

Multi-year Accessibility Plan

January 1, 2013 to December 31, 2017

for

The Ottawa Hospital and Affiliates

University of Ottawa Heart Institute
Ottawa Hospital Research Institute

This publication is available on the following Web sites

www.ottawahospital.on.ca

www.ottawaheart.ca

www.ohri.ca

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1. Executive Summary

Since 2006, The Ottawa Hospital (TOH), University of Ottawa Heart Institute (UOHI) and Ottawa Hospital Research Institute (OHRI) have prepared an annual accessibility plan that addresses the identification, removal and prevention of barriers for persons with disabilities, in keeping with the Ontarians with Disabilities Act (ODA 2001).

The Integrated Accessibility Standards Regulation (IASR) of AODA became law in June 2011, and now requires hospitals to produce multi-year accessibility plans that include targets and timelines for compliance with the multiple requirements of the IASR, in addition to their activities relating to both the Customer Service Standard of AODA and locally-identified barriers in by-laws, policies, programs, practices and services.

In this, the TOH and Affiliates Multi-year Accessibility Plan 2013-2017, you will find references to the Accessibility for Ontarians with Disabilities Act (AODA 2005), which builds on the ODA and whose purpose is to create an accessible Ontario by 2025 through the development of standards and enforcement mechanisms. Compliance reporting on the Customer Service Standard was completed by member organizations in 2010, as required by law, and ongoing customer service standard initiatives continue. Legislated standards in the areas of Information and Communications, Employment and Transportation are combined in the Integrated Accessibility Standards Regulation (2011), and the phased-in nature of the IASR is reflected in the targets and timelines contained in the current multi-year plan. Finally, a preliminary plan to implement the Design of Public Spaces Standard, released in draft form by the Province of Ontario in August 2012, is included in summary form within the multi-year plan, in anticipation of this standard also becoming law in 2013.

In keeping with AODA and IASR, this plan was created in consultation with our Accessibility Committee (AC), including representatives from TOH, UOHI and OHRI, the Accessibility Advisory Working Group (AAG) and employees with disabilities. In addition, a variety of internal stakeholders from across all member organizations have been consulted and involved in the multi-year planning process.

TOH, UOHI and OHRI are committed to providing equal treatment to people with disabilities with respect to the use and benefit of services, programs, goods and facilities. The member organizations are committed to giving people with disabilities the same opportunity to access services and to allowing them to benefit from the same services, in the same place and in similar ways as all other patients, clients and employees. This commitment extends to patients, families, visitors, employees and volunteers with visible or non-visible disabilities.

This plan is available in alternate format, or with communication support, upon request.

Please address your inquiries to:

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2. Aim and Objectives of the Plan

This plan is intended to continue to move the member organizations toward their vision of accessibility and inclusion for all who come to work or use their facilities and services.

This plan:

- describes the member organizations covered by this accessibility plan
- describes the committees that are responsible to oversee the work that is required to fulfill the mandates of the ODA, AODA, IASR
- outlines the methodology used to identify barriers
- summarizes the actions taken during 2012 to identify, remove and prevent barriers to persons with disabilities
- outlines the measures to be taken during the next five years to meet the mandatory requirements of IASR (AODA)
- outlines measures taken to ensure ongoing compliance with the Customer Service Standard (AODA)
- outlines the plan to address barriers identified within member organizations over the past year
- outlines the review and monitoring process of the annual accessibility plan
- describes how the plan will be communicated internally and to the public

3. Definitions

For the purposes of this plan, the following definitions apply.

A “**barrier**” is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice (organizational barrier).¹

Architectural and **physical** barriers are features of buildings or spaces that cause problems for people with disabilities. Examples are:

- hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker
- counters that are too high for a person of short stature
- poor lighting for people with low vision
- doorknobs that are difficult for people with arthritis to grasp
- parking spaces that are too narrow for a driver who uses a wheelchair
- telephones that are not equipped with telecommunications devices for people who are Deaf, deafened or hard of hearing

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

Information or **communications** barriers happen when a person can't easily understand information. Examples are:

- print is too small to read
- websites that can't be accessed by people who do are not able to use a mouse
- signs that are not clear or easily understood
- a person who talks loudly when addressing a person with a hearing impairment

Attitudinal barriers are those that discriminate against persons with disabilities. Examples are:

- thinking that persons with disabilities are inferior
- assuming that a person who has a speech impairment can't understand you
- a receptionist who ignores a customer in a wheelchair

Technological barriers occur when a technology can't be modified to support various assistive devices. An example is:

- a website that doesn't support screen-reading software

Organizational barriers are an organization's **policies, practices or procedures** that discriminate against persons with disabilities. Examples are:

- a hiring process that is not open to persons with disabilities
- a practice of announcing important messages over an intercom that persons with hearing impairments cannot hear clearly²

Disability is:

- a. Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- b. A condition of mental impairment or a developmental disability,
- c. A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. A mental disorder, or

² Ministry of Community and Social Services website - http://www.mcscs.gov.on.ca/en/mcscs/programs/accessibility/understand_accessibility/what_barriers.aspx

- e. An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.³

4. Plan Member Organizations

The Ottawa Hospital (TOH), University of Ottawa Heart Institute (UOHI) and Ottawa Hospital Research Institute (OHRI) have joined together to prepare this Multi-year Accessibility Plan (2013-2017) in compliance with the Integrated Accessibility Standards Regulation (IASR) of AODA. The plan member organizations participated in a multi-year accessibility planning process in order to obtain the required information for the plan.

The plans and initiatives contained in this accessibility plan pertain primarily to the operations and services of The Ottawa Hospital and include the staff, volunteers, physicians and students of both the Ottawa Hospital Research Institute and the University of Ottawa Heart Institute who work within the TOH environment. In addition to the measures and initiatives included in this plan, affiliate organizations have assumed responsibility for AODA compliance in areas of their independent operations that are implicated by the legislation, and monitor and record their activities in this regard accordingly.

4.1 The Ottawa Hospital

The Ottawa Hospital is a leading academic health sciences centre in Canada. With our partners we are nationally recognized for the outstanding patient care, education and research that we provide. TOH is the busiest hospital in Ontario with three main campuses in the Ottawa region: the Civic, General and Riverside campuses.

TOH is a compassionate provider of comprehensive, high quality, patient-focused health care services in English and French to a population of 1.2 million people in Ottawa and Eastern Ontario. It boasts specialty centres in cancer, heart, kidney and vision care, as well as rehabilitation services.

As the largest teaching hospital in Canada and one of Ottawa's largest employers, The Ottawa Hospital is an invaluable asset to the National Capital Region's economic health and helps to make Ottawa one of the country's best cities in which to live, work and raise a family.

³ A Guide to Annual Accessibility Planning, under the Ontarians with Disabilities Act, 2001, <http://www.gov.on.ca/citizenship/accessibility/english/accessibilityplanning.pdf>, p. 8

TOH is also a proud partner in health care delivery in the Champlain Local Health Integration Network, a fundamental component of the Government's plan to build a stronger health care system in Ontario.

The Ottawa Hospital is governed by a voluntary Board of Governors, 20 appointed and elected members, including representatives from the University of Ottawa, and many sectors of the community.

Vision

To provide each patient with the world-class care, exceptional service, and compassion that we would want for our loved ones.

Mission

The Ottawa Hospital is a compassionate provider of patient-centred health services with an emphasis on tertiary-level and specialty care, primarily for residents of Eastern Ontario.

The Ottawa Hospital provides a wide variety of educational opportunities across all health care disciplines in partnership with the University of Ottawa and other affiliated universities, community colleges and training organizations.

The Ottawa Hospital develops, shares and applies new knowledge and technology in the delivery of patient care through nationally and internationally recognized research programs in partnership with the Ottawa Hospital Research Institute.

The Ottawa Hospital plays an active role in promoting and improving health within our community. The Ottawa Hospital collaborates with a wide range of partners to address the needs of the community and to build a strong, integrated system for regional health care delivery.

The Ottawa Hospital functions in English and French while striving to meet the needs of the culturally diverse community we serve.

Core Values

- Compassion
- A Commitment to Quality
- Working Together
- Respect for the Individual

4.2 University of Ottawa Heart Institute

Located at the Civic Campus, the University of Ottawa Heart Institute is an internationally recognized centre of excellence. It is Canada's only complete cardiac centre, encompassing prevention, diagnosis, treatment, rehabilitation, research and education.

Vision

We are Canada's largest and foremost cardiovascular health centre dedicated to understanding, treating, and preventing heart disease. We deliver high-tech care with a personal touch, shape the way cardiovascular medicine is practiced, and revolutionize cardiac treatment and understanding. We build knowledge through research and translate discoveries into advanced care. We serve the local, national, and international communities as we pioneer a new era in heart health.

Mission

We seek to prevent, curb, and ultimately end heart disease.

We strive to revolutionize the understanding and treatment of heart disease, and to play a leading role in eradicating it altogether. We aim to develop effective, efficient, and lasting heart disease management strategies. We seek to make a lasting contribution by developing new knowledge and translating discoveries into advanced treatment, detection, and prevention of heart disease.

By combining the practice, science, and teaching of cardiovascular medicine, we apply the latest insights, newest technology, and most advanced expertise to deliver outstanding patient care, train the best cardiac specialists, and pursue groundbreaking research.

Values

Patients come first

Inspiration is key

Collaboration is critical

Build knowledge networks

Drive to succeed

4.3 Ottawa Hospital Research Institute

The Ottawa Hospital Research Institute (OHRI) is the research arm of The Ottawa Hospital and an affiliated institute of the University of Ottawa. Their goal is to make tomorrow's health care possible today; bringing new hope to patients, while advancing health research at a global level.

Vision:

To give our patients and their loved ones new hope through research that is making tomorrow's health care possible today.

5. Accessibility Committees

Up until December 2012, two committees have assisted the plan member organizations in improving accessibility for patients and staff with disabilities who receive goods and services or who come to work at its facilities – the Accessibility Committee and the Accessibility Advisory Working Group.

The Ottawa Hospital Accessibility Committee, made up of representatives from the plan member organizations and from the Accessibility Advisory Group, revised and finalized its Terms of Reference in 2012 to better meet the requirements of the Integrated Accessibility Standards Regulation which became law in June 2011. The committee's terms of reference and membership list can be found in Appendix A.

The Accessibility Advisory Group, consisting of persons with disabilities, organizations representing persons with disabilities, as well as representatives from the plan member organizations continued in 2012 to provide feedback in support of achieving an accessible environment for patients, their families, and health care workers with disabilities. Its terms of reference were revised in 2012 to reiterate their commitment and support of the new standards. The committee's terms of reference and membership list can be found in Appendix B.

In November 2012 a decision was made to merge the two committees, forming one overarching Accessibility Committee with increased membership for both persons with disabilities and organizations who support them. This decision is aimed at increasing participation and engagement of community partners and volunteers in meaningful activity relating to increasing accessibility at member organizations. It will also ensure direct consultation with persons with disabilities on a continuing and ongoing basis, particularly as it pertains to the identification, removal and prevention of barriers and AODA compliance.

On December 10th, 2012 the first meeting of the Joint Accessibility/Accessibility Advisory committee occurred and the current multi-year accessibility plan was reviewed. As of 2013, this group will be referred to simply as the Accessibility Committee.

In addition to the Accessibility Committee (2013), a “Virtual Accessibility Advisory Network” has been established, to ensure that persons with disabilities and organizations that support them who wish to contribute to accessibility planning and initiatives at member organizations are kept up-to-date, and are invited to participate in Accessibility Committee workgroups or special accessibility-related activities as needed.

6. Commitment to Accessibility

All member organizations are fully committed to building a diverse, accessible and inclusive organization that takes into account the principles of dignity, independence, integration and equality of opportunity to ensure that policies, procedures, practices, programs and services respect the rights and needs of persons with disabilities, and to doing so in close collaboration with persons with disabilities.

The focus of the Accessibility Committee and that of the Accessibility Advisory Working Group over the past year has been on implementing a structure that will ensure that the phased-in requirements of the Integrated Accessibility Standards Regulation are met and that all compliance deadlines are achieved. In order to accomplish this goal, educational materials have been developed to communicate the reality of the IASR widely throughout all member organizations. (See Appendix C).

Subsequently, an IASR multi-year planning template was created to initiate, organize, monitor and report on progress toward IASR objectives. Actions and targets contributed from a wide variety of internal stakeholders using the planning template have been articulated directly into the current Multi-year Accessibility Plan. This process has been coordinated by the Accessibility Awareness and Planning office of TOH.

In the coming five years (2013-2017) the Accessibility Committee will monitor progress toward IASR requirements (including the DRAFT Design of Public Spaces standard) and other accessibility-related objectives contained in the present plan, and report to Senior Management (VP Corporate Operations and Clinical Programs) on this progress.

In addition, the committee will continue its ongoing process of barrier identification, removal and prevention, and strategize to meet emerging needs and priorities as they arise.

Finally, the committee and/or its chairpersons will respond on behalf of member organizations, to any and all compliance reporting requests from the Accessibility Directorate of Ontario (ADO) and/or the Ministry of Community and Social Services.

7. Barrier Identification Methodologies

The Accessibility Committee used the following barrier-identification methodologies to create the list of barriers to be addressed.

Methodology	Description	Status
Accessibility Advisory Working Group	Members of this advisory group examine delivery of goods and services at member organizations. Provides advice to Accessibility Committee re: community matters that may affect how citizens with disabilities experience health care at member organizations. They provide important insight regarding accessibility	Issues brought to Accessibility Committee for information and follow-up.
Accessibility Audits by University of Ottawa OT students.	UofO Occupational Therapy students, under the supervision of OT staff regularly conduct accessibility audits as part of their studies. The audit results are used to address issues pertaining to accessibility.	Data from audits is made available to Accessibility Committee and is used to identify priority areas for change.
Employee input	Staff participating in Accessibility Training (classroom or online) are invited to provide feedback on accessibility issues of which they are aware.	Issues are brought to the Accessibility Committee's attention for follow up.
Review of construction/ renovation projects	Construction and renovation projects are reviewed by a member of the Accessibility Committee with knowledge in accessibility.	Concerns are identified and measures taken to remove and/or prevent barriers.
Accessibility Feedback Mechanism	The feedback mechanism is posted on the organizations' websites under the Accessibility tab. Feedback is reviewed by two people who respond and follow up with appropriate internal stakeholders.	Websites monitored daily, emails acknowledged and forwarded to most appropriate department/ person for follow-up.
AODA Legislation	Mandatory requirements of the legislation set targets for needed accessibility initiatives and/or change at member organizations. Previously-achieved requirements and standards (such as the CSS) are reviewed to ensure ongoing compliance.	AODA requirements are a primary driver of change for the period of this plan (2013-2017).

Table 1 Barrier Identification Methodologies

8. Accessibility Achievements – 2012

Throughout 2012, The Ottawa Hospital and member organizations continued to make strides in providing an environment that promotes the participation and inclusion of persons with disabilities, and in meeting the ongoing requirements of AODA legislation.

Accessibility Committee:

2012 has been a year of transition for the Accessibility Committee. In July 2012 the senior leadership of the committee was transferred to Cameron Love, VP of Corporate Operations and Clinical Programs, as part of an overall re-organization of committee structures at TOH. Helen Zipes, Clinical Director of The Rehabilitation Centre and Academic Family Health Team and Brenda Morris, Accessibility Awareness and Planning Coordinator became Co-Chairs of the Accessibility Committee at this juncture. The Terms of Reference for the Accessibility Committee were finalized in October 2012, and include both a broadened membership and the provision for the formation of workgroups to address issues arising and legislative requirements. The first working group, “Accessible Washrooms” was formed in October 2012.

Accessibility Planning:

Building on the consultant’s report “Moving Forward with Accessibility at TOH” delivered in early 2012; a comprehensive IASR Multi-year Planning template was created and now provides an overarching work plan for TOH and affiliate organizations. This process has been initiated and coordinated by the Accessibility Awareness and Planning Coordinator at TOH, who has helped commence and support the process of accessibility planning within hospital areas and departments now implicated by the requirements of the IASR. Affiliate organizations have also been involved in this process, such that overlapping services and responsibilities have been clarified (See 4.0 Plan Member Organizations).

Accessibility Advisory and Consultation:

Members from the Accessibility Advisory Working Group have been merged into the existing Accessibility Committee, with an increased number of places at the Committee for persons with disabilities. Former Accessibility Advisory members who do not join the Accessibility Committee have been offered the opportunity to stay connected through the Virtual Accessibility Advisory Network, coordinated by a volunteer and connected to the Accessibility Committee.

IASR General Requirements (Compliance deadline January 1, 2013)

TOH has been successful in meeting the compliance deadlines for the following general requirements of the Integrated Accessibility Standards Regulation (IASR):

i. ASR Section 3: Establish written accessibility policies

- Global accessibility policy revised to include standards of the Integrated Accessibility Standards Regulation (IASR) and posted on external and internal websites.

ii. IASR Section 4: Establish multi-year accessibility plan in consultation with persons with disabilities

- Current plan integrates issues identified by Accessibility Committee, Accessibility Advisory Group, staff and public, and has been reviewed by the newly-formed Accessibility Committee, including persons and employees with disabilities.
- Multi-year Accessibility Plan (2013-2017) to be posted on external and internal website early in January 2013.
- Plan is available in alternate format or with communication support, upon request.

iii. IASR Section 5: Incorporating accessibility criteria when procuring goods, services and facilities

- Current practices in procurement were reviewed to identify points of opportunity for integration of accessibility criteria.
- Accessibility language and prompts integrated into RFP process and other related documentation, including Product Evaluation Standardization Committee (PESC) form.
- Statement integrated in all contracts that contractors are responsible for AODA Customer Service Training for their employees.
- Purchasing policy revised to include integration of accessibility criteria in procurement.
- Process initiated to integrate prompts/language into i-procurement and will be in place by April 1, 2013.
- Prompt integrated into RFP and PESC processes to indicate need to document when impracticable to integrate accessibility criteria/features.
- Process for documenting "impracticable" developed in purchasing department.

- Training needs of staff identified and education plan developed with AAP, beginning with PESC in January 2013.
- Training needs re: accessibility and procurement for all Managers and staff who request purchases included in AODA corporate education strategy.

iv. IASR Section 6: Incorporate accessibility features when designing procuring or acquiring self-service kiosks

- Information Systems has collaborated with purchasing to articulate process used to build accessibility criteria into I.S. procurement process for self-service kiosks, through RFP process.
- Project manager assigned to coordinate with purchasing, collaborate with AAP to develop education plan, and support ongoing identification of where and how accessibility can be further integrated into procurement processes for self-service kiosks.

In addition, the following training activities relative to IASR Section 7 have occurred. Section 7 carries a compliance deadline of January 1, 2014, as well as a “as soon as is practicable” directive.

v. IASR Section 7: Training on IASR accessibility standards and Human Rights Code for all staff (Compliance deadline January 1, 2014)

An educational presentation entitled “Accessibility Planning at TOH and the IASR” has been presented to:

- Members of senior management at Corporate Operations Committee (August 2012)
- The Accessibility Committee (October 2012)
- The Accessibility Advisory Working Group (November 2012)
- Accessibility leaders at The Ottawa Hospital Research Institute (OHRI) and the University of Ottawa Heart Institute (UOHI)
- Senior leaders, Directors and Managers in Human Resources, Organizational Development, Occupational Health and Safety, Procurement, Information Systems, Business Development, Parking and Security, Printing, Planning and Development, Facilities, Patient Advocacy, Volunteers, Risk Management and Communications.
- The Patient Experience Committee
- The Corporate Clinical Directors group (September 2012)

This training focused on IASR requirements and did not include training on the Human Rights Code (HRC).

Other accessibility accomplishments in 2012 include:

- OT students completed an assessment of the Civic campus and an assessment of the Ottawa Hospital Rehabilitation Centre.
- OT students assessed various areas at the General and Civic campuses that had been built or renovated since the past assessments were completed.
- An Accessibility Communications Strategy has been developed and will continue on an ongoing basis.
- A 2012-2013 Leadership Academy Team has been formed to review best practices regarding patient education materials and suggest framework to allow TOH to develop and manage all materials, including those to meet the needs and requirements for patients with disabilities. VP Communications A. Neill is the project preceptor.
- Accessible washrooms have been designed for the Riverside campus and the tender process begun.
- Designated space for persons using mobility aids has been created in General campus and Civic campus auditoriums.
- A corporate training and education plan has been established and will include the development of an Accessibility Resource Centre on Infonet.
- Customer Service Standard training has been ongoing through Corporate Orientation, Management Foundations, Electronic Learning Management (ELM) online modules and departmental requests.
- An "Accessible Washrooms" work group was formed to better identify and prioritize areas in need of increased accessible washroom facilities.
- The transfer of the Accessibility Feedback Mechanism on the external website to Patient Advocacy has been initiated and will occur early in 2013.
- The creation of the Virtual Accessibility Advisory Network.
- The inclusion of Accessibility on the corporate risk management plan.
- The custom design and creation of a maternity suite suitable for patients with quadriplegia at the General Campus.

9. Work Plan for 2013-2017

The work plan has been divided into two parts. The first consists of the barriers that will be addressed based on feedback received through the different venues described in Section 7 of this plan, and/or those that have been brought forward from the 2012 plan.

The second outlines the action plans that have been created in various departments and areas of service that are implicated by the requirements of the Integrated Accessibility Standards Regulation (IASR). By following these itemized action plans, full compliance with legislated AODA standards will be achieved, and locally-identified priorities will also be addressed.

9.1 Identified barriers

BARRIER	ACTION PLAN	RESPONSIBILITY
Insufficient number of accessible washrooms	Evaluate current availability of accessible washrooms and develop priorities for change Ensure accurate signage of accessible washrooms	2013-2017 Accessible Washrooms Working Group Facilities Wayfinding
Insufficient reserved seating and difficulties with patient paging in waiting areas.	Issue to be reviewed by Accessibility Committee for action planning	2013 Accessibility Committee
Lack of awareness and sensitivity re: needs of persons with disabilities	Ongoing Customer Service Standard training Online Accessibility Resource Centre on Infonet Communication strategy using TOH publications National Access Awareness Week activities	2013-2017 AAP Communications

Table 2 Identified Barriers

9.2 Implementation of the Integrated Accessibility Standards Regulation (Ont. Reg. 191-11)

The following implementation plan has been derived by means of a planning process that aims to both disperse accountability for IASR regulatory compliance throughout the organization and allow for central coordination, information-sharing, monitoring and reporting of the implementation process. Action plans contained within the overall implementation plan have been created by the most relevant departments and services in each area, such that the chart represents a fully customized and locally-developed plan that is appropriate in the TOH and affiliates context.

TOH Implementation Plan (IASR)

Legend:

AAP Accessibility Awareness and Planning office
AC Accessibility Committee
HR Human Resources

IT Information Technology
OD Organizational Development
OHS Occupational Health and Safety

Part 1: General Requirements

Table 3 The Ottawa Hospital Implementation Plan (IASR)

AODA/IASR 191/11 Section 7 Compliance: Jan 1, 2014	ACTION PLAN	Timeline and Responsibility
7.1 Provide training on IASR accessibility standards and Human Rights Code All employees, volunteers, persons participating in development of organizational policy and other persons who provide goods, services or facilities on behalf of the organization, receive training	Redevelop ELM Training to include IASR requirements	2013 AAP
	Relaunch ELM training to all staff	2013 AAP
	Collaborate with Volunteers to relaunch Accessibility Training using alternate methods (no access to ELM)	2013 AAP, Volunteer Managers
	Identify policy makers and other groups requiring education and develop plan to provide this training	2013-2017 AC
	Develop online Accessibility Resource Centre, using InfoNet, for all staff	2013-2017 AAP
Develop and launch Accessibility Communications Strategy across the organization	2013-2017 AAP, Communications	

<p>7.2 Training is appropriate to duties</p>	<p>Inform Senior Leaders and Directors in relevant areas of implications of IASR. Leaders identify training and resource needs of staff and collaborate with AAP to create training plan</p> <p>Design and deliver AODA Compliance Training to managers and coordinators using blended learning design (online and classroom)</p> <p>Create online training modules on specific requirements for use by staff in various areas</p>	<p>2013 AAP, AC</p> <p>2013 AAP, AC</p> <p>2013 AAP</p>
<p>7.3 Deliver training as soon as practicable</p>	<p>Education activities begin immediately and continue ongoing as required</p>	<p>2012-2017 AAP, other</p>
<p>7.4 Training regarding policy changes</p>	<p>Policy communicated as per TOH protocol</p> <p>Develop communications strategy to ensure broad messaging of changes</p>	<p>2013-2017 Policy Coordinator, Communications, AAP</p>
<p>7.5 Record of training</p>	<p>Keep current record of all training activities</p>	<p>2013-2017 AAP</p>

Part II: Information and Communication Standards

AODA/IASR 191/11 Section 11 Compliance: Jan 1, 2014	ACTION PLAN	TIMELINE AND RESPONSIBILITY
<p>11.1 Ensure feedback processes are accessible by accessible formats and/or communication supports upon request</p>	<p>A wide variety of options are available for people to provide feedback on accessibility at The Ottawa Hospital:</p> <ul style="list-style-type: none"> • Clarify existing channels of communication for accessibility feedback, confirm contact information and streamline where possible • Consolidate accessibility feedback from across the organization, present to accessibility committee, track and report as needed • Actively solicit feedback on accessibility through multiple channels • Identify where accessibility feedback is already solicited, and where it could be increased • Ensure invitations to provide feedback are available in alternate format or using communication support if requested • Collaborate to ensure accessibility feedback is actively solicited via multiple options. Review existing education material and develop accordingly <p>A wide variety of options are available for people to provide general feedback to TOH on patient-care and employee services and supports:</p> <ul style="list-style-type: none"> • Identify current methods of soliciting general feedback from patients and/or employees • Ensure availability of alternate formats within these mechanisms 	<p>2013</p> <p>AAP Patient Advocacy AC Chairs Communications Printing Other stakeholders as needed</p>
<p>11.3 Notify the public about the availability of accessible formats and communication supports</p>	<p>Insert statement regarding availability of alternate formats in all communications regarding feedback processes</p>	<p>2013 Communications, AC</p>

AODA/IASR 191/11 Section 12 Compliance: Jan 1, 2015	ACTION PLAN	TIMELINE AND RESPONSIBILITY
<p>12.1 Provide accessible formats and communication supports for information</p> <p>Information in accessible formats and/or using communication supports provided:</p> <ul style="list-style-type: none"> • in a timely manner that takes into account the person’s accessibility needs due to disability and • at a cost that is no more than the regular cost charged to other persons 	<p>Provide training to Graphics Designers for the following courses:</p> <ul style="list-style-type: none"> • Accessible PDFs with WCAG 2.0 • Accessible PDF Forms with WCAG 2.0 <p>Testing phase to begin once priority list of Top 10 Forms and Top 10 Patient Guides are identified</p>	<p>March 2012 ongoing Printing</p>
	<p>Develop process for identifying Top 10 Patient Guides and Top 10 Forms for conversion</p> <p>Leadership Academy project to determine a framework for TOH to review patient education materials, patient education booklets, website, and patient services directory</p>	<p>2013-2014 AC or sub-group</p> <p>2012-2013 LA Team and VP Communications</p>
	<p>Create standard process for requesting alternate format, request form etc. for patients and staff</p> <p>Increase awareness of this amongst patients and staff (develop education)</p>	<p>2013-2014 AC or Subgroup</p> <p>2013-2017 Communications, AAP and other</p>
	<p>Convert patient information and TOH forms to Accessibility Compliant PDF format, following priority list as determined above. An accessibility compliant PDF can be used by screen readers, Braille machines; and large print formats.</p> <p>Investigate accessibility options for non-print formats of communication ie. video resources, online directories, website. (Text for hearing impaired, captioning, audio captioning etc.)</p>	<p>2013-2017 Printing Services</p> <p>2013-2015 Communications, AC</p>
	<p>Create policy and standards (printing, developing content, communications etc.)</p>	<p>2013-2017 Communications, AC or Subgroup</p>

<p>12.2 Consult with person requesting alternate format</p>	<p>Integrate consultation with the requestor into the standard process for requesting alternate format</p>	<p>All involved as above</p>
<p>12.3 Notify public of availability of these alternatives</p> <p>Post notices of the availability of alternate formats and communication supports on:</p> <ul style="list-style-type: none"> • Internal and External Website • Patient Services Directory • Information Services/Volunteers • TV monitors • Signage (icons etc.) • Pamphlets 	<p>Develop messaging and integrate appropriate wording/statement for website, signage, patient services guide and all other channels of communication</p>	<p>2013 Communications, AAP</p>

AODA/IASR 191/11 Section 14 Compliance: Jan 1, 2014 (Level A) Compliance: Jan 1, 2021 (Level AA)	ACTION PLAN	TIMELINES AND RESPONSIBILITY
14.1 Ensure internet and intranet websites and web content conform to WCAG 2.0 guidelines (Web Content Accessibility Guidelines) at the following levels: <ul style="list-style-type: none"> • New websites and web content to Level A by January 1, 2014 (14.4) • All websites and web content to Level AA by January 1, 2021 (other than live captions and audio descriptions) (14.4) 	Consult with external web service providers, re: WCAG compliance	2012-2013 Communications
	Conduct GAP analysis of current external website by evaluating current status relative to WCAG 2.0 level A	2012-2013 Communications
	Develop plan to make any necessary changes or upgrades to ensure level A by 2014	2012-2013 Communications
	Consult with High Roads Communication, intranet service providers, re: WCAG compliance	
	Develop plan to ensure guidelines are met while redesigning the internal website	
	Conduct end stage evaluation of external website to ensure compliance	2013-2014
	Conduct end stage evaluation of internal website once redesigned, to ensure compliance	
Determine necessary upgrades/changes to meet Level AA and create plan to implement them for both internal and external websites	2014-2017 Communications	
Determine implications of WCAG for all website content providers and infonet superusers and editors	2013-2017 AC, Communications	
Collaborate to ensure content to be posted is appropriately formatted relative to WCAG standards	2013-2017 AC, Communications	

Part III: Employment Standards

AODA/IASR 191/11 Section 22-24, 26 AND 32 Compliance: Jan 1, 2014	ACTION PLAN	TIMELINE AND RESPONSIBILITY
<p>Ensure availability of accommodations in recruitment, selection, hiring processes.</p> <p>Consult with individual on determining necessary accommodations</p> <p>Include accessibility considerations in redeployment processes.</p> <p>Provide accessible formats and communication supports for job or workplace information, upon request</p>	<p>Develop strategy for integrating recruitment, selection and hiring processes with information concerning accommodations</p> <p>Develop process/policy for involving individual in determination of necessary accommodations</p> <p>Develop strategy for addressing accessibility considerations in redeployment processes</p> <p>Develop process for the request of workplace information in alternate format and/or with communication supports and implement</p>	<p>2013 HR</p>
AODA/IASR 191/11 Section 25 Compliance: Jan 1, 2014	ACTION PLAN	TIMELINE AND RESPONSIBILITY
<p>25.1 Inform employees of policies supporting employees with disabilities</p>	<p>Develop method of informing employees of policies supporting employees with disabilities</p>	<p>2013 OHS</p>
<p>25.2 Provide this information to new employees as soon as practicable after hiring</p>	<p>Updated Corporate Orientation OHS Presentation. Add basic information on accommodation and return to work during orientation</p>	<p>2013 OHS</p>
<p>25.3 Provide updated information on accommodations policies to employees when changes occur</p>	<p>Accommodation and Return to Work policies posted as per TOH protocol</p>	<p>2013 OHS</p>

AODA/IASR 191/11 Section 28 Compliance: Jan 1, 2014	ACTION PLAN	TIMELINE AND RESPONSIBILITY
28.1 Develop written process for documented individual accommodation plans	Update Corporate Accommodation Policy Consult stakeholders Finalize Policy	2013 OHS
28.2 Include prescribed elements in process	The above policy will include or refer to all prescribed elements	2013 OHS
28.3 Individual accommodations plans shall: Include any information regarding accessible formats and communications supports provided, if requested Include individualized workplace emergency response information, if required Identify any other accommodation that is to be provided	The above policy will include or refer to all prescribed elements	2013 OHS
AODA/IASR 191/11 Section 29 Compliance: Jan 1, 2014	ACTION PLAN	TIMELINE AND RESPONSIBILITY
29.1 Develop a documented return-to-work process	Update Corporate RTW (Return to Work Policy) Document existing processes for work and non work RTW programs Consult stakeholders Finalize Policy	2013 OHS

<p>29.2 Include steps employer will take to facilitate return to work and use documented individual accommodation plans</p>	<p>Update Corporate RTW (Return to Work Policy) Document existing processes for work and non work RTW programs Consult stakeholders Update Policy</p>	<p>2013 OHS</p>
<p>AODA/IASR 191/11 Section 30 Compliance: Jan 1, 2014</p>	<p>ACTION PLAN</p>	<p>TIMELINE AND RESPONSIBILITY</p>
<p>30.1 Include accessibility considerations in performance management processes The use of the performance management process takes into account the accessibility needs of employees with disabilities, including existing accommodation plans</p>	<p>Review proposed new ePerformance process and identify opportunities for integration of accessibility criteria Ensure that proposed ePerformance tool will also be available in alternate formats and/or communication supports, upon request Develop question(s) that ensure accessibility needs are identified and addressed in the ePerformance process/tool Integrate questions into ePerformance tool Integrate question into Probationary Period assessment Educate managers and supervisors around rationale for including these questions, obligations of the employer, and articulation with accommodation plans through Occupational Health</p>	<p>October 2012 AAP, OD 2012-2013 OD Nov 2012, AAP and OD Nov 2012 OD, IT Nov 2012 OD 2013-2014 and ongoing AAP and OD</p>

AODA/IASR 191/11 Section 31 Compliance: Jan 1, 2014	ACTION PLAN	TIMELINE AND RESPONSIBILITY
<p>31.1 Include accessibility considerations and individual accommodation plans in career development and advancement, including additional responsibilities within current position</p> <p>The use of the ePerformance management tool identifies any barriers due to disability relative to career development and prompts discussion of accommodations or supports needed</p>	<p>Review proposed new ePerformance process and identify opportunities for integration of accessibility criteria within career development section</p> <p>Develop question(s) that ensure accessibility needs are identified relative to career development, including additional responsibilities/opportunities within current position</p> <p>Integrate questions into ePerformance tool</p> <p>Provide training to managers and supervisors around rationale for including these questions, obligations of the employer, and articulation with accommodation plans through Occupational Health</p>	<p>October 2012 OD, AAP</p> <p>November 2012 OD, AAP</p> <p>Nov 2012 OD, IT</p> <p>2013-2014 and ongoing AAP, OD</p>

Part IV: Draft Built Environment Standards (Design of Public Spaces)

AODA DRAFT Design of Public Spaces Standard (not yet legislated)	ACTION PLAN	TIMELINE AND RESPONSIBILITY
<p>S. 80.16, 80.22, 80.33-80.37, 80.39-80.42</p> <p>Technical requirements outlined in the AODA Built Environment Standards (Design of Public Spaces) are met in all new construction and/or renovation, in all relevant areas including:</p> <ul style="list-style-type: none"> • Accessible Parking • Exterior paths of travel • Outdoor public use eating areas • Service Counters • Fixed queuing guides • Waiting areas • Maintenance 	<p>Identify stakeholders involved in development, redevelopment, design, renovation and maintenance of public spaces and share information on status of Built Environment standards</p> <p>Identify and inform relevant stakeholders of proposed new standards for Accessible Parking</p> <p>New standards implemented as they are made law</p> <p>Identify current maintenance schedules for interior and exterior spaces</p> <p>Identify any need to add new maintenance as per requirements of AODA, once proposed standards are made law</p>	<p>2012-2017 AAP, AC, UOHI, OHRI</p> <p>2012-2017 AAP, AC</p> <p>All</p> <p>2012 Facilities</p> <p>2013-2017 Facilities, AC</p>

10. Review and Monitoring Process

Accessibility planning is an important means of improving both the safety and quality of service delivery to the populations we serve, of attracting and retaining employees, and of increasing the efficiency of our operations. It also leads to improved patient experiences.

Working groups and Consultation with persons with disabilities

The Accessibility Committee (now merged with the Accessibility Advisory Working Group) will meet quarterly (at a minimum), to review progress toward the goals and targets outlined in this multi-year accessibility plan.

As per the Terms of Reference of the Accessibility Committee, working groups will be formed as needed to facilitate implementation and to foster a collaborative process that will ensure both regulatory compliance and as well as attention to other priority issues. In all cases, persons with disabilities and employees with disabilities will be included in the working group process, and the Virtual Accessibility Advisory Network will be a primary resource in this regard.

Accountability: Internal and External

The IASR Multi-year work plan will be coordinated, monitored and tracked by the Accessibility Awareness and Planning (AAP) office who will work with stakeholders to ensure that reporting on accessibility measures and initiatives is up-to-date and that member organizations are well-prepared to respond to compliance reporting requests and/or AODA audits as needed over time.

The Chairs of the Accessibility Committee will present regular updates to the VP of Corporate Operations and Clinical Programs and/or other members of senior management, as required.

Annual progress reports

As per IASR legislation, annual progress reports on the multi-year plan will be produced and reported publicly on external and internal websites. These annual progress reports will also include new and emerging targets and objectives related to improving accessibility at The Ottawa Hospital and affiliate organizations.

All accessibility planning documentation and reporting will be available in alternate formats and/or with communication support, upon request.

11. Communication of the Plan

The 2013-2017 Multi-year Accessibility Plan will be posted on the internal and external websites of the member organizations: The Ottawa Hospital, University of Ottawa Heart Institute and Ottawa Hospital Research Institute.

The Multi-year Accessibility Plan has been produced using formatting that will facilitate conversion to alternate formats, such as Braille or large font. The plan will be made available in alternate format and/or with communication support, upon request. You can make your request by contacting:

The Accessibility Awareness and Planning Office
The Ottawa Hospital Rehabilitation Centre
505 Smyth Road
Ottawa, ON
K1H 8M2
brmorris@toh.on.ca or kparent@toh.on.ca
(613) 798-5555 ext. 75535 or 75303

A copy of the plan is also available in the libraries at each campus, from the Accessibility Awareness and Planning Office and from the Communications Department at The Ottawa Hospital.

Appendix A

The Ottawa Hospital Accessibility Committee Terms of Reference Final – Approved October 1, 2012 by Committee

Mandate:

TOH Accessibility Committee (representing The Ottawa Hospital, the University of Ottawa Heart Institute and the Ottawa Hospital Research Institute) will report annually on TOH's progress made in the field of accessibility and ensure the accessibility needs of people (visitors, patients and TOH employees) living with disabilities are accounted for and incorporated into architectural, clinical or program planning of services by TOH.

Objectives:

The Accessibility Committee will meet the following objectives:

- People living with disabilities are represented in all Accessibility Committee initiatives/proceedings;
- Employees in clinical, operational, financial, human resources and communications teams learn about, raise awareness of accessibility needs and contribute to accessibility planning and monitoring activities as per AODA legislation.
- Reports to the Senior Management team that leads to the implementation (and, where necessary, creation) of accessibility best practices at TOH;
- Through the development of a multi-year accessibility plan, TOH will become Canada's leading hospital in terms of accessibility to serve its community.

Membership and Governance:

The following stakeholder organizations, teams and individuals will constitute the Accessibility Committee:

- Co-Chairs: Director Rehab and AFHT and Coordinator, Accessibility Awareness and Planning (AAP)
- Patient Advocacy
- Facilities
- Rehab Centre
- Human Resources
- Nursing and Professional Practice
- Communications
- Printing

- Senior Friendly Hospital Committee
- Planning & Capital Projects
- Heart Institute
- 1 TOH employee PWD (person with a disability)
- 2 reps from Accessibility Advisory group
- Ottawa Hospital Research Institute
- Policy committee
- O.T./Ergonomics
- Infection Control
- Audiology
- Social Work

N.B. A member of this committee will also sit on the Patient Experience Committee

Committee Structure:

As a complement to the work of this committee, the membership may choose to form working groups in order to facilitate collaboration around objectives in the areas of Training and Awareness
Information and Communication
Employment
Built Environment
Customer Service
or others as needed

The working groups will be composed of committee members or their designates, will meet on a schedule determined by the group, and will update the Accessibility Committee on a regular basis

The Accessibility Committee and its working groups will contribute to the successful achievement of the various legislated standards of the AODA legislation and will advise TOH and its Senior Management Team on the development of a fully accessible hospital.

Frequency of Meetings:

- The Accessibility Committee will meet quarterly.
- Accessibility Committee working groups will meet on a schedule determined by the members.

The Ottawa Hospital Accessibility Committee Membership

Name	Title	Department
Morris, Brenda (Co-Chair)	Accessibility Awareness and Planning Coordinator	Human Resources
Zipes, Helen (Co-Chair)	Clinical Director	Rehabilitation and AFHT
Adams, Kim	Director	OHRI Administration
Allen, Kimberley	Administrative Officer	Finance and Administration, Heart Institute
Berezny, Susan	Manager	Information Services and Technology
Bruce, Natalie	Manager	Infection Control
Carkner, Sarah	Wayfinding and Design Coordinator	Facilities Management
Foreman, Tom	Director, Clinical and Organizational Ethics	Clinical and Organizational Ethics
Gilhen, Terry	Community Outreach Worker	The In Community
Harrington, Karen	Employee Injury Prevention Consultant	Occupational Health and Safety
Hayes, Thomas	Director	Human Resources
Henderson, Melanie	Manager	Patient Advocacy
Kearney, Wayne	Manager	Printing Services
Kekewich, Mike	Coordinator	Medical Affairs
Kerr, Evelyn	Clinical Director	Nursing Professional Practice
Marshall, Brock	Director	Engineering and Operations
McAfee, Arran	Chief	Audiology
McCurdy, Kenzie	Social Worker, Representative - employee with a disability	Social Work
Medwenitsch, Frank	Director Capital Projects Planning and Development	Planning and Development
Nimigon-Young, Jodie	Social Worker	Social Work
Milne, Kelly	Clinical Director	Reg. Geriatric Assessment Prog. of East. Ont.
Priest-Brown, Alex	Occupational Therapist	Occupational Therapy
Tibbo, Emma	Acting Manager	Quality and Patient Experience
Weekes, Kirsti	Coordinator Nurse Educators	
Zabchuk, Lucie	Manager	Internal Communication

Table 4 The Ottawa Hospital Accessibility Committee Membership

Appendix B

The Ottawa Hospital Accessibility Advisory Group Terms of Reference

Purpose

Client-centred care, consumer and community participation are integral values of The Ottawa Hospital (TOH), and its partners. The Accessibility Advisory Group (AAG) is a key element in realizing and supporting these. The purpose of the AAG is to provide a forum where TOH and the community can share and enhance accessibility for persons with disabilities who experience TOH goods and services. The AAG also advises the TOH Accessibility Committee concerning matters in the community that may affect how citizens with disabilities experience health care at TOH and its partners.

Goals

- To provide TOH Accessibility Committee with thoughtful and informed advice from those who use and experience its programs, goods and services, in order to have a meaningful and positive impact.
- To advise TOH Accessibility Committee concerning proposed mechanisms for bringing inpatient, outpatient, staff, physician and volunteer concerns and complaints re: accessibility for consideration and possible action.
- To provide input regarding TOH systematic review of relevant reports to recommend principles for the prioritization of barrier removal.
- To advise TOH Accessibility Committee concerning such matters in the community that may from time to time affect citizens with disabilities as they pertain to the Hospital and its partners.

Functions/Activities

The AAG will:

- Meet to review what TOH is currently doing to enhance accessibility to its goods and services for people with disabilities.
- Provide input to TOH from constituents regarding possible priorities and further enhancements to greater accessibility to TOH goods and services.
- Make recommendations to TOH Accessibility Committee on possible priorities (from a user perspective) when conducting strategic planning of barrier removal throughout TOH.
- Respond to TOH Accessibility Committee requests for input.

Advisory group process

- The AAG will meet 2-3 times yearly, (or more frequently if required), to review TOH progress and submit recommendations, as required, to TOH Accessibility committee.
- The date and times of meetings will be determined by the AAG at its first meeting.
- Meetings will be held in a location that is fully accessible; possibly alternating between on-site at TOH and off-site in the Community.
- The agenda will be set by the co-chairs, in consultation with advisory group members.
- Items for the agenda can be forwarded to the Co-Chairs in advance of the meeting.
- The AAG will select two co-chairs from its membership.
- Decisions will be determined by majority vote.
- Support and resources for the AAG will be provided by TOH Administration and coordinated through TOH staff on the advisory group.
- The Terms of Reference will be reviewed formally after 2 meetings.

Membership

Including, but not limited to, representatives from the following cross-disability organizations/agencies and service providers:

- Canadian Hearing Society
- Canadian Hard of Hearing Association
- Canadian Mental Health Association
- CNIB
- Canadian Paraplegic Association
- The In Community (formerly DPCR)
- Vista Centre
- Regional Geriatric Program
- TOH Clinical Director, Rehabilitation: or delegate
- TOH Accessibility Awareness Program Coordinator

Timeframe

The advisory group shall continue its operation until such time as accessibility planning and best practices become hard-wired in TOH goods, services and activities and the Accessibility Advisory working group is no longer required.

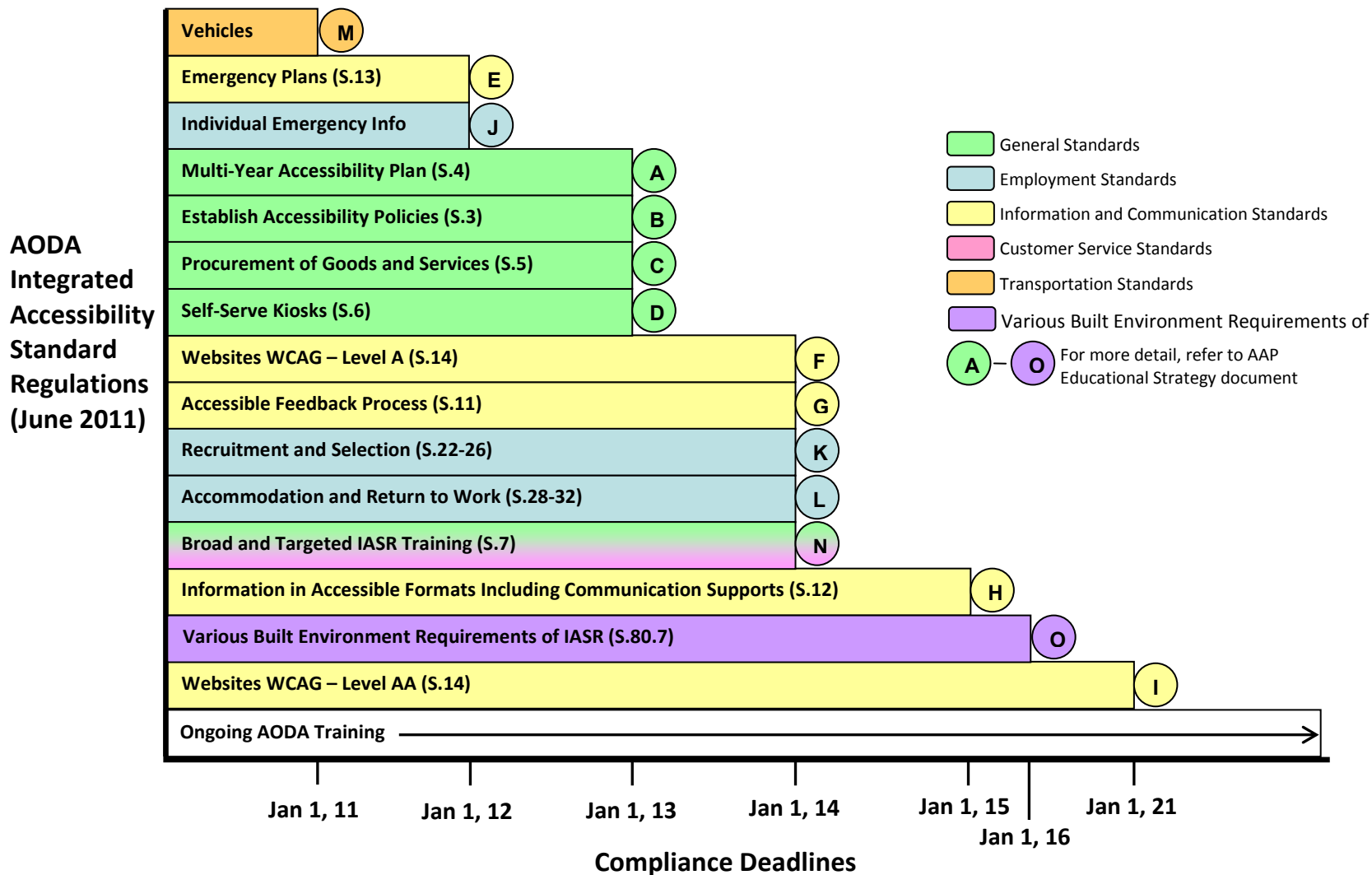
TOH Accessibility Advisory Group Membership 2012

Name	Position / Organization
Terry Gilhen, Co-chair	Community Developer, The In Community
Helen Zipes, Co-Chair	Clinical Director Rehabilitation Services Program and Academic Family Health Team, The Ottawa Hospital
Brenda Morris	Accessibility Awareness and Planning Coordinator The Ottawa Hospital
Toby Brooks	Canadian Hard of Hearing Association
Maria Bossio	Canadian Hearing Society
Kari English (Maternity Leave)	Canadian Hearing Society
Debbie Ferron	Canadian Hearing Society
Lisa Jamieson	Canadian Mental Health Association–Ottawa Branch
Pamela Johnson	Therapeutic Educational Learning Centres Inc.
Richard Marsolais	Canadian National Institute for the Blind
Kelly Milne	Regional Geriatric Program
Alexis Muirhead	Canadian National Institute for the Blind
Madelyn Scanlan	Canadian Paraplegic Association
Joanne Winckel	Aphasia Centre
David Walls	Vista Centre

Table 5 The Ottawa Hospital Advisory Group Membership 2012

Appendix C

Accessibility for Ontarians with Disabilities Act (AODA) 2005 Compliance Schedule for Large Public Sector Organizations (TOH)



Produced by B. Morris and K. Parent, Accessibility Awareness Program (AAP), The Ottawa Hospital – Sept 2012

K: Recruitment and Selection

- Section 22: Notify employees and public of availability of accommodation for applicants with disabilities in its recruitment processes.
- Section 23: Notify candidates for assessment or selection process (ie. interview or testing), that accommodations are available upon request.
If applicant requests accommodation, provide suitable accommodation.
- Section 24: Notify successful applicants of policies for accommodating employees with disabilities.
- Section 25: Inform all employees of policies used to support employees with disabilities.
Inform all new employees of this ASAP upon commencement of employment.
Provide updated information to employees when there is change to existing policies on provision of job accommodations.
- Section 26: Provide information that is needed to perform the employee's job and information that is available to employees in workplace in accessible format or communication supports as needed.

L: Accommodation and Return to Work

- Section 28: Develop and document individual accommodation plans (using specific guidelines).
- Section 29: Develop return to work process for employees who have been absent from work due to a disability.
- Section 30: Take into account accessibility needs of employees with disabilities when using performance management process in respect of these employees.
- Section 31: Take into account accessibility needs of employees when providing career development and advancement to its employees with disabilities.
- Section 32: Take into account accessibility needs of employees when a particular job or department has been eliminated by the organization.

Various Built Environment Requirements of IASR (S. 80) DRAFT
Compliance Deadline: January 1, 2016

Section 80.16:	Outdoor public use eating areas, general requirements
Section 80.22:	Exterior paths of travel, various technical requirements
Section 80.23:	Exterior paths of travel, various requirements specific to ramps
Section 80.24:	Exterior paths of travel, various requirements specific to stairs
Section 80.25:	Exterior paths of travel, various requirements specific to curb ramps
Section 80.26:	Exterior paths of travel, various requirements specific to depressed curbs
Section 80.27:	Exterior paths of travel, various requirements specific to accessible pedestrian signals
Section 80.28:	Exterior paths of travel, various requirements specific to rest areas
Section 80.33:	Organizations must provide 2 types of accessible parking spaces – Type A, Type B
Section 80.34:	Accessible parking requirements specific to access aisles
Section 80.35:	Accessible parking requirements specific to minimum number and type
Section 80.37:	Accessible parking requirements specific to on-street parking spaces
Section 80.39:	Service counters, general requirements
Section 80.40:	Fixed queuing guides, general requirements
Section 80.41:	Waiting areas
Section 80.42:	Maintenance of accessible elements