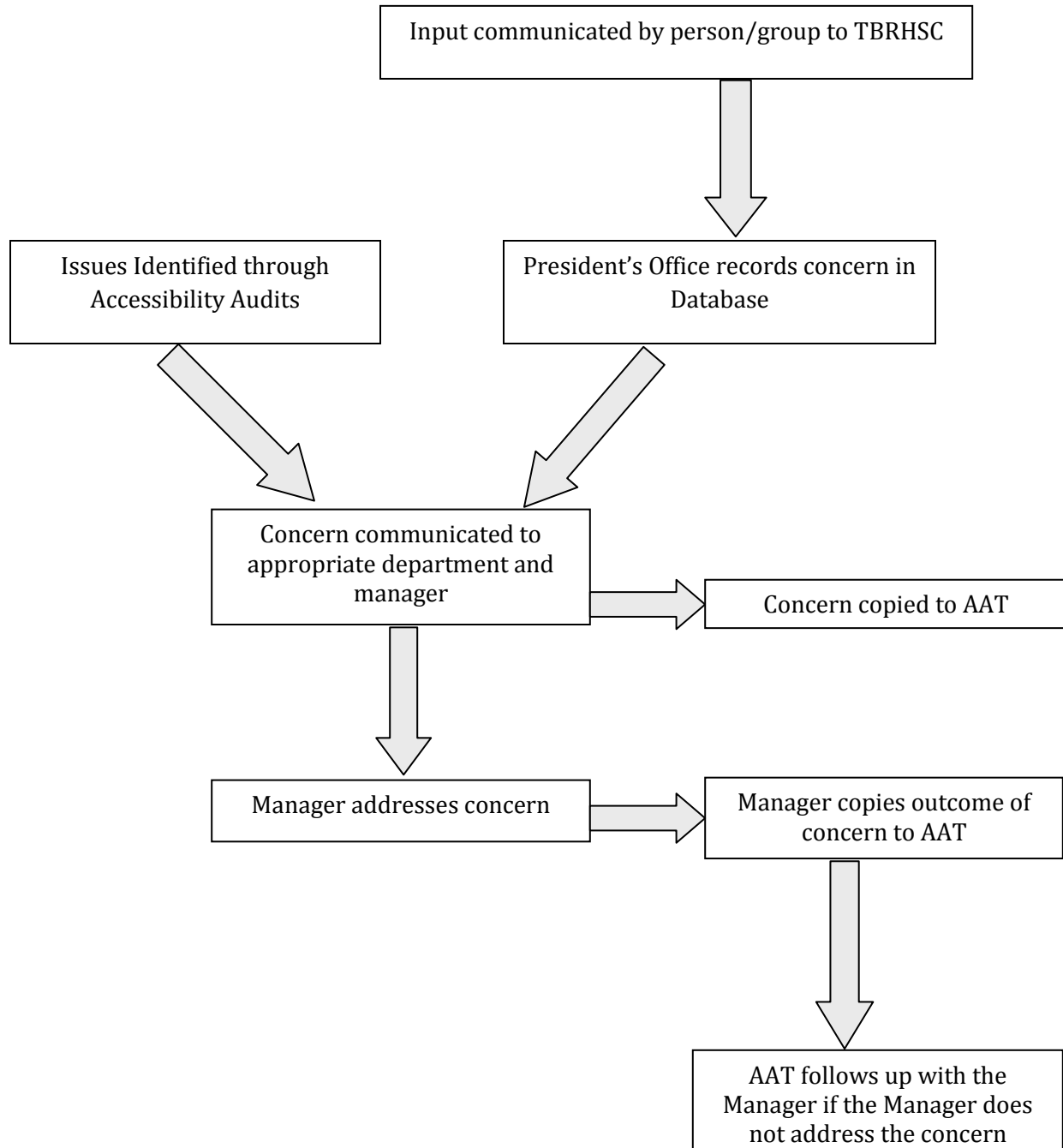
TBRHSCs website will contain the complete Annual Accessibility Plan for external parties and on the corporate iNtranet site for employees. Both sites will include a link to the feedback form. The TBRHSC internet website is "Read-please" enabled which allows audio playback of the entire Annual Accessibility Plan. Brochures will be available containing a summary of recent accomplishments and challenges, terms of reference and a form where staff, public or any other interested parties can address their comments, concerns or suggestions.

Comments/Concerns/Suggestions can be sent to:

**Thunder Bay Regional Health Sciences Centre**

Executive Assistant  
President's Office  
980 Oliver Road  
Thunder Bay, ON  
P7B 6V4  
[accessibility@tbh.net](mailto:accessibility@tbh.net)

## Appendix A: Flowchart for Addressing Accessibility Issues



## Appendix B: Accessibility Feedback Form

I want my identity kept confidential

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_



Preferred Method of Communication: \_\_\_\_\_

Please describe your views on our Accessibility:

Describe specific examples or departments where Accessibility has improved or improvement can be made:



## Appendix C: Accessibility Policy

			
<b>TITLE:</b>	Accessibility	<b>NUMBER:</b>	ADMIN-11
<b>CATEGORY:</b>	Administration	<b>PAGE:</b>	1 of 2
<b>DEPARTMENT:</b>	Administration	<b>POLICY</b>	<input checked="" type="checkbox"/> <b>PROCEDURE</b> <input type="checkbox"/>
<b>SERVICE/PROGRAM:</b>		<b>GUIDELINE</b>	<input type="checkbox"/> <b>STANDARD</b> <input type="checkbox"/>
<b>INTERNAL DISTRIBUTION:</b>	Organization Wide	<b>EXTERNAL DISTRIBUTION:</b>	
<b>APPROVED:</b>	President and Chief Executive Officer	<b>APPROVAL DATE:</b>	May 4, 2004
		<b>REVIEWED:</b>	
		<b>REVISED:</b>	Sept. 7, 2004

Thunder Bay Regional Health Sciences Centre in recognizing the diversity of the community we serve is committed to continually improving accessibility for persons with disabilities in employment and services provided to our community.

Based on the provisions within the Ontarians with Disabilities Act (ODA), 2001, the hospital will develop and communicate an annual accessibility plan that describes the measures taken in the past and planned for in the upcoming year to identify, remove and prevent barriers to persons with disabilities. The development of The Annual Accessibility Advisory Plan is the responsibility of the Accessibility Advisory Team (AAT). This Team advises the Board regarding the Hospital's obligations under the Ontarians with Disabilities Act. The Board supports compliance with the principles of accessibility. Specifically the AAT will:

1. Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.
2. Describe the measure in place to ensure that the organization assesses its Act/by-laws, regulations, policies, programs, practices and services to determine their effect on accessibility for people with disabilities.
3. is the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities.
4. Describe the measures the organization intends to take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Make the accessibility plan available to the public.

The hospital encourages active participation from employees and outside persons/groups with disabilities as it plans for and evaluates the Annual Accessibility Plan.

#### Roles



1. The Accessibility Advisory Team will educate, lobby, and advise on best practices to achieve the objectives of the Act. The Team will set up the procedures and review input and suggestions to provide for enhanced accessibility. It will report, annually, to the Board as defined in the Act.
2. Individual Managers are responsible to assure their services are provided in a manner that is accessible for persons with disabilities.
3. SMT will oversee the Accessibility Advisory Team and monitor compliance with the legislation and appropriate policies.
4. The Board Quality Management Committee receives and review the annual report of the Accessibility Advisory Team. The Board will receive the Accessibility Plan on an annual basis and provide a Board resolution to endorse the plan.

#### **REFERENCES:**

Ontario. Ministry of Citizenship, 2002. "Ontarians with Disabilities Act, 2001" Bill 125. Toronto, Queen's Printer. [www.gov.on.ca/citizenship/accessibility/english/act2001.htm](http://www.gov.on.ca/citizenship/accessibility/english/act2001.htm)

Ontario. Ministry of Citizenship, 2002. "A Guide to Annual Accessibility Planning under the Ontarians with Disabilities Act, 2001". Toronto, Queen's Printer. [www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm](http://www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm)

## Appendix D: Customer Service Policy

			
<b>TITLE:</b>	Accessibility – Customer Service	<b>NUMBER:</b>	ADMIN-22
<b>CATEGORY:</b>	Administration	<b>PAGE:</b>	1 of 2
<b>DEPARTMENT SERVICE/PROGRAM:</b>	Administration	<b>POLICY</b>	<input checked="" type="checkbox"/> <b>PROCEDURE</b> <input type="checkbox"/>
		<b>GUIDELINE</b>	<input type="checkbox"/> <b>STANDARD</b> <input type="checkbox"/>
<b>INTERNAL DISTRIBUTION:</b>	Organizational Wide	<b>EXTERNAL DISTRIBUTION:</b>	
<b>APPROVED:</b>	President and Chief Executive Officer	<b>APPROVAL DATE:</b>	
		<b>REVIEWED:</b>	May 5, 2009
		<b>REVISED:</b>	

### POLICY STATEMENT:

All people regardless of disability have equal right of access to all goods and services provided by the Thunder Bay Regional Health Sciences Centre (TBRHSC).

It is the policy of the TBRHSC that people with disabilities achieve accessibility to the provisions of goods and services by the TBRHSC, consistent with the principles of independence, dignity, integration and equality of opportunity as set out in the Accessibility Standards for Customer Service.

All TBRHSC staff and volunteers, who deal with members of the public, will receive Accessibility Awareness training within six months of beginning employment.

Reference Policy: Accessibility Admin -11

### PURPOSE:

The purpose of this policy is to establish procedures and practices that will facilitate the implementation of the Accessibility for Ontarians with Disabilities Act 2005 (AODA), and Ontario Regulations 429/07, Accessibility Standards for Customer Service. The goal of the Act is to improve accessibility across the province. Nothing in this policy and procedures diminishes in any way the legal obligations of the TBRHSC with respect to persons with disabilities that are imposed under any other Act or otherwise imposed law.

### IMPLEMENTATION:

#### Training

The TBRHSC will provide training about the provision of its goods and services to persons with disabilities. All TBRHSC employees, volunteers, agents, contractors and others who deal with

the public or other third parties, and those involved in developing customer service policies, practices, and procedures will receive Accessibility Awareness Training within six months of beginning their duties. The TBRHSC will also provide ongoing training with respect to changes in its policies, practices, and procedures to those individuals who require such training as soon as practical. The TBRHSC will keep records of the training provided, including dates training is provided and the number of persons trained.

Accessibility Awareness Training will include:

- a) how to provide goods and services in a manner that respects the dignity and independence of persons with disabilities
- b) how to interact and communicate with a person with a disability in a manner that takes into account his or her disability
- c) the process for people to provide feedback on how we provide goods and services to people with disabilities and how we will respond to any feedback and take action on any complaint
- d) how to interact with persons with disabilities who use an alternative device or require the assistance of a guide dog, service animal or a support person to access services or goods
- e) information on all TBRHSC policies and practices in regards to the AODA, 2005.
- f) a review of the purpose of the AODA, 2005 and the requirements of the Customer Service regulation
- g) how to use equipment or devices on the TBRHSC premises that may help with the provision of goods or services and how to adapt existing service delivery to a person with a disability
- h) what to do if a person with a disability is having difficulty accessing TBRHSC goods or services

### **Guide Dogs, Service Animals and Support Persons**

If a person with a disability is accompanied by a guide dog or other service animal, the TBRHSC shall ensure that the person is permitted to enter the premises with the animal and keep the animal with him or her unless that animal is otherwise excluded by law from the premises. If the service animal or guide dog is excluded by law from the premises, the TBRHSC will provide other measures to enable the person with the disability to obtain, use or benefit from the goods or services.

If a person with a disability is accompanied by a support person, they shall be permitted to enter the premises together and not be prevented from having access to each other while in the premises. The TBRHSC may require a person with a disability be accompanied by a support person while on our premises only if a support person is necessary to protect the health or safety of the person with a disability or others on the premises.

Where fees for goods and services are advertised or promoted, the TBRHSC will include the amount payable in respect of the support person in advance.

Reference Policies: Pet Visitation-PAT-5-25, Animals-Service-ADMIN-15

### **Disruption of Services**

If there is a disruption of a particular facility or service used to allow a person with a disability to access the goods or service, the TBRHSC will give notice of the disruption to the public, by posting the reason for the disruption, the anticipated duration of the disruption and describe

alternative facilities or services that may be available. This information will be posted in a conspicuous place in the premises or by other methods considered reasonable. If the disruption is expected, a reasonable amount of advanced notice of the disruption will be given. If the disruption is unexpected, notice will be provided as soon as possible.

### **Feedback Process**

The public can provide feedback on the accessibility of provisions of goods and services by the TBRHSC through the Accessibility Advisory Team by:

- a) e-mail at [accessibility@tbh.net](mailto:accessibility@tbh.net)
- b) mail addressed to President's Office, 980 Oliver Road, Thunder Bay, ON P7B 6V4
- c) phone at 807-684-6007
- d) in person President's Office, 980 Oliver Road, Thunder Bay, ON P7B 6V4

Feedback will be responded to within 3 business days by the receipt of the HSC. Refer to Annual Accessibility Plan, [http://www.tbrhsc.net/about\\_TBRHSC/accessibility\\_plan.asp](http://www.tbrhsc.net/about_TBRHSC/accessibility_plan.asp)



### **Assistive Devices**

If a person with a disability requires assistive devices to access the goods or services of the HSC, they will be allowed to use such devices. The HSC provides assistive devices at some facilities. These devices are outlined in the Annual Accessibility Plan, People First disability awareness pamphlet, Patient Services Directory.

### **REFERENCES:**

"Ontarians with Disabilities Act (ODA) 2001" and the "Accessibility for Ontarian's with Disabilities Act (AODA) 2005"

## Appendix: E Workplace Emergency Response - Accessibility

 			
<b>TITLE:</b>	WORKPLACE EMERGENCY RESPONSE - ACCESSIBILITY	<b>NUMBER:</b>	EMER-XX
<b>CATEGORY:</b>	ADMINISTRATION	<b>PAGE:</b>	1 OF 1
<b>DEPARTMENT SERVICE/PROGRAM:</b>	Emergency Plan	<b>POLICY</b>	x <b>PROCEDURE</b>
		<b>GUIDELINE</b>	<b>STANDARD</b>
<b>INTERNAL DISTRIBUTION:</b>	Organization Wide	<b>EXTERNAL DISTRIBUTION:</b>	
<b>APPROVED:</b>	President & CEO	<b>DATE:</b>	NEW

### DRAFT

#### PURPOSE

In accordance with the Accessibility for Ontarians with Disabilities Act (AODA) 2005 this policy is to ensure all employees with disabilities requiring assistance have an emergency response plan. The emergency response plan must be communicated and understood by the employee as well as any designate required to give assistance in an emergency.

#### POLICY

Managers shall provide the information required under this section as soon as practicable after the manager becomes aware of the need for accommodation due to the employee disability.

Every manager shall provide individualized workplace emergency response information to employees who have a disability, if the disability is such that the individualized information is necessary and the manager is aware of the need for accommodation.

If an employee who receives individualized workplace emergency response information requires assistance, and with the employees consent, the manager shall provide the workplace emergency response information to the person or persons designated to provide assistance to the employee.

Every manager shall review the individualized workplace emergency response information:

- (a) when the employee moves to a different location in the organization
- (b) the employee's overall accommodation needs or plans are reviewed
- (c) when the employer reviews its general emergency response policies

Documented understanding between the manager and employee will be kept by the manager and a copy sent to Human Resources to be kept in the personnel file.

A template example is attached.

#### **REFERENCES**

Service Ontario e-Laws, Accessibility for Ontarians with Disabilities Act 2005, *Employment Regulations, 27(1), 27(2), 27(3), 27(4)*, Retrieved November 16, 2011 website: [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_05a11\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm)

This policy and procedure is subject to, and shall be applied in accordance with all applicable collective agreements and current legislation.

### Emergency Response Plan – Individual – Accessibility

Response during an emergency (List code and response):

Who is responsible to assist the employee in the event of a code (if required):

\* this documented plan will be shared with other employees who are responsible to assist in an emergency situation.

Manager Signature

Employee Signature

Date

Manager Instructions

Keep original on file within your departmental records and forward a copy to Human Resources

## Appendix F: Accessibility Advisory Team (AAT) Terms of Reference

### Purpose

The team in partnership with people with disabilities, community members and special interest groups will be accountable for identifying and initiating strategies for removing barriers to accessibility. The team reports to the AAT meeting ongoing initiatives on the current year’s accomplishments and subsequent year’s strategies, with respect to increasing accessibility, in the Annual Accessibility Plan. This plan is presented to the Board to advise on the TBRHSCs obligations under the *Accessibility for Ontarians with Disabilities Act 2005*.

### Membership

The following areas will have representatives on the team (any individual member may fulfill representation of one or more areas):

- Communications
- Management
- Staff Education
- Purchasing
- Occupational Health & Safety
- Rehabilitation Services
- Support Services
- Hospital’s Policy and Procedure Committee Team member
- At least 2 Internal Representatives with a Disability
- At least 2 External Representatives with a Disability
- Representatives from organizations representing individuals with disabilities
- Senior Management
- Human Resources
- Physical Plant
- Information Technology
- Clinical Services
- Volunteer Services

- A management leader will chair the team.
- Members selected by virtue of their position will serve an indefinite term.
- Representative members will rotate service on a periodic basis.
- Administrative support will be provided by the senior management lead.

### Members of the Accessibility Advisory Team

Trina Diner	Manager, Communications and Engagement
Mary Jane Kurm	Clinical Manager (Past Chair)
Debbie Babiak	Occupational Health & Safety
Donna Brown	Volunteer
Margaret Capon	Admitting/Health Records
Vacant	Communications
George Fieber	Professional Practice Leader
Nancy Frost	Canadian Hearing Society

Derek Gascoigne	Environmental Services
Rob Gaunt	Cancer Centre Volunteer Coordinator
Don Halpert	Senior Management Representative
Angela Kutok	Recording Secretary
Nella Lawrence	Planning
Jay Leather	Canadian Hearing Society
Kelly Meservia-Collins	Staff Education
Rob Cella	Information Technology
Sharon Peters	CNIB
Adam Shaen	Human Resources
Lynn Burke	Consumer
Nadine Haalboom	CNIB
Dennis Morrow	Patient Family Advisor
Alison Warwick	Independent Living Resource Centre
Amy Vaillant	PUSH
Joy Asham	Community member/columnist

Accessible Thunder Bay is a committee of accessibility chairs from Saint Joseph’s Care Group, Confederation College, Lakehead University, the City of Thunder Bay, the Lakehead Public Board of Education and the Thunder Bay Catholic District School Board, who together deal with issues regarding the accessibility of Thunder Bay. The chair of the TBRHSC: AAT will sit on the Accessible Thunder Bay committee.

### Reporting Structure and Authority

The team will report to the Senior Management Team (SMT). The minutes will include issues requiring the attention of the SMT. The Senior Management representative is accountable for making certain that items to be referred to SMT are identified and will ensure that a response is communicated back to the team.

### Goals and Objectives of the Accessibility Advisory Team

1. Develop an Accessibility Plan, due every 5 years, for approval by the Board that shall address the identification, removal and prevention of barriers related to accessibility in the Hospitals policies, programs, practices and services. Specifically, the plan will include:
  - A report stating the actions the organization has taken to identify, remove and prevent barriers to persons with disabilities;
  - The measures in place to make certain that our organization evaluates its proposed changes to accessibility by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities;
  - A list of the accessibility by-laws, policies, programs, practices and services that our organization will review in the coming year in order to identify barriers to persons with disabilities;
  - The measures that our organization plans to take in the coming year to identify, remove and prevent barriers to persons with disabilities; and

- All other information that the regulations prescribe for the purpose of that plan.
  - Presentation of the Annual Plan to the Board of Directors for approval.
2. Make available to the public, in accessible formats, the approved Annual Accessibility Plan.
  3. Consider and advise on issues referred by Senior Management.
  4. Recommend the measures necessary for compliance with the *Accessibility for Ontarians with Disabilities Act, 2005*, the Canadian Council of Health Services Accreditation Standards and other relevant legislation and established standards.
  5. Evaluate, at least annually, the overall strengths and weaknesses of the team's functioning and develop strategies to deal with identified gaps.

## Process


- AAT discussions will take place prior to recommendations forwarded for approval.
- Time-limited sub-committees and task forces may be struck to deal with specific issues as required. These may include others who are not normally team members.
- The team will assemble one of two ways, bi-monthly or at the call of the Chair.
- The agenda package will be prepared at least one week in advance.

## Membership Duties and Responsibilities

The expectations of the members are as follows:

1. Be present at meetings of the team and actively contribute to achieving the overall goals and objectives. If unable to attend inform admin assistant – membership will be evaluated on an annual basis. If three (3) meetings are missed during your membership, your status will be reviewed.
2. Make use of the team as a forum to actively engage in discussion on accessibility.
3. Review and provide feedback on proposed or current strategies, issues, programs, practices, policies, and procedures.
4. Provide formal and informal reports to staff regarding the plans, activities and decisions of the team
5. Research issues as required.
6. The chair of the AAT is to supply Senior Management with recommendations, where appropriate, on matters dealt with by the team.
7. Members of the AAT shall participate in activities to promote accessibility.

## Appendix G: Modified Work Policy

 <h1 style="text-align: center;">Regional Health</h1> <p style="text-align: center; color: orange;">POLICIES PROCEDURES STANDARDS GUIDELINES</p>			
<b>TITLE:</b>	Modified Work	<b>NUMBER:</b>	OHS-oh-124
<b>CATEGORY:</b>	Human Resources	<b>PAGE:</b>	1 of 2
<b>DEPARTMENT SERVICE/PROGRAM:</b>	Occupational Health	<b>POLICY</b>	<input checked="" type="checkbox"/> <b>PROCEDURE</b> <input checked="" type="checkbox"/>
		<b>GUIDELINE</b>	<input type="checkbox"/> <b>STANDARD</b> <input type="checkbox"/>
<b>INTERNAL DISTRIBUTION:</b>	Organization Wide	<b>EXTERNAL DISTRIBUTION:</b>	
<b>APPROVED:</b>	Senior V. P. Corporate Services and Operations	<b>APPROVAL DATE:</b>	May 1, 1998
		<b>REVIEWED:</b>	March 4, 2003
		<b>REVISED:</b>	December 2006

### POLICY:

Thunder Bay Regional Health Sciences Centre will endeavour to provide modified work to its employees whenever possible or recommend a modified return to work program for those employees who have been absent from work for an extended period of time due to disability.

Modified work is any job or combination of tasks that an employee who is recovering from a disability may perform on a temporary basis without risk to themselves or others. This work may consist of regular tasks that have been changed, redesigned or physically modified as well as a special job which has been designated for a worker participating in a program. There may be a reduction in time or volume of work performed.

### PROCEDURE:

Employees must:

- Contact his/her manager/designate as soon as possible after a lost time illness/injury and maintain contact.
- Provide medical documentation regarding restrictions to normal duties and/or hours. Duration of restrictions must also be indicated.
- Co-operate with the modified work team members in identifying suitable employment that is consistent with their functional abilities.
- Attend all modified meetings
- Co-operate in health care initiatives and other return to work measures as required.

Managers must:

- Contact worker as soon as possible after the lost time or disability injury and maintain contact
- Maintain contact with the Occupational Health & Safety department

- Forward all medical forms to the Occupational Health & Safety department
- In co-operation with the employee, identify and arrange suitable employment that is consistent with the employee abilities
- Communicate and assist in the evaluation of the modified work program with the employee
- Communicate work restrictions to the employee's co-workers

Occupational Health & Safety will:

- Co-ordinate and facilitate modified work meetings
- Assist manager/designate to identify temporary suitable work based on employee's restrictions
- Monitor employee's progress throughout the program
- Liaise with WSIB or LTD provider if applicable

Union:

- to represent and participate in modified work programs

Human Resources: (if applicable)

- to provide information and guidance on issues related to Human Resources

A meeting will be held to review the work restrictions and develop a modified work plan if applicable. The modified work team will include:

- Employee
- Manager/designate
- Union representative
- OH & S representative
- Vocational Rehabilitation Specialist if applicable
- Human Resources as required

Subsequent meetings will be held at regular intervals to assess the employee's progress. The frequency can be determined on a case by case basis. A written copy of the plan will be distributed to the participants.

Programs are usually 6 to 8 weeks duration. Exceptions can be considered on an individual basis if there is medical need.

It is expected that there will be continuous progress ie. Increase in duties and hours worked.

The employee will be paid by TBRHSC for their hours worked. The balance of their shift will be paid by sick benefit, if eligible or the Workplace Safety & Insurance Board if applicable. If a third party is involved, this may differ pending approval of the parties.

This policy does not apply to employees who are permanently disabled and require accommodation. See policy HR-cba-18, Accommodation Process of Disabled Employees.

This policy is consistent with the Workplace Safety & Insurance Board's Early and Safe return to work guidelines: Employers and worker's are obliged under the Workplace Safety and Insurance Act/ Worker's Compensation Act to co-operate in the worker's early and safe return to suitable and available employment.' (WSIB: Document No. 19-02-01)

## Appendix H: Family Care Grants



### The Volunteer Association/Health Sciences Foundation Family CARE (Care Advancement Recommended by Employees) Grants Application Form

The new Volunteer Association/Health Sciences Foundation Family CARE (Care Advancement Recommended by Employees) Grants are here to help you – the family of healthcare providers that make the Health Sciences Centre the excellent facility it is. Listen for patient & family suggestions, too. Initiatives that improve the care we can provide benefit us all! Family CARE Grants can be used to improve the care you give every day.

#### Eligible:

The following criteria apply to all Family CARE Grant requests. Funded grants generally fall into one of these categories:

1. Patient and staff items that cannot be met by other sources.
2. Projects or items that will enhance the workplace environment.
3. Support the Patient and Family Centered Care model.
4. Enhance internal health programs offered by Thunder Bay Regional Health Sciences Centre.

This year \$60,000 is available for the family grant program. Grants awarded are up to \$2,500, although larger requests may be considered.

#### Ineligible:

The following will not be considered:

1. Conferences/workshops. (For more information contact Staff Education at extension 4577).
2. Health professional development and research.
3. Fax machines, digital cameras, printers and other computer equipment for staff use.
4. Books, publications, manuals, and pamphlets.
5. Single use items such as bus/taxi vouchers, food vouchers etc.
6. Ice machines.
7. Staff recognition parties.

#### Application Procedure:

##### **IMPORTANT NOTE: EACH REQUEST MUST BE ON A SEPARATE FORM**

1. Complete the Application Form. All required sections and signatures are mandatory. Applications that do not include this information will not be considered.
2. Submit **fifteen (15) hard copies and one electronic copy (.doc or .pdf)** of your application to the Health Sciences Foundation office by October 17, 2011, 5:00 p.m. to room 2232 (Foundation Main Office).
3. Submissions that do not meet the eligibility criteria outlined above will not be considered.
4. All equipment requests must be in compliance with building stipulations and must be supported and serviced by Thunder Bay Regional Health Sciences Centre.

5. Successful applicants must submit their invoice for the purchased item prior to **March 31, 2012**. Please note that the Foundation is only able to advance payment to the Health Sciences Centre **not** individuals.
6. Departments that receive grants are required to submit a three-paragraph report confirming the staff and patient benefit for the item that was implemented on their unit by **March 31, 2012**. If appropriate, a photograph or quotes can be included.



## SECTION II – Equipment, Capital Improvement and/or Furniture Requests

ALL requests for equipment, capital improvement and/or furniture must have specific item cost and taxes confirmed with the Purchasing Department and be in compliance with the Thunder Bay Regional Health Sciences Centre standards. Attach price quote, including all taxes, shipping and delivery. Please include a purchase plan for all items.

Description of Equipment, Capital Improvement and/or Furniture:

*Please see attached.*

## SECTION III – Other Funding Sources:

Please outline any other sources of funding for the project (i.e. regular budget funds, other grant programs) and amounts.

*The balance of the system will be sent to the Health Sciences Centre budget for review. The cost associated with the sign language services are not included in this application and will be reviewed upon acquiring the equipment.*

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If your request is partially funded, are there other funds available (i.e. department) to complete the project? (Please circle)            Yes            No

## SECTION IV – Implementation, Use & Impact:

How and where will the item(s) be implemented? (please attach additional pages as necessary)

*The Tandberg teleconferencing equipment will be managed in the Emergency department. It will be implemented upon receipt of the system, approval of the American Sign Language Services and training of staff is complete. The anticipated timeline for activation is summer 2012 to follow accessibility standards that are now law. Please see the attached for the system details.*

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Who will use the items/equipment and how does the request add value to patient or work patients, families or staff?

*ER staff will be using the equipment when required by a member of the community who has accessibility considerations and is required to communicate their health needs. When experiencing any level of hearing loss the challenge to express their own or a family members distress can be compounded in an emergency situation. This directly aligns with our accessibility goal, to be fully accessible for all patients, staff and visitors with disabilities by January 1, 2025*

---

What is the overall impact on the Health Sciences Centre if this request is funded?

*Staff in the ER will now have a better opportunity to service visitors to the department who require another option to communicate their health needs. During the evening the ability to access language services is limited and the Tandberg System and sign language services will eliminate the difficulty.*

**SECTION V - Priority Rating**

Program Directors / VP's are asked to prioritize each request as follows: (Please circle one)

- 1. Very important for program function
- 2. Important for program function
- 3. Desirable for program function

**SECTION VI - Signatures**

**IMPORTANT NOTE: To be signed AFTER forms are completed.**

The application must be endorsed by Vice-President or Assistant Vice-President AND Program Director.

\_\_\_\_\_  
 Signature of Person Completing Application

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Patient and Family Navigator

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Program Director/Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Vice-President

\_\_\_\_\_  
 Date

# ASL Videoconferencing System

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The recommended videoconferencing (VC) solution for the ASL implementation is a:

Tandberg 1000 MXP with a mobile cart, wireless network bridge, and a 1500VA UPS for onboard power which makes this VC system totally wireless from a connectivity standpoint.

The connectivity to the network will be through wireless Ethernet so the system can be mobile within the emergency department, no need for network jacks. The Emergency Department has 3 Access Points to provide for wireless connectivity from the VC system to the network.

The wireless network connectivity would connect to our OTN network in the Emergency department. Being connected to OTN would allow us direct connectivity to OIS, also on the OTN network. Also, by being on the OTN network, this VC system could connect to other OTN VC systems throughout the OTN network and be used for other applications on the OTN network, if required.

We choose the Tandberg 1000 MXP VC appliance over a PC based VC software solution and webcam because the appliance had better resolution, less lag and no pixilation, which we experienced with the software solutions during the ASL trials.

The Tandberg 1000 is certified for use on OTN but the VC software solutions are not which means they can not be connected to the OTN network. The software solutions, since they run on a PC or laptop, are susceptible to PC based software and hardware issues as well has the chance of being hacked in to.

The Tandberg 1000 MXP with a 12.1" LCD screen with a 3 year warranty and all the peripheral equipment to make this a working VC system in the Emergency department, comes at a cost of \$7,848.00.

Below are the itemized costs of the proposed videoconferencing solution.

Total Cost for the equipment is:

<b>Proposed Model: Tandberg 1000 MXP</b>			
<b>Ref</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit Price</b>
114001	Tandberg 1000MXP Kit including the codec and the camera including Natural Presenter Package called, "NPP"	1	\$4,816.00
	LCD Monitor	1	Included
	Size:12.1"	1	Included
	Manufacturer's Warranty – 1 year	1	\$366.00
	Extended Warranty and Maintenance – 2 <sup>nd</sup> and 3 <sup>rd</sup> year,	1	\$551.00
APC Smart-UPS 1500VA LCD 120V	Un-interrupted Power Supply	1	\$559.00
1131AG Cisco Access Point	Ethernet wired to wireless bridge	1	\$550.00
Ergotron Part # 24-205-214	Neo-Flex® Laptop Cart	1	\$699.00
Ergotron Part # 97-545	NF Cart Basket and Handle Kit	1	\$39.00
Ergotron Part # 80-105-064	CPU/UPS Holder	1	\$49.00
Ergotron Part # 97-544	NF Cart Wire Basket Kit	1	\$49.00
	Shipping	1	\$170.00
		<b>Total</b>	<b>\$7,848.00</b>

Price does not include applicable taxes.

Grant Number: \_\_\_\_\_  
 2011 Volunteer Association/Health Sciences  
 Foundation Family CARE Grants Application

A complete application must include ALL required signatures, a description of the project/item, cost breakdown (incl. taxes) and priority rating. **Applications that do not include this information will not be considered.**

**Remember: FIFTEEN (15) hardcopies and ONE (1) electronic copy** of your application are due in the Health Sciences Foundation Office by **October 17, 2011.**

**IMPORTANT NOTE: EACH REQUEST MUST BE ON A SEPARATE FORM**

**Application Check List:** *Braille Printer/Embosser*

Description of Item/Project	X
Description of impact/outcome	X
Price Quotation attached	X
Priority Level	X
All Required Signatures	X

**SECTION I**

Accessibility Advisory Team (AAT)    Trina Diner, Acting VP Communications and Engagement  
 Program/Department                      Name and Title of Person Completing This Form

X6765  
 Extension

Name and Location of Principal Beneficiary if Other Than Applicant  
 Don Halpert, VP Human Resources and Organizational Development

**SECTION II – Equipment, Capital Improvement and/or Furniture Requests**

ALL requests for equipment, capital improvement and/or furniture must have specific item cost and taxes confirmed with the Purchasing Department and be in compliance with the Thunder Bay Regional Health Sciences Centre standards. Attach price quote, including all taxes, shipping and delivery. Please include a purchase plan for all items.

Description of Equipment, Capital Improvement and/or Furniture:

*The Accessibility Advisory Team is applying for a Romeo 25 Braille Embosser, which requires Duxbury Translation software to operate.*

Romeo 25 Printer (1):	\$2,495.00
Duxbury Braille Translator 10.7: EnableMart.com	545.00
Sub-Total:	\$3040.00
+Shipping & Handling:	94.42
+ HST (13%):	407.75
Grand Total:	\$3,542.17

**SECTION III – Other Funding Sources:**

Please outline any other sources of funding for the project (i.e. regular budget funds, other grant programs) and amounts.

---

If your request is partially funded, are there other funds available (i.e. department) to complete the project?  
 (Please circle)                      Yes                      No

**SECTION IV – Implementation, Use & Impact:**

How and where will the item(s) be implemented? (please attach additional pages as necessary)

*The printer will become a product of Human Resources to be used by TBRHSC doctors and managers as requested. Equipment can be implemented following a training session with managers. Placement and final ownership of the printer will be reviewed upon change in demand and frequent usage.*

Who will use the items/equipment and how does the request add value to patient or work patients, families or staff?

*Included below.*

What is the overall impact on the Health Sciences Centre if this request is funded?



The Romeo 25 printer is a Braille embosser with a speed of 25 characters per second and the ability to make up to 99 copies of a document. It is a single-sided embosser with a long-standing reputation for outstanding Braille quality and durability. This type of embosser is suitable for TBRHSC because it does not require someone fluent in Braille to operate it. The translation software *Duxbury Braille Translator* will translate all documents. Braille printers that translate without software are very expensive; one price quote received was over \$20,000. If you send printing to the Romeo without translation software the end result would be difficult to read, there would be no distinction from upper/lowercase letters and there would be a lack of Braille contractions (abbreviations). It is a very well recognized translator with regard to Braille printers. This software translates Microsoft Office tools and is compatible with all of the recent Microsoft Windows versions (specifically Windows, 98, ME, NT, 2000, XP, Vista, and Windows 7). Other options that were looked into include a manual brailier, but this type of embosser could only be used by someone fluent in Braille, all characters would have to be typed manually in Braille and then printed out, these devices are more comparable to a type-writer.

A Braille embosser will help TBRHSC comply with the Accessibility for Ontarians with Disabilities Act (AODA), as the Information and Communications standard is law as of 2011. This standard requires that organizations have all requested documents in accessible formats.

People who would use this equipment will range from doctors to managers. It will make TBRHSC more accessible and allow for quick translation and printing of Braille documents for persons who are vision impaired and need to make health related decisions for themselves or family in our care. Various departments will also be able to access the printer for department or community members who require forms or policies.

**SECTION V - Priority Rating**

Program Directors / VP's are asked to prioritize each request as follows: (Please circle one)

- 1. Very important for program function
- 2. Important for program function
- 3. Desirable for program function

## SECTION VI - Signatures

**IMPORTANT NOTE: To be signed AFTER forms are completed.**

The application must be endorsed by Vice-President or Assistant Vice-President AND Program Director.

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient and Family Navigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vice-President

\_\_\_\_\_  
Date

## Grant Number: 2011 Volunteer Association/Health Sciences Foundation Family CARE Grants Application

A complete application must include ALL required signatures, a description of the project/item, cost breakdown (incl. taxes) and priority rating. **Applications that do not include this information will not be considered.**

**Remember: FIFTEEN (15) hardcopies and ONE (1) electronic copy** of your application are due in the Health Sciences Foundation Office by **October 17, 2011.**

### **IMPORTANT NOTE: EACH REQUEST MUST BE ON A SEPARATE FORM**

**Application Check List:** *Contego FM System and Neck loop*

<b>Description of Item/Project</b>	X
<b>Description of impact/outcome</b>	X
<b>Price Quotation attached</b>	X
<b>Priority Level</b>	X
<b>All Required Signatures</b>	X

### **SECTION I**

Accessibility Advisory Team    Trina Diner, Acting VP Communications and Engagement  
 Program/Department                      Name and Title of Person Completing This Form

X6765  
Extension

\_Name and Location of Principal Beneficiary if Other Than Applicant  
 Don Halpert, VP Human Resources and Organizational Development

## SECTION II – Equipment, Capital Improvement and/or Furniture Requests

ALL requests for equipment, capital improvement and/or furniture must have specific item cost and taxes confirmed with the Purchasing Department and be in compliance with the Thunder Bay Regional Health Sciences Centre standards. Attach price quote, including all taxes, shipping and delivery. Please include a purchase plan for all items.

Description of Equipment, Capital Improvement and/or Furniture:

### Contego FM System and Neck loop

<p>Comfort Audio's Comfort Contego is a wireless, digital, secure high-definition FM sound communication system designed to improve and enhance the quality of sound for persons with hearing loss.</p> <p>The Contego transmits high-definition digital sound over secure channels. It can be used with a neckloop that connects to a hearing aid (if applicable), it also comes with headphones.</p> <p>The systems include the following:</p> <ul style="list-style-type: none"> <li>• 1 Contego receiver</li> <li>• 1 Contego transmitter</li> <li>• 1 Carry bag</li> <li>• 1 Sound kit for using with the TV, computer, radio, music player (30 day warranty)</li> <li>• 1 power supply/charger (30 day warranty)</li> <li>• Rechargeable lithium-ion batteries</li> <li>• 1 Neck loop</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">\$ 1449.90</td> </tr> <tr> <td>Sub-total (x2):</td> <td style="text-align: right;">188.49</td> </tr> <tr> <td>+ HST (13%):</td> <td style="text-align: right; border-top: 1px solid black;">\$ 1638.39</td> </tr> <tr> <td>+ Shipping:</td> <td style="text-align: right;">29.95</td> </tr> <tr> <td><b>Grand Total:</b></td> <td style="text-align: right; border-top: 1px solid black;"><b>\$ 1668.34</b></td> </tr> </table>		\$ 1449.90	Sub-total (x2):	188.49	+ HST (13%):	\$ 1638.39	+ Shipping:	29.95	<b>Grand Total:</b>	<b>\$ 1668.34</b>
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+ Shipping:	29.95										
<b>Grand Total:</b>	<b>\$ 1668.34</b>										

## SECTION III – Other Funding Sources:

Please outline any other sources of funding for the project (i.e. regular budget funds, other grant programs) and amounts. \_\_\_\_\_

If your request is partially funded, are there other funds available (i.e. department) to complete the project? (Please circle)      Yes      No

## SECTION IV – Implementation, Use & Impact:

How and where will the item(s) be implemented? (please attach additional pages as necessary)

*Equipment will be accessible through Staff Education in addition to the FM systems already built into the TBRHSC. Users will contact the team to book and following brief instruction will be able to apply the system as needed in group or telephone settings.*

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Who will use the items/equipment and how does the request add value to patient or work patients, families or staff?

*This equipment will be used by persons with hearing loss. The Contego FM Transmitter will aid in making TBRHSC more accessible for staff, as well as outside visitors, which directly aligns with our accessibility goal, to be fully accessible for all patients, staff and visitors with disabilities by January 1, 2025. This product comes with recommendation from Don Halpert, member of the Accessibility Advisory Team (AAT), who purchased a set for personal use. He allowed members of the AAT try it and they all agreed that it is great for amplifying sound and sifting out background noises.*

*This device possesses a great advantage; currently TBRHSC has FM sound systems in two areas, the Boardroom and Auditorium A. Having the Contego will allow FM broadcasting to be portable, the unit is wireless, transportation to meetings outside of TBRHSC will be as simple as packing it into the carrying bag. The transmission from the Contego is digital coded, which makes it almost impossible for an outsider to intercept a conversation. The operational advantages of the Contego do not compare to any devices TBRHSC has, not to mention that it is small, light, sleek in design and comfortable to use.*

*There are many benefits to having this device for example; meetings, conference calls and public forums are made easy with the Contego, the transmitter can be set on the podium for a public speech, or just placed on the table at a meeting. Compared to other digital streaming devices the Contego has no time delay in the audio link between the transmitter and the receiver, this is especially important for those who use lip reading in addition to their hearing.*

What is the overall impact on the Health Sciences Centre if this request is funded?

Members of TBRHSC and the community cooperating with the TBRHSC with a hearing disability will be able to participate at a level that was not previously available to them.

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## SECTION V - Priority Rating

Program Directors / VP's are asked to prioritize each request as follows: (Please circle one)

- 4. Very important for program function
- 5. Important for program function
- 6. Desirable for program function

## SECTION VI - Signatures

**IMPORTANT NOTE: To be signed AFTER forms are completed.**

The application must be endorsed by Vice-President or Assistant Vice-President AND Program Director.

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient and Family Navigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vice-President

\_\_\_\_\_  
Date

## Grant Number: 2011 Volunteer Association/Health Sciences Foundation Family CARE Grants Application

A complete application must include ALL required signatures, a description of the project/item, cost breakdown (incl. taxes) and priority rating. **Applications that do not include this information will not be considered.**

**Remember: FIFTEEN (15) hardcopies and ONE (1) electronic copy** of your application are due in the Health Sciences Foundation Office by **October 17, 2011.**

**IMPORTANT NOTE: EACH REQUEST MUST BE ON A SEPARATE FORM**

**Application Check List: Patient Use Laptops**

<b>Description of Item/Project</b>	X
<b>Description of impact/outcome</b>	X
<b>Price Quotation attached</b>	X
<b>Priority Level</b>	X
<b>All Required Signatures</b>	X

**SECTION I**

Accessibility Advisory Team  
 Program/Department

Trina Diner, Acting VP Commun. And Engagement  
 Name and Title of Person Completing This Form

X6765  
 Extension

Name and Location of Principal Beneficiary if Other Than Applicant  
 Don Halpert, VP Human Resources and Organizational Development

**SECTION II – Equipment, Capital Improvement and/or Furniture Requests**

ALL requests for equipment, capital improvement and/or furniture must have specific item cost and taxes confirmed with the Purchasing Department and be in compliance with the Thunder Bay Regional Health Sciences Centre standards. Attach price quote, including all taxes, shipping and delivery. Please include a purchase plan for all items.

Description of Equipment, Capital Improvement and/or Furniture:

*Two community use laptops for patients who require communication and access to information.  
 The Zoom software is for patients who may require larger printer when viewing the screen.  
 Deep Freeze returns the system to the original setting in the occurrence that a patient may download personal material or external software.*

HSC Standard Laptop \$950 x 2	= \$1,900.00
Zoom Software \$100 x 2	=\$200.00
Deep Freeze Software \$50 x 2	=\$100.00
Tax	=\$286.00
<b>TOTAL</b>	<b>\$2,486.00</b>

**SECTION III – Other Funding Sources:**

Please outline any other sources of funding for the project (i.e. regular budget funds, other grant programs) and amounts. \_\_\_\_\_

If your request is partially funded, are there other funds available (i.e. department) to complete the project? (Please circle)                      Yes                      No

**SECTION IV – Implementation, Use & Impact:**

How and where will the item(s) be implemented? (please attach additional pages as necessary)

*The two laptops will belong to Telemedicine and be signed out to patients as needed. They will be implemented when final policies regarding use, patient internet access and possibility of rental fees are reviewed.*

Who will use the items/equipment and how does the request add value to patient or work patients, families or staff?

*The laptops will be used by patients who are staying at the HSC and request computer and internet use. This*

will allow patients to communicate with family who are not in town and to access other forms of information.

What is the overall impact on the Health Sciences Centre if this request is funded?

*Offering patients the opportunity to connect with people and information outside of the HSC during their stay will provide comfort and personal stability. Patients may also be able to access material to assist health care providers with any information that will assist with their treatment.*

## SECTION V - Priority Rating

Program Directors / VP's are asked to prioritize each request as follows: (Please circle one)

1. Very important for program function
2. Important for program function

3. Desirable for program function

## SECTION VI - Signatures

**IMPORTANT NOTE: To be signed AFTER forms are completed.**

The application must be endorsed by Vice-President or Assistant Vice-President AND Program Director.

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient and Family Navigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vice-President

\_\_\_\_\_  
Date