

The Ottawa Hospital Multi-Year Accessibility Plan – 2026 to 2030

As a designated public sector organization, The Ottawa Hospital (TOH) is to establish, implement, maintain and document a multi-year accessibility plan, which outlines the hospital's strategy to prevent and remove barriers and meet its requirements under the *Integrated Accessibility Standards Regulation* (IASR).

Addressing accessibility barriers with the support and guidance of persons with disabilities is essential to the hospital's ability to meet the objectives of its Strategic Plan. Ensuring that our services are accessible helps us [Enrich the Quality of Care for Patients](#), ensuring that our employment practices are equitable helps us [Ignite the Power of People](#) and ensuring that the voices of persons with disabilities are included in planning helps us [Nurture our Social Responsibility](#).

Highlights of recent activities include:

- The launch of the Disabled Community@TOH, an employee resource group that works to create an environment and culture within TOH that recognizes, values, and includes everyone, regardless of ability.
- The ongoing allocation of funding for accessibility improvements to the built environment thanks to the guidance of the Accessibility of the Built Environment Subcommittee.
- The enhancement of approaches to perform *Accessibility for Ontarians with Disabilities Act* (AODA) compliance monitoring and enhancement.

While we are proud of efforts to identify and address accessibility barriers at the hospital, we are also aware that barriers continue to be faced by persons with disabilities who seek our services and staff that work at the hospital. As our previous Multi-Year Accessibility Plan comes to an end and we work on finalizing some of the activities within, we have created this next plan that builds upon our strong foundation, and outlines activities to increase the level of accessibility of our services and facilities.

The Ottawa Hospital's 2026-2030 Multi-Year Accessibility Plan is reflective of our commitment toward continuous improvement aiming to eliminate accessibility barriers. The plan, which covers the period from January 1, 2026, to December 31, 2030, is divided in three sections: Section 1 outlines activities that are focused on compliance with the IASR, Section 2 outlines goals that address accessibility priorities that go beyond the basic

requirements of regulation and Section 3 provides details on the maintenance of accessible elements, as well as details on issuing notices of temporary disruption.

Three of the five goals that are listed in Section 2 were formulated with the help of the Accessibility Advisory Committee, which was consulted during the development of this Multi-Year Accessibility Plan. The fourth goal was formulated with the help of the Disabled Community@TOH employee resource group. The fifth and final goal, which is the launch of an Accessibility Patient and Family Advisory Committee, will result in the formulation of annual goals to be defined by its members.

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Section 1: Maintaining and improving compliance with the Integrated Accessibility Standards Regulation

Part 1, General

Item	Timeline or Cycle
Create a standard operating procedure that outlines specific activities to monitor compliance with the applicable elements of the IASR	Complete during the 2026 calendar year.
Raise and maintain awareness of accessibility needs and features to inform the acquisition of goods, including self-service kiosks	Hold an annual workshop inviting all employees who may participate in the acquisition of goods that are used by persons with disabilities, including self-service kiosks.

Part 2, Information and Communication Standards

Item	Timeline or Cycle
Monitor the level of accessibility of the external website	Perform verifications of the level of accessibility of the external website; the results are to be reported on at the Accessibility Advisory Committee meetings, which are held 3 times per year.
Promote the active offer of accessible formats and communication supports	Disseminate an annual reminder to offer information in an accessible format or with communication supports using the internal electronic newsletter, and review guidance material to employees on options for alternate formats and communication supports every two years to ensure completeness and applicability.
Raise and maintain awareness of how and why to offer sign language interpretation	Disseminate an annual reminder through the internal newsletter and direct email to clinical leaders on how to access sign language interpretation and on why it is important to do so.

Part 3, Employment Standards

Item	Timeline or Cycle
Ensure the existence of complete guidance to hiring leaders to support a consistent offer of accommodations	<p>Review the guidance material offered to hiring leaders to ensure that it is readily available and fully reflective of the requirements of the Employment Standards with respect to the offer of accommodations.</p> <p>To be done twice during the span of the multi-year plan, in 2027 and 2029.</p>

Part 4, Transportation Standards

Item	Timeline or Cycle
Monitor the scope of the offer of transportation to staff and the public	<p>Review of the scope of transportation services offered to staff and the public to ensure that any evolution in these services is supported by appropriate directives, resources and training to maintain compliance.</p> <p>To be done three times during the span of the multi-year plan, in 2026, in 2028 and 2030.</p>

Part 4.1, Design of Public Spaces Standards

Item	Timeline or Cycle
Create and maintain a platform to record an inventory of accessible washrooms throughout the public areas of the three main campuses and enable staff members to input information into this inventory	<p>Launch the platform before the end of 2027, including a communication campaign and annual reminders.</p> <p>Although washrooms are not mentioned in the IASR, having access to adequate washroom facilities is a critical element to ensuring that services offered to persons with disabilities are delivered in a manner that respects the principles of dignity and independence that the regulation promotes.</p>

Part 4.2, Customer Service Standards

Item	Timeline or Cycle
Raise and maintain awareness on the right to continued access to a service animal or support person at the hospital	<p>Refine and disseminate guidance for staff to ensure a clear and complete understanding of the right to continued access to a service animal or support person on TOH property, including information on some necessary limitations to this access (for example, in the operating room).</p> <ul style="list-style-type: none"> - Detailed guidance is to be finalized in early 2026, and an awareness campaign is to be held in the following weeks. - Annual reminders are to be disseminated using the internal newsletter and direct emailing to leaders starting in 2027.
Promote the use of the Accessibility form in patient electronic health records	Disseminate an annual reminder through the internal newsletter and direct email to clinical leaders on how to update accessibility information in patient electronic health records and on why it is important to do so.

Accessibility Regulation

Item	Timeline of Cycle
Perform an annual review of accountability for compliance with the elements of the IASR that are applicable to The Ottawa Hospital	<p>Perform an annual confirmation of the departments responsible for compliance with the applicable elements of the IASR as well as annual outreach to the relevant leaders to ensure ongoing awareness of compliance obligations.</p> <ul style="list-style-type: none"> - Relevant leaders will be tasked with providing a remediation plan for any gaps in compliance with the IASR that may be revealed during this process, along with a reasonable timeline. - Failure to address gaps in compliance will be handled through an escalation process.
Monitor updates to the AODA and its regulations	Make any required adjustments to the Multi-Year Accessibility Plan based on the issuance of any new obligations pursuant to the AODA and its regulations within 12 months of any formal announcement.

Section 2: Goals to help remove accessibility barriers

1. Education on accessibility best practices: Although accessibility training is systematically offered to employees as part of the onboarding process, we wish to help employees further increase their knowledge and ability to meet the highly diverse needs and preferences of persons with disabilities by providing enhanced educational content on best practices related to the active offer of accessible services.

Goal 1: Develop a comprehensive and customized education plan for employees that aims to raise and maintain awareness and knowledge on accessibility best practices.

Customization is to be based on the work employees do and the environment in which they work.

2026	Create a customization framework and tentative education objectives
2027 and 2028	Conduct an extensive scan to identify existing education offered both corporately and within departments and teams, and identify gaps based on the different categories of employees defined through the customization framework
2029	Create draft education plan with specific education objectives and determine what resources would be needed to implement it
2030	Finalize the education plan

2. Facilitating Feedback: One of the best ways to better understand the level of accessibility of TOH services and facilities is through feedback from the people who come to the hospital for care and the people who work here. The Patient Relations Department has long been providing accessible feedback processes for persons with disabilities to voice their concerns as an escalation option for patients and their loved ones whose concerns still require attention after having spoken to the health care team or the team's manager. To further encourage feedback, the TOH Report a barrier campaign, inspired by the Sault Area Hospital, will be progressively launched over the coming years. This campaign focuses solely on receiving comments on accessibility barriers that people notice or face as they experience our environment and services. The first phase focuses on encouraging feedback from staff whereas the second phase focuses on encouraging feedback from the public.

Goal 2: Launch an ongoing *Report a barrier* campaign, which will include providing resources for staff so that they may increase their ability to identify accessibility barriers as well as promoting and enhancing existing mechanisms that enable staff and the public to flag accessibility barriers.

2026	Create guidance material for staff to identify accessibility barriers.
2027	Conduct a communications campaign to encourage staff to report accessibility barriers.
2028	Enhance messaging to the public to encourage reporting of accessibility barriers.
2029/2030	Create and seize opportunities to encourage staff and the public to report accessibility barriers.

3. Reviewing the Experience of Employees with Disabilities: Employee experience in large and complex organizations can be challenging to understand and improve. When it comes to employees with disabilities, this can be even more difficult as disabilities are highly diverse, and individuals may not feel safe or comfortable expressing their needs and preferences. Furthermore, the people who are engaged in providing support to employees may not understand how to approach and address matters related to disability in the workplace. The goal of building a better understanding of the experience of employees with disabilities is an exploratory objective to inform planning for improvements. It includes building collaborative relationships to ensure continued engagement toward achieving and maintaining an environment that promotes equity and success for persons with disabilities.

Goal 3: Conduct extensive internal outreach to build a comprehensive understanding of the experience of employees with disabilities and areas for improvement, including engaging with various groups such as the Disability Management Team, unions, leaders and staff.

2026	Define the scope of the outreach and key points to address with each group.
2027	Present the scope and key points to the Accessibility Advisory Committee for feedback and make adjustments based on this guidance.
2027-2028	Conduct an initial outreach to discuss key points and learn about the various issues and challenges faced by groups whose mandate includes providing support to employees with disabilities.

2029-2030	Maintain active relationships with groups that have a high impact on the experience of employees with disabilities to keep abreast of issues and report back to the Accessibility Advisory Committee annually on any matter of significance.
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4. Reviewing the Impact of Policies and Procedures on Persons with

Disabilities: Thanks to the input of the Disabled Community@TOH, a goal to review the impact of policies and procedures on persons with disabilities is included in this multi-year accessibility plan. This goal is in line with the hospital's efforts to ensure that policies are free of discriminatory language, aiming for a deep analysis to better understand how policy and procedure directives impact the experience of persons with disabilities.

Goal 4: Review TOH policies and procedures with an accessibility lens, aiming to identify if elements in policies and procedures may cause or exacerbate accessibility barriers or a potential infringement of the rights of persons with disabilities. This applies to policies and procedures that impact employees or patients.

2026 - 2030	<p>Identify 2 to 3 policies or procedures per year to review and discuss findings with the department responsible for the policy or procedure.</p> <p>Once findings have been discussed, report back to the Accessibility Advisory Committee at the following regular meeting.</p> <p>Departments with policies or procedures that are deemed to have significant potential negative impact on employees or patients with disabilities will be invited to speak to the Committee to receive guidance on how to make adjustments or to justify maintaining the policy or procedure as it is written.</p>
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5. Expanding Capacity to Receive Guidance from Persons with

Disabilities: Adding an Accessibility Patient and Family Advisory Committee to the list of existing Patient and Family Advisory Committees will provide more opportunities for receiving guidance from persons with disabilities who access TOH facilities and utilize services. We are already very grateful for the continued support of the members of the Deaf Patient and Family Advisory Committee and all of the other Patient and Family Advisory

Committees that exist to help make improvements at TOH, and we look forward to working with this new group.

Goal 5: Launch an Accessibility Patient and Family Advisory Committee, which will define annual goals based on the priorities of the members.

2026	Complete initial work done in 2025 toward the composition of this Committee, aiming for an official launch in 2026.
2026-2030	Support the work of this Committee, which will hopefully continue to exist beyond 2030.

Section 3: Maintenance of Accessible Elements

Pursuant to the *Integrated Accessibility Standards Regulation* (Section 80.44) under the *Accessibility for Ontarians with Disabilities Act*, TOH has procedures in place for the preventative and emergency maintenance of accessible elements in its public spaces as well as for handling temporary disruptions when accessible elements are not in working order.

These accessible elements include those that are listed in the IASR, i.e., accessible parking spaces (and their signage), service counters, queuing guides, waiting areas, outdoor public use eating areas, and exterior paths of travel which include ramps, stairs, curb ramps, depressed curbs, and rest areas, as well as other critical built environment features that help minimize accessibility barriers, such as automatic door operators, accessible washrooms, and elevators.

1. Preventative Maintenance of Accessible Elements

At TOH, accessible elements are maintained preventatively through:

- Scheduled inspection plans for automatic door openers, accessible washrooms and elevators coordinated by Facilities Management. Inspection timelines are agreed upon managers and supervisors, and work orders are issued through the Computerized Maintenance Management System to dispatch the appropriate tradesperson. Any defects identified during inspections are addressed through corrective action or necessary maintenance.
- Daily grounds inspections for exterior elements, initiated through the work order system, TOH daily rounding sheets, or subcontracted to snow and ice contractor.

- Accessibility walkthroughs conducted upon request by TOH's Accessibility of the Built Environment Subcommittee, assessing accessible elements and identifying areas for improvement.
- TOH's upcoming "Report a Barrier" campaign, as described in the 2026-2030 Multi-Year Accessibility Plan.

2. Emergency Maintenance of Accessible Elements

For the emergency maintenance of accessible elements at TOH, this is achieved by:

- Urgent service requests are received through Facilities Management Dispatch (x10311), where requestors identify items as emergencies. This process ensures that an on-site technician promptly assesses the situation. If the issue is determined to require repair before the next business day, a TOH technician will address the problem immediately or arrange for an on-call technician or external contractor to respond. Facilities Management maintains 24/7 deployment capability, when necessary, with priority given to access-related and patient-impacting issues.
- Removing the element from service, if necessary, in cases where it is determined that emergency maintenance or repairs to an accessible element are required, so that the required repairs will be assessed and addressed as a priority.
- Diverting individuals by TOH personnel, to the extent possible, from accessible elements that are not in working order or pose a danger to safety, and providing information regarding any alternate useable elements that exist. Steps taken may include putting in place barriers and temporary wayfinding signage, and/or posting notices.

3. Notice of Temporary Disruptions to Accessible Elements

Temporary access disruptions occur when accessible elements that persons with disabilities rely on are temporarily unavailable.

In the event of a disruption to accessible elements that may cause significant barriers to accessing a service, procedures for issuing notice of temporary disruptions are to be followed as per below.

Process for Pre-Planned Disruptions

Any pre-planned interruptions to hospital entrances, access roads, parking lots and construction that may have an impact on access to the hospital shall be posted on the TOH website (main page) to provide public notification. Additionally, signs may also be placed at the interruption site indicating alternate accessible options and/or TOH staff/volunteers may be used to provide alternate directions as required. The person providing the alternate directions should be able to communicate the nature of the outage and expected duration, whenever possible in both English and French.

The hospital will:

1. Prepare the notice for the public in English and French including:
 - a. What the disrupted service is
 - b. The reason for the disruption
 - c. How long the disruption will last
 - d. Alternate methods of service
2. Arrange for posting on the external website, main page
3. Arrange for signage at the site of the impact (and TOH employees/volunteers to redirect people, if deemed appropriate)

Process for Unexpected Disruptions

Unexpected disruptions, or disruptions where it is too localized or of limited impact to post a notice on the website, such as malfunctioning elevators, washroom closures etc. will be handled with signs. The hospital will strive to ensure that signs include:

- What the disrupted service is
- The reason for the disruption
- How long the disruption will last
- Directions to the closest elevator or accessible washroom (whichever is impacted)

TOH will try to ensure that multiple accessible service disruptions do not occur at the same time.