Legislation:	Accessibility for Ontarians with Disabilities Act, 2005 Ontario Regulation 191/11: Integrated Accessibility Standards		
Document Type:	POLICY	Approval Date:	April 30, 2026
Document Title:	Accessibility Policy	Approved By:	Vice President of Operations

POLICY

Policy Statement

The Home must support persons with disabilities by ensuring the provision of accessible and inclusive services, communication and environments for persons with disabilities and will identify, remove and prevent barriers to accessibility in accordance with applicable legislation and standards.

Accessibility

Accessibility must be integrated into all aspects of the Home's operations through the identification, removal, and prevention of barriers and the provision of inclusive services, communication, and environments that support the participation, dignity, and independence of all persons. The Home must also establish, implement, and maintain accessibility processes that support equitable access to services, programs, employment, and facilities and ensure accessibility is integrated into organizational planning, program development, and service delivery.

Roles and Responsibilities

- The Executive Director/Administrator is operationally responsible for ensuring this policy is implemented and followed, ensuing the Home meets all accessibility requirements and for serving as the primary contact for accessibility-related feedback, inquiries and requests.
- Workforce members are responsible for following all accessibility requirements as outlined in this policy.

Multiyear Accessibility Plan Requirements

Executive Director/Administrator must ensure that a multi\year accessibility plan is developed, implemented, maintained, and documented. The multiyear accessibility plan must outline the Home's strategy to prevent and remove barriers and meet accessibility requirements in accordance with applicable legislation. The plan must be reviewed and updated at least once every five years, must be posted on the organization's website, and must be provided in an accessible format upon request. The Executive Director/Administrator ensure that an annual status report is prepared on the progress of measures taken to implement the plan and must consult with persons with disabilities in the development and review of the multiyear accessibility plan.

Accessible Communication and Information

- Executive Director/Administrator smust ensure that:

- A range of communication methods and supports are available to meet the needs of persons with disabilities, which may include alternative formats, assistive communication devices, and accessible telephone or electronic communication methods.
- Information and communication is provided in accessible formats and with communication supports upon request and in a timely manner in accordance with applicable requirements including accessibility of feedback mechanisms.
- Communication with residents, families, staff, and other individuals is conducted in a manner that respects their accessibility needs and preferences.

Service Animals and Support Person Guidance

The Executive Director/Administrator must ensure the following:

- Person's with disabilities are permitted to be accompanied by a service animal and/or a support person in areas of the Home that are open to the public or where services are provided, in accordance with applicable legislation.
- Access to services is not restricted due to the presence of a service animal or support person, except where otherwise permitted by law. Where a service animal is excluded by law, reasonable steps must be taken to provide alternative measures to enable the individual to access services.
- Workforce members interact with persons accompanied by a service animal or support person in a manner that respects the individual's dignity, independence, and accessibility needs, and must not interfere with or distract a service animal.
- Where it is not readily apparent that an animal brought into the Home is a service animal, documentation is obtained verifying the status of the animal, in accordance with applicable legislation.

Accessible Built Environment

The Executive Director/Administrator must ensure that facilities, including exterior paths of travel, walkways, parking areas, access aisles, service counters, queuing guides, waiting areas, signage, and related features, meet applicable accessibility requirements, including the Design of Public Spaces Standards. This includes ensuring that:

- Required accessible elements are provided and maintained in good working order.
- Accessible elements are restored in a timely manner where disruptions occur.
- Accessibility considerations are incorporated into planning, procurement, and facility-related decisions, where applicable.

Accessible Service Delivery

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The Executive Director/Administrator must ensure that:

- Services are delivered in a manner that accommodates persons with disabilities and supports their participation, independence, and dignity.
- Assistive devices and other supports used by individuals with disabilities are accommodated in the provision of services.
- Staff are aware of and able to support the use of accessibility-related tools, technologies, and service delivery methods appropriate to their roles.
- Temporary service disruptions are communicated in accordance with legislation.

Employment and Accommodation

- The Executive Director/Administrator must ensure that:
    - Accessibility requirements are integrated into employment practices, including recruitment, hiring, and ongoing employment and for new staff and for new volunteers and students who perform work for the Home outside of an employment relationship.
    - Accessibility options are communicated and disability accommodations provided as required.
    - Accommodation for employees, volunteers and students with disabilities is provided in accordance with applicable legislation and related policies.

Accessible Emergency Management

- The Executive Director/Administrator must ensure that emergency management is accessible and responsive to the needs of persons with disabilities. Individualized workplace emergency response information must be provided to employees, volunteers, and students who require assistance due to a disability, as soon as practicable after becoming aware of the need, including upon hire, agreement, or placement where applicable, and when work locations or accommodation needs change. With the individual's consent, this information must be shared with persons designated to assist them in an emergency.
- Accessibility considerations must be integrated into emergency planning, communication, and response in accordance with applicable legislation.

Accessibility Report Requirements

The Executive Director/Administrator must ensure that accessibility compliance reports are completed every 3 years using the approved form, filed with the appropriate authority, certified by

an authorized individual as accurate and posted both in the Home and on the public website in accordance with legislative requirements.

Feedback Process and Website Requirements

- The Executive Director/Administrator must maintain a feedback process for accessibility and disability-related issues and well as a process for requests for accessible formats, communication supports, and accessibility-related information, including individualized emergency response information.
- All accessibility feedback and requests are to be directed to the Executive Director/Administrator or designate and current contact information for this process must be made publicly available on the Home's website.
- The Home's public facing website must also contain a copy of the multiyear accessibility plan, the latest accessibility compliance report, a copy of the latest version of this accessibility policy and a statement of commitment to accessibility.

Supporting Accessibility Processes Required

The Executive Director/Administrator must ensure processes are developed, implemented, and maintained to support accessibility in accordance with applicable legislation, including but not limited to the following:

- Accessible Communication and Information:
    - A process to provide information in accessible formats and with communication supports upon request.
    - A process to respond to individual communication needs in a timely manner.
- Feedback Process:
    - A process for receiving, documenting, and responding to feedback regarding accessibility.
    - A process for ensuring feedback mechanisms are accessible to persons with disabilities.
- Assistive Devices and Supports:
    - A process to support the use of assistive devices by residents, families, staff, and visitors.
    - A process to ensure that staff are aware of available supports and how to facilitate access.
- Accessible Service Delivery:

  - A process to ensure services are delivered in a manner that accommodates persons with disabilities.
  - A process to identify and address barriers in service delivery.
- Employment and Accommodation:
  - A process for providing accommodation throughout the employment lifecycle, including recruitment, hiring, and ongoing employment.
  - A process for developing and maintaining individualized accommodation plans, as applicable.
- Training:
  - A process to ensure that accessibility training is provided, tracked, and updated as required
  - A process to ensure training is appropriate to roles and responsibilities
- Emergency Information and Supports:
  - A process to provide individualized emergency response information for employees with disabilities, as required
  - A process to ensure accessibility considerations are integrated into emergency management planning
- Procurement and Facilities:
  - A process to consider accessibility criteria when acquiring goods, services, and facilities, where applicable
- Monitoring and Continuous Improvement:
  - A process to monitor accessibility practices and address identified gaps or barriers
  - A process to incorporate feedback and lessons learned into ongoing improvements

Training

The Executive Director/Administrator must ensure that accessibility training is provided to staff, volunteers, students and other individuals in accordance with applicable legislative requirements and that such training is appropriate to their roles and responsibilities, including training on accessible communication and service delivery practices.

Non-Discrimination, Accessibility and Accommodation

The Home will adhere to the principles of non-discrimination, accessibility and disability accommodation and associated policies.

Feedback and Continuous Improvement

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The Home will maintain a process for receiving and responding to feedback regarding accessibility and must use such feedback to support continuous improvement.

Compliance and Monitoring

The Home will ensure that accessibility requirements are implemented and maintained in accordance with applicable legislation and that compliance is monitored and addressed as required.

Reporting Requirements

The Home will ensure that all concerns, complaints, hazards, risks and incidents are reported through the appropriate reporting pathways and in accordance with legislative requirements. Staff, volunteers and students must report required information in a timely manner. See the Reporting, Investigation and Response Framework Policy.

Protection from Interference, Retaliation and Reprisal

The Home will ensure that all individuals who exercise their rights or fulfill their obligations under applicable legislation, including all forms of reporting (e.g. concerns, complaints, hazards, risks and incidents), are protected from interference, retaliation or reprisal. The Home will extend these protections to all individuals who may not be covered by specific legislative protections. See additional requirements in the Protection from Interference, Retaliation and Reprisal Policy.

Operational Documents Requirements

Operational documents (e.g. procedures, protocols, guidelines, tools, forms, etc.) may be developed and maintained for the implementation of this policy. Staff must use operational documents that are appropriate to their role and the most current version available in the Controlled Documents Library. Staff must follow the content of operational documents within the boundaries of any variation specified and must apply the content in a manner consistent with applicable legislation, professional standards, and organizational policy requirements. Staff must exercise appropriate professional judgment, including clinical judgment where applicable, in applying operational documents to specific circumstances, and where operational documents are unavailable or do not adequately address a situation. Any concerns regarding the content or application of operational documents must be escalated to the appropriate manager or leadership. Additional requirements may be found in the Controlled Documents Policy.

DEFINITIONS

Workforce: A term that is used to refer to all staff, volunteers and students.

RELATED POLICIES

POL-0000-Equity, Diversity and Inclusion Policy
POL-0000-Accommodation and Return to Work Policy

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POL-0000-Organizational Information and Communications Policy
POL-0000-Required Home Records Policy
POL-0000-Workforce Intake and Prestart Requirements Policy
POL-0000-Emergency Management Policy