

2023 Accessibility compliance report

| Organization category Designated Public Sector | | | |
|---|--------------------------------------|--------------------|--|
| Number of employees range | 50+ | | |
| Filing organization legal name | e Grand River Hospital Co | rporation | |
| Filing organization business r | number (BN9) | | |
| Fields marked with an asteris | k (*) are mandatory. | | |
| B. Understand your acce | ssibility requirements | | |
| Before you begin your report, yo | u can learn about your acces | sibility requiren | nents at ontario.ca/accessibility |
| Additional accessibility requirem • a library board | ents apply if you are: | | |
| • a producer of edu | cation material (e.g. textbook | <u>s)</u> | |
| • an education insti | tution (e.g. school board, coll | ege, university | or school) |
| • a municipality | | | |
| N/A | | , | cal boards, please indicate which boards below. |
| C. Accessibility complian | nce report certification | | |
| • | | | res that accessibility reports include a statement , signed by a person with authority to bind the |
| Note: It is an offence under the | Act to provide false or mislea | ding information | n in an accessibility report filed under the AODA. |
| The certifier may designate a protherwise the certifier will be the | | for Seniors and | Accessibility to contact the organization(s); |
| Certifier: Someone who can leg | gally bind the organization(s). | | |
| Primary Contact: The person v | who will be the main contact for | or accessibility i | ssues. |
| Acknowledgement | | | |
| ✓ I certify that all the information | on is accurate and I have the | authority to bind | the organization * |
| Certification date (yyyy-mm-dd) | * 2023-12-14 | | |
| Certifier information | | | |
| Last name * Gagnon | | First name Ron | * |
| Position title * Chief Executive Officer | Business phone number * 519-749-4300 | Extension | Check here if TTY |

| Email * | | Alternate | phone number | Extension | Fax number | er |
|--|--------------------------------------|-----------------|--------------------|-----------------|------------------|---------------|
| Primary contact for the or | ganization(s) | ' | | | | |
| ✓ Check if the primary contact Last name * Gagnon | is same as the certifier | First nam | e * | | | |
| Position title * Chief Executive Officer | Business phone number * 519-749-4300 | Extension | Check he | re | | |
| Email * | | Alternate | phone number | Extension | Fax numbe | er |
| D. Accessibility complia | nce report questions | | | | | |
| Instructions | roport quodiiono | | | | | |
| Please answer each of the follo | 9 1 1 | | • | | • | • |
| view the relevant AODA regular | ions and the link on the right t | o view relevar | t accessibility in | nformation re | sources. | |
| General Has your organization creat accessibility by meeting all Read O. Reg. 191/11, s. 3 (1): | applicable accessibility require | ements in the I | | out your requ | Yes irements for | ○ No |
| Comments for Grand River I the IASR. | Hospital created and implen | nented polici | es that meet a | ll applicable | requireme | nts on |
| Has your organization estat (If Yes, please answer addi | · | ılti-year acces | sibility plan? * | | Yes | ○ No |
| Read O. Reg. 191/11, s. 4 (1): | Accessibility plans | | Learn more abo | out your requ | irements for | question 2 |
| 2.a. Does your organization (If Yes, please answe | | | | | Yes | ○ No |
| Read O. Reg. 191/11, s. 4 (| 1): Accessibility plans | | Learn more abo | out your requ | irements for | question 2.a |
| Comments for https://ww question 2.a | w.grhosp.on.ca | | | | | |
| 2.a.i Is your organiza | tion's accessibility plan posted | l on your orga | nization's websi | te? * | Yes | ○ No |
| Read O. Reg. 191/11 | , s. 4 (1): Accessibility plans | L | earn more abou | ıt your require | ements for q | uestion 2.a.i |
| Comments for https question 2.a.i | ://www.grhosp.on.ca/care/a | accessibility | | | | |
| | | | | | | |

| | es your organization provide the accessibility plan in a en requested? * | ın accessible format | Yes | ○No |
|--|---|--|-----------------------|----------------|
| Read O. I | Reg. 191/11, s. 4 (1): Accessibility plans | Learn more about your require | ements for qu | uestion 2.a.ii |
| Commen question | ts for Yes, we provide the accessibility plan in a 2.a.ii | n accessible format when red | quested. | |
| 2.b Does you | r organization update the accessibility plan at least or | nce every 5 years? * | Yes | ○ No |
| Read O. Reg. 1 | 191/11, s. 4 (1): Accessibility plans | Learn more about your requir | ements for q | uestion 2.b |
| Comments for question 2.b | Yes, our current multi-year accessibility plan is 2024 - 2028 is in final draft and will be posted or | | | ility plan for |
| | https://www.grhosp.on.ca/assets/documents/20 Plan-2019-2023.pdf | 019-Accessibility/Multi-Year- <i>I</i> | Accessibilty- | |
| 3. Does your orga | anization provide appropriate training on: * | | | |
| Read O. Reg. 191/ | /11, s. 7 (1): Training | Learn more about your requ | irements for o | question 3 |
| 3.a. The AOD | A Integrated Accessibility Standards Regulation? * | | Yes | ○No |
| Read O. Reg. 1 | 191/11, s. 7 (1): Training | Learn more about your requ | irements for | question 3.a |
| Comments for question 3.a | When the new AODA regulations were set in 20 Hospital continues to require all new members AODA's IASR within the first week of employments. | to complete a training course | | |
| 3.b The Hum | an Rights Code as it pertains to people with disabilitie | es? * | Yes | ○ No |
| Read O. Reg. 1 | 191/11, s. 7 (1): Training | Learn more about your requir | ements for q | uestion 3.b |
| Comments for question 3.b | Yes, Grand River Hospital requires all new mer The Human Rights Code and how it will suppor volunteers, patients, clients, families and all con | rt all people with disabilities (| | |
| Information and | d communications | | | |
| that is accessibe Note: This requestion your premise | anization have a process for receiving and responding ole to people with disabilities? * uirement is applicable regardless of whether custome es answer an additional question) | | Yes | No |
| Read O. Reg. 191/ | /11, s. 11 (1): Feedback | Learn more about your requ | irements for | question 4 |
| and comr Note: Thi | ir organization notify the public about the availability on munications supports with respect to the feedback profise requirement is applicable regardless of whether custremises. * | ocess? * | Yes | ○ No |

Comments for Yes, support is posted on our website. question 4.a

patient.feedback@grhosp.on.ca

| 5. | Does your organization have one (or more) website(s) which it controls directly or |
|----|--|
| | indirectly ('controls' means that your organization is able to add, remove and/or |
| | modify content and functionality of the website)? * |
| | (If Yes, please answer an additional question) |

Yes
No

Read O. Reg. 191/11, s. 14: Accessible websites and web content

Learn more about your requirements for question 5

5.a. Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre-recorded audio descriptions)? In the comments box, please list the complete names and addresses of your publicly available web content, including websites, social media pages, and apps. * Yes
No

Read O. Reg. 191/11, s. 14: Accessible websites and web content

Learn more about your requirements for question 5.a

Comments for Yes, we conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 question 5.a Level AA.

www.grhosp.on.ca

www.twitter.com/grhospitalkw

www.instagram.com/grhospitalkw

https://www.facebook.com/gr.hospital/

https://www.facebook.com/GRHCareers/

https://www.facebook.com/grhteammembers/

https://www.linkedin.com/company/grandriverhospital/

https://www.linkedin.com/showcase/grand-river-hospital-corporate-services-jobs/

https://www.linkedin.com/showcase/grand-river-hospital-nursing-jobs/

https://www.linkedin.com/showcase/grand-river-hospital-clinical-support-services-jobs/

https://www.linkedin.com/showcase/grand-river-hospital-administrative-clerical-jobs/

Customer Service

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *

Yes

 \bigcirc No

- Staff and volunteers
- People involved in developing accessibility policies
- People providing goods, services or facilities on behalf of the organization

(If Yes, please answer an additional question)

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

Learn more about your requirements for question 6

| | 6.a. | Does the | training include all of the following: * | | Yes | ○ No |
|---|--|-------------------------|---|--|-----------------------|--------------|
| A review of the purposes of the AODA? | | | | | | |
| A review of the purposes of the Customer Service Standards? | | | | | | |
| | How to interact and communicate with persons with various types of disability? | | | | | |
| | | | | | | |
| | the assistance of a guide dog or other service animal or the assistance of a support person? | | | | | |
| | | provid | o use equipment or devices available on the p ded by the provider that may help with the prov es to a person with a disability? | · | | |
| | | | to do if a person with a particular type of disab sing the provider's goods, services or facilities | | | |
| | Read | d O. Reg. 1 | 191/11, s. 80.49: Training for staff, etc. | Learn more about your requ | irements for | question 6.a |
| | | ments for stion 6.a | Grand River Hospital provides 2 online to | raining courses that includes all iter | ns above. | |
| 7. | | | anization provide information in an accessible f | format? * | Yes 🔾 | No |
| р. | , | • | answer additional questions) | | | |
| Re | ead O. | Reg. 191/ | /11, s. 80.51 (1): Format of documents | Learn more about your requ | <u>irements for</u> | question 7 |
| | 7.a. | | vision of information in accessible format done account the individual's disability? * | e so in a timely manner that | Yes | ○ No |
| | Read | d O. Reg. 1 | 191/11, s. 80.51 (1): Format of documents | Learn more about your requ | irements for | question 7.a |
| | | iments for stion 7.a | Yes, we connect with the requester as so needs and provide information in a formation | • | ndividual's d | disability |
| | 7.b. | | vision of information in accessible format at a a | cost no more than | Yes | ○ No |
| | Read | d O. Reg. 1 | 191/11, s. 80.51 (1): Format of documents | Learn more about your requ | irements for | question 7.b |
| | | ments for tion 7.b | There is no cost to provide information in | an accessible format. | | |
| | | | | | | |
| | | | | | | |

| 8. | Does your organization ever require a person with a disability to be a support person when on your premises? * (If Yes, please answer an additional question) | accompanied by a | ○ Yes | No |
|----|---|---------------------------|-----------------------|----------------------|
| | ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and | Learn more about your req | uirements for | question 8 |
| su | pport persons | | | |
| | 8.a. Does your organization do all of the following before requiring a disability to be accompanied by a support person on your premConsult with the person with a disability? | | | ○No |
| | Determine a support person is necessary to protect the heat person with a disability or others on premises? | alth or safety of the | | |
| | Determine that there is no other way to protect the health o with a disability or others on premises? | or safety of the person | | |
| | 191/11, s. 80.47 (5): Use of service animals and support persons | Learn more about your req | uirements for | question 8.a |
| | Comments for question 8.a | | | |
| | mployment Does your organization employ any persons with disabilities for whore individualized workplace empraneur response information? | m you have provided | Yes | ○ No |
| | individualized workplace emergency response information? * (If Yes, please answer additional questions) | | | |
| | ead O. Reg. 191/11, s. 27 (1): Workplace emergency response formation | Learn more about your req | uirements for | question 9 |
| | 9.a. Does your organization review the individualized workplace eminformation for all of the following? * | nergency response | Yes | ○ No |
| | When the employee moves to a different location in the org | ganization? | | |
| | When the employee's overall accommodation needs or pla | ns are reviewed? | | |
| | When your organization reviews its general emergency pol | icies? | | |
| | Read O. Reg. 191/11, s. 27 (4): Workplace emergency response information | Learn more about your req | uirements for | question 9.a |
| | Comments for question 9.a Yes, the individualized workplace emergency requestion 9.a through our Disability Support Team in our OHS | • | ely managed | |
| | | | | |
| | | | | |
| | | | | |

| Do any of the employees for whom your organization has pro- workplace emergency response information require assistan (If Yes, please answer additional questions) | | ○ Yes | No |
|--|---------------------------|-------------------|----------------|
| Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information | Learn more about your re | equirements for | question 9.b |
| Comments for question 9.b Currently, no GRH employees provided with a plan require assistance. We had a few in 20° | • | • | • |
| 9.b.i Has your organization, with the employee's consent, emergency response information to the person design assistance to the employee? * | | ○ Yes | ○ No |
| Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information | Learn more about your rec | quirements for qu | uestion 9.b.i |
| Comments for question 9.b.i | | | |
| 9.b.ii Was the individualized workplace emergency responsions soon as practicable after your organization became a accommodation due to the employee's disability? * | | ○Yes | ○ No |
| Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information | Learn more about your rec | quirements for qu | uestion 9.b.ii |
| Comments for question 9.b.ii | | | |
| | | | |
| Design of public spaces | | | |
| 10. Since January 1, 2017, has your organization constructed new or following items? * | redeveloped any of the | Yes |) No |
| Outdoor public use eating areas | | | |
| Outdoor play space | | | |
| Off-street parking | | | |
| Service counter | | | |
| Fixed queuing guides | | | |
| Waiting areas | | | |
| (If Yes, please answer additional questions) | | | |
| Read O. Reg. 191/11 Part IV.1: Design of public spaces standards | Learn more about your re | equirements for | question 10 |

| | oplicable, do the newly constructed or redeveloped iten ents as outlined in the Design of Public Spaces Standa | | Yes | ○ No |
|----------------------------|--|------------------------------|--|----------------|
| Read O. Reg. standards | 191/11 Part IV.1: Design of public spaces | Learn more about your requ | uirements for | question 10.a |
| Comments for question 10.a | We often work with consultants when designing always front of mind, even in smaller projects when the smaller projects whe | • | The second secon | nts are |
| preventat spaces, a | r organization's multi-year accessibility plan include pr tive and emergency maintenance of the accessible ele and for dealing with temporary disruptions when access rking order? * | ments in public | Yes | ○ No |
| Read O. Reg. | 191/11, s. 80.44: Maintenance of accessible elements | Learn more about your requ | uirements for | question 10.b |
| Comments for question 10.b | Yes, this is included in the multi-year accessibili We also have the Manager of Maintenance on t response occurs. | | | |
| AODA | | | | |
| | ation a municipality with population of 10,000 or more? answer additional questions) |) * | ○ Yes | No |
| | for Ontarians with Disabilities Act, 2005, S.O. Municipal Accessibility Advisory Committees | Learn more about your requ | uirements for | question 11 |
| Section 2 | organization established an accessibility advisory com 29 of the AODA? * ease answer additional questions) | nmittee as described in | ○ Yes | ○ No |
| | oility for Ontarians with Disabilities Act, 2005, S.O. 29: Municipal Accessibility Advisory Committees | Learn more about your requ | uirements for | question 11.a |
| Comments for question 11.a | | | | |
| 11.a.i Is | the majority of members in the committee persons wit | h disabilities? * | Yes | ○ No |
| | cessibility for Ontarians with Disabilities Act, 2005, 5, c. 11, s. 29: Municipal Accessibility Advisory | Learn more about your requir | rements for q | uestion 11.a.i |
| Commen question | | | | |
| | | | | |

| described in Section 41 of the <i>Planning Act</i>) as well as requirements and implementation of accessibility stand | |
|---|---|
| Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees | Learn more about your requirements for question 11.a.ii |
| Comments for question 11.a.ii | |

Yes

 $\bigcirc\,\mathsf{No}$

11.a.ii Has the committee provided advice to council about site plans and drawings (as