



Alzheimer Society
P E E L

Accessibility Plan

January 1, 2014 – December 31, 2014

ACCESSIBILITY STATEMENT OF COMMITMENT

Alzheimer Society Peel is committed to treating each person in a way that will allow them to maintain their independence and dignity. The Society believes in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner, and will do so by preventing and removing identified barriers to accessibility, educating employees and meeting the accessibility requirements under the Accessibility for Ontarians with Disabilities Act.

Alzheimer Society Peel's Accessibility Plan:

Alzheimer Society Peel believes that access to services should be assured in a manner designed to maintain dignity, privacy and independence of the clients, caregivers, visitors, staff and members of the community.

This accessibility plan is designed to provide corrective actions in order to identify, reduce or remove barriers to services and or programs.

The plan will identify barriers across four different groups, physical, environmental, organizational culture/attitudes and financial.

Alzheimer Society Peel is committed to:

- Accessibility to programs and services for all those whose lives have been affected by Alzheimer's disease or a related dementia, as well as healthcare practitioners, volunteers, and members of the community.
- Continuous improvement of our plan through annual review, periodic staff and service recipient surveys, as well as, members of the community feedback.
- Ensure policies and practices are consistent with the principles of accessibility
- Continue to provide records of barrier related suggestions and accomplishments for future revision
- Review, refine and provide up to date policies and procedures where appropriate.

Barrier

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 information or communication barrier, an attitudinal barrier, a technological barrier, and a policy or a practice.

Disability

The *Accessibility for Ontarians with Disability Act* adopts the broad definition for disability that is set out in the Ontario Human Rights Code. Disability is defined as;

- a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by a 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 coordination, blindness or visual impairment, deafness or hearing impairment, muteness or speech impediment, or physical reliance on a guide dog, or other animal or in a wheelchair, or other medical device.
- b) A condition of mental impairment or developmental disability.
- c) A learning disability, or a dysfunction of one or more of the processes involved in understanding or using symbols or spoken language.
- d) A mental disorder; or an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act.

Physical

Alzheimer Society Peel is designed to provide a safe and accessible environment for all those requiring support within the Region of Peel. We are in compliance with all Fire Codes (alarms included) and Building Codes in Ontario. We require qualified licensed trades when completing any additional modification to our sites as well as all relevant permits. All sites, with the exception of Nora’s House are leased. This requires joint intervention with owners where applicable. Alzheimer Society Peel understands that those associated with our organization sometimes require physical or environmental accommodations. For staff with accommodation needs, with supporting medical documentation, we will make every attempt to accommodate and address their needs.

Environmental

Alzheimer Society Peel offers services across 5 different Cities within the Region of Peel. Specifically, Mississauga and Brampton. Five sites offer adult day programs, counselling and support groups, education and information while Head Office offers, administrative support and volunteer and fund development opportunities. Nora’s House offers 24

hour respite care at their location. Each site offers access to outdoor areas and are fully accessible as well as secured both in the outdoor area and inside the buildings. Each site was designed to remove barriers making mobility and access easier for clients, caregivers, and others receiving our support and services.

Organizational Culture

Alzheimer Society Peel does not discriminate in admission or employment based on race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age (over 18 years of age), marital status, family status, disability or the receipt of public assistance. Regular mandatory training is provided to all staff on issues relevant to providing services and support to those whose lives have been affected by Alzheimer's disease or a related dementia. Best practices and relevant policies are in place to ensure that the performance of the individual staff and organization as a whole has a standard to adhere to and that they can be evaluated against without discrimination.

Financial

Alzheimer Society Peel offers a large number of services that are free of charge. There are some services that require a payment from the service recipient. For those families that are unable to cover the costs on a regular basis, a subsidy process is offered. The organization uses a formula that was created by the Ministry of Health in 2005. Alzheimer Society Peel utilizes that calculation to determine the level of subsidy the person qualifies for. At this time all members are encouraged to complete the application process but the organization can only grant a finite number of subsidies per year, which are awarded on a first come first serve basis.

Community Engagement

In keeping with Alzheimer Society Peel's strategic theme "integration and partnerships", we foster relationships with others in order to deliver the services our community needs. Once per year, the Alzheimer Society Peel will send out a Client Satisfaction Survey, and a Staff Satisfaction Survey, that includes questions about accessibility, in order to test our barrier removal initiatives and to learn from their experiences with Alzheimer Society Peel services.

Communications

The Alzheimer Society Peel's Accessibility Plan will be posted on the Alzheimer Society Peel website as well as at **Ontario.ca/ONE-Source**, per the Government of Ontario's requirements for compliance. Hard copies will be available on request; large print format is also available on request.

- For information on the accessibility planning process, please contact Danielle Farrell, Accessibility Officer at 289-632-2273 extension 312 or d.farrell@alzheimerpeel.com
- For general inquiries about accessibility planning or the legislation, please contact Head Office at 905.278.3667 extension 204 or c.rawn-kane@alzheimerpeel.com
- For Caregiver and client feedback and concerns, please contact Head Office at 905.278.3667 extension 209 or d.diciccio@alzheimerpeel.com

Multi Year Accessibility Plan

Group	Barrier	Actions	Time Frame	Progress	Modifications Required	Funding Required	Year Due	Priority Ranking
Physical	Entrance doors to sites	Ramps and inclines have been added to each site	On Going	Re-checked annually at sites to ensure no repairs required	Completed in 2012 and re-check completed 2013.	None	2012 and every year after	Complete
Physical	No barrier free washroom at head office	Utilize the washroom at Sam McCallion Day Program	On Going	Completed	None	None	2012	Complete
Physical	Website adaptability	Improvements to Website (font/size)	December 2012	Completed - January 2013	Changes to the website user ability	Completed by third party without cost and now WCAG Level 1 compliant	2012	Complete
Physical	Need to meet Website WCAG 2.0 Level AA (except for Captions live, and Audio Description)	ASP must comply with the ASO website model. Once ASO makes their changes to meet the standard ASP will come into compliance at the same time.	January 1 st , 2021	In Progress	None by ASP	None by ASP	2021	8
Physical	Staff accommodations	Staff who require modified duties based on medical confirmation	On Going	In progress	-Modified physical requirement -Work from home -Modified work/life balance	None	2012	On Going

Group	Barrier	Actions	Time Frame	Progress	Modifications Required	Funding Required	Year Due	Priority Ranking
Environmental	Phone system- possibly difficult for clients to navigate	Quotes for new system	6 months	Completed November 2013	New phone system with different capabilities.	New phone systems were put in at all sites.	January 2014	Complete
Environmental	Lack of emergency chairs for 2 ASP sites that are multilevelled	Putting in proposals for grants to cover cost.	3 months	Completed March 2014	None	Two E-Vac Chairs were purchased.	2014	Complete

Group	Barrier	Actions	Time Frame	Progress	Modifications Required	Funding Required	Year Due	Priority Ranking
Attitudes/Organizational Culture	Very competitive environment to recruit and retain staff	Actively recruit through proven sites and referral sources	On Going	Formalized process February 2013	Annual review and revision to existing program	As required	Every year	On Going
Attitudes/Organizational Culture	Lacking a Statement of Commitment on Accessibility	Create a Statement of Commitment on Accessibility.	November 2013	Completed – November 2013	Accessibility Policy was updated.	None	January 2014	Complete
Attitudes/Organizational Culture	Competence of staff	Improvement of mandatory training for staff	On Going	To be checked annually	Annual review and improvement based on surveys and staff feedback	Allocation of training dollars already within budget	Every year	On Going
Attitudes/Organizational Culture	Staff training on accessibility	To deliver comprehensive training to all staff	November 2012	Completed	Training was repeated, with updates to plan, to all staff on training day in February 2014.	None	2012	Complete
Attitudes/Organizational Culture	Must provide training to all staff, volunteers, and board members of ASP on: Integrated Accessibility Standards ASP is responsible to meet, and what the Ontario Human Rights Code dictates	Provide training, with standard updates, at Board Meeting.	February 2014	In Progress	Training was given to staff at Training Day, February 2014	None	January 2016	1
Attitudes/Organizational Culture	Lack of Commitment Statement on Accessibility on ASP website.	Have Statement of Commitment added to ASP website	December 2013	Completed	Add statement to website.	None	January 2014	Complete

Attitudes/Organizational Culture	Need for Accessibility Policy and Multi-year plan	Policy was created in 2012 and updates made in Dec. 2013. Plan was created in Dec. 2011 and will be updated annually.	2012	Completed 2011-12 and updates made November 2013.	Plan will be updated annually.	None	January 2014	Complete
Attitudes/Organizational Culture	Need for a priority ranking to the Accessibility Plan	Priority Ranking was added to the plan in December 2013.	December 2013	Completed December 2013	Ranking will keep changing based on barriers identified and added to plan	None	January 2014	Complete
Attitudes/Organizational Culture	Need to communicate to ASP staff the organizations policies for supporting employees with disabilities	Have all new hires read policies, and Customer Service Training Guide for People with disabilities, as part of New Hire Orientation. Sending out of all new and updated policies organization wide.	Initiated January 2013	On Going	None	None	January 2016	Complete
Attitudes/Organizational Culture	Need to notify employees and public, in recruitment process, about availability of accommodation for applicants with disabilities	Changes to job postings and policies	January 1, 2014 – December 31, 2015	In progress	Changes to job postings and policies	None	January 2016	3
Attitudes/Organizational Culture	Need to develop and have in place a return to work process for	Changes to policies	January 1, 2014 – December 31, 2015	In progress	Changes to policies	None	January 2016	4

	employees who were absent from work due to a disability and require disability related accommodation in order to return to work							
Attitudes/Organizational Culture	Need for Performance Management Plans that take into account accessibility needs of employees with disabilities.	Change to policies and possible Performance Appraisal forms	January 1, 2014 – December 31, 2015	In Progress	Change to policies and possible Performance Appraisal forms	None	January 2016	5

Group	Barrier	Actions	Time Frame	Progress	Modifications Required	Funding Required	Year Due	Priority Ranking
Financial	Cost of programs for clients and families	Subsidy calculational for all fee for service programs	2 months	Completed July 2012	Implement at Nora's House with slight variation to subsidy amounts	Subsidies will be absorbed by the organization to a maximum of \$25,000 per year	2012	Complete
Financial	Funding received from one source(82%)	Attempt to diversify funding for all programs	On Going	Slowly increasing alternative funders (79% currently)	Move to additional funding sources	On Going	Every	On Going
Financial	Funding /resource inconsistency between Government offices (CW and MH LHIN)	Work with CW LHIN in order to identify needs in Brampton and Caledon	On Going	On Going	CW to acknowledge funding /resources discrepancies and resolve with additional funding for	\$50,000 plus additional supports for clients	Every Year	On Going

					services			
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Group	Barrier	Actions	Time Frame	Progress	Modifications Required	Funding Required	Year Due	Priority Ranking
Communication	Availability of Sign Language Interpreter services for public meetings and meetings with stakeholders when requested or accommodation noted.	Have identified 1 staff internally who signs. Sign Language Interpreter Services have been researched and costed out through OIS.	On Going	In Progress – Question regarding accommodation needs will be added to invitations for public forums, including Public Education Sessions, Support Groups, and e-mail meeting invitations.	In Progress – Question regarding accommodation needs will be added to invitations for public forums, including Public Education Sessions, Support Groups, and e-mail meeting invitations.	None	January 2016	6
Communication	No explanation of ASP services in accessible audio formats, such as a DVD or CD, for those with sight impairments.	Create an audio CD of ASP's services, and information from brochures on "What is Alzheimer's disease" and "Getting a diagnosis". The CD will be added to the website.	March 2014	In Progress	None	The CD will be created internally at ASP by ASP staff.	January 2016	7
Communication	Power Point Presentations and Education flyers not all consistently done on pale yellow or white back grounds, with black or blue	Create a standard ASP Power Point slide, and flyer template that meets this requirement.	January 2014	Completed	Completed January 2014.	Changes made to currently used Power Point slides, and flyers.	January 2016	Complete

	font.							
Communication	Do not currently have the question "Were your accomodation needs met, when you identified them to ASP?" on Client Satisfaction Survey, and Education Evaluations.	Add to surveys the question "Were your accomodation needs met, when you identified them to ASP?"	January 2015	Completed February 2014.	Additions to the surveys and evaluations were made February 2014.	None	January 2016	Complete
Communication	Not all Meeting Invitations and Education flyers have question on them about identifying accomodation needs.	Change Best Practices to include this question on public forum meeting invitations and education flyers.	January 2014	Completed January 2014	Make changes to Best practices.	None	January 2014	Complete
Communication	Lack of a Workplace Emergency Response info collection form.	Create a Workplace Emergency Response info collection form, and implement it.	December 2013	Completed – November 2013 Creation of Emergency Respose work sheet, and Individual Emergency Response plan. Accessibilit y policy was updated to include new forms. In progress: Forms to be implemented January		None	January 2014	Complete

				2014				
Communication	Not offering of Skype for Counselling sessions, for people with disabilities that would make an in-person session difficult	Outreach Counsellor - To offer Skype at one of our sites, with one of our Outreach Counsellors.	1 month	Completed November 2013	Advertise on ASP website that Skype is available for counselling sessions for those who need accommodation	None	January 2016	Complete
Communication	Be prepared to receive feedback from clients, employees, and members of public who have a disability in multiple modalities i.e. phone, e-mail, and written options	Offer Client Satisfaction Survey's, Education evaluations, and Staff Survey have to be done by phone or e-mail.	January 1, 2014 – December 31, 2014	In Progress	Post on website, and on survey's themselves that respondents requiring an accommodation are welcome to provide their feedback over the phone, or via e-mail, or to request a mode of communication that works for them.	None	January 2015	2

Appendix A

Accessibility Status Report: The Health and Safety Representative, at each Alzheimer Society Peel location, will record any accessibility barriers they find during their monthly checks, or that are made known to them, on the Accessibility Status Report. The report will then go to the Accessibility Officer. If the barrier is found to meet criteria for an accessibility barrier, then the Accessibility Officer will forward on the Accessibility Status Report to the Chief Operating Officer. All staff, students, and volunteers of the Alzheimer Society Peel have been instructed to identify barriers to accessibility that they themselves are aware of, or have received client feedback about, to the Joint Health and Safety Representative at their site location. Identified barriers from the Accessibility Status Report will be placed on the Multi Year Accessibility Plan Report by the Accessibility Officer, along with a plan of action, timelines for removing barrier, progress status, and a priority ranking. The Accessibility Officer will provide the Chief Operating Officer with a copy of the Monthly Status Reports from each site quarterly, and provide a new Accessibility Plan with the updates and priority rankings for each new calendar year.


Alzheimer Society
PEEL

Braapton
 Braapton Office
 Meadowvale
 San McCallion
 Head Office
 Brunel
 Nora's House
 Evelyn's Place
 BSD-PRC


Monthly Accessibility Status Report Date: _____

Date	Identified Barriers	Plan of Action	Next Steps	Who	Deadline	Complete or In Progress

JHS Representative (send to Accessibility Officer) Initial: _____ Date: _____
 Accessibility Officer (send to Chief Operating Officer) Initial: _____ Date: _____
 Chief Operating Officer (send to Accessibility Officer) Initial: _____ Date: _____

Appendix B

Alzheimer Society Peel Policy on Accessibility

 <p>Alzheimer Society P E E L</p>	<p>Employment Policies and Procedures Guide</p> <p>Policy Number: 3.6 Last Reviewed: October 1, 2012 Effective Date: December 1, 2013</p>
<p>EMPLOYMENT STANARDS</p>	

ACCESSIBILITY

Purpose

To ensure that all those who are in contact with the Society are provided with an accessible environment.

Policy Statement

The Society is conscientious that accessibility is about understanding that people with disabilities may have different needs, therefore continuously strive to improve the identification, removal and prevention of barriers faced by persons with disabilities. The Society's Statement of Commitment (see Appendix A) reflects our commitment in meeting the accessibility needs of people with disabilities in a timely manner.

GUIDELINES

1. The Joint Health and Safety Committee must complete the Annual Accessibility Status Report.
2. Floor Plans denote where wheelchair accessible washrooms are located, as well as where the entrances and exits are located. Floor Plans must be posted at all service locations, and visible to all staff and clients.
3. New staff must read and review the Accessibility Training Guide during orientation. The Accessibility Training Guide will be accessible to staff anytime thereafter.
4. The Accessibility Training Guide will be reviewed on a yearly basis.
5. Staff must provide clients/caregivers that require supports to access our services with resources, as described in the Accessibility Training Guide. Resources include Alzheimer Society Peel Community Resource Listing which includes transportation options, and a subsidy application form.

6. The Society will create an individualized emergency response plan for anyone with a disability (i.e., physical or mental disability) that requires assistance in an emergency (i.e. during a fire drill, evacuation, lockdown). The Society will only collect details of how to assist someone during an emergency; medical information may be collected in order to assist the individual, but details will be kept to a minimum. Each situation will be handled on a case by case basis and all information collected will be kept strictly private and confidential.

Disabilities can be temporary or permanent, therefore staff members and contractors are welcome to come forward and speak with their supervisor and/or the Human Resources Manager to discuss their individualized emergency response plan. New hires will be asked during their orientation with the HR Manager.

7. Staff with a disability will be asked to complete the Emergency Response Worksheet (see Appendix A) and submit it to their supervisor and/or HR Manager. The worksheet will be reviewed with the staff member and an Individualized Emergency Response Plan (see Appendix A) will be completed and put in place for the individual with a disability. This plan will indicate how the individual with a disability will be helped during an emergency situation. All Individualized Emergency Response Plans will be left in a sealed envelope and attached to each attendance clipboard.
8. When a temporary disability ceases to exist, the Individualized Emergency Response Plan must be removed from the clipboard and shredded.
9. Examples of a disability are:
 - Hearing loss (complete or partial)
 - Vision loss (complete or partial)
 - Injury to a limb
 - Fear of enclosed spaces
 - Asthma
 - Speech disability
 - Anxiety/Panic during emergency situations, enclosed spaces and/or crowds

Appendix C

Accessibility Training: All staff, students, and volunteers of the Alzheimer Society Peel are trained on Accessibility for Customer Service using the Alzheimer Society Peel Accessibility Training Guide, and sign an acknowledgement form that they have received the training.

Accessibility Training Guide for Employees

How to Communicate with People with Different Types of Disabilities:

1. **People with physical disabilities:** Some disabilities will be visually notable but remember some physical limitations can be unseen, such as difficulty walking long distances due to arthritis or a heart condition.
 - When speaking to someone who uses a wheelchair or scooter, sit down yourself while conversing so that you are able to make eye contact.
 - Do not touch their equipment, such as canes, walkers, wheelchairs, without asking for permission first.
 - Do not leave the individual in a wheelchair in an awkward, dangerous, or undignified position, such as facing a wall or in the path way of an entrance/exit.
 - Do not move assistive devices or equipment out of individuals reach
 - Let the individual know about accessible features in the immediate environment that are appropriate to their needs (wheelchair accessible washrooms, location of spare wheelchairs, grab bars etc...)
2. **People with vision loss:** Vision loss can restrict someone's ability to read, locate landmarks and see hazards. Some individuals may use guide dogs, or white canes, but some may not use any aids.
 - Do not assume that the individual cannot see you – the person may have some sight.
 - Identify yourself when you approach and speak directly to the individual.
 - Ask the individual if they would like you to read any printed material out loud to them.
 - When providing directions or instructions, be precise and descriptive.
 - Offer your elbow to guide the individual if needed.
3. **People with hearing loss:** People with hearing loss may be deaf, deafened, or hard of hearing. A person can also be oral deaf – unable to hear, but prefers to talk instead of using sign language.
 - If an individual has identified themselves as having hearing loss, make sure that you are in a well-lit area where they can see your face and read your lips.
 - As needed, attract the individual's attention before speaking.
 - If an individual uses a hearing aid, reduce background noise or move to a quieter area.

- If necessary ask the individual if another method of communicating would be easier (i.e. pen and paper)
 - Speak clearly – keep your hands away from your face when speaking.
4. **People who are deafblind: A person who is deafblind may have some degree of both hearing and vision loss.**
- An individual who is deafblind will often be accompanied by an intervener (professional support person); speak directly to the individual and not the intervener.
 - An individual who is deafblind may explain how to communicate with them by handing you an assistance card or a note. Follow the directions given on the card or note.
5. **People with language or speech impairments: Some people, who have severe difficulties, may use a communication board or other assistive devices.**
- Do not assume that an individual with speech impairment has another disability.
 - Whenever possible ask questions that can be answered with “yes” or “no”.
 - Be patient and do not interrupt or finish the individual’s sentences.
 - Remember that for some medical conditions an individual may have slurring of their speech. Do not assume that they are under the influence of drugs or alcohol.
 - Paraphrase what has been said.
6. **People with learning disabilities: The term “learning disabilities” refers to a variety of disorders.**
- Be patient, as individuals with learning disabilities may take a little longer to process information, to understand, and to respond.
 - Try to provide information in a way that takes into account the individual’s disability. For some, information presented orally is easier than written, and the opposite for others. For some individual’s, numbers are difficult to comprehend. Ask the person in which mode they would like to receive information.
7. **People with intellectual developmental disabilities:**
- Do not make assumptions about what a person can and cannot do.
 - Use simple or plain language.
 - Provide 1 piece of information at a time.
8. **People with mental health disabilities:**
- If you sense, or know, that an individual has a mental health disability be sure to treat them with the same respect and consideration that you would show to everyone else.
 - Be confident, calm, and reassuring.
 - If a person appears to be in crisis, ask them to tell you the best way to help.
 - Do not be confrontational.
 - Do not take things said personally.

9. People who have a service animal: People with vision loss may use a guide dog, but there are other types of service animals as well. There are hearing alert animals that help people who are hearing impaired, and there is service animals trained to alert an individual to an oncoming seizure.
- Avoid touching or addressing the animal, as it is in work mode.
 - If you are unsure if the animal is a service animal ask the individual before assuming it is a pet.
 - Alzheimer Society Peel allows service animals on its premises.

10. People accompanied by a support person: A support person can be a Personal Support Worker, a volunteer, a family member or a friend that might help the individual with communicating, mobility, personal care or medical needs.

- Alzheimer Society Peel allows for support persons to be on the premises.
- Speak directly to the person you are serving and not their support person.

IMPORTANT: Use the term “person with disability” rather than “a disabled person”.

Feedback Process on the Accessibility to Provision of Goods and Services: When communicating with a person with a disability do so in a manner that takes into account the person’s disability. Let the person with the disability tell you what accessible formats and communication supports they need.

SERVICES:

- 1) Bell Relay: The Bell Relay Service Operator “BCRS” is available to assist in placing or receiving calls to/from persons who use teletypewriter “TTY”. There is no charge for local calls. To place a call through the BCRS call 1-800-855-0511.
- 2) Sign Language: Book a Sign Language Interpreter by contacting the Canadian Hearing Society at 905-608-0271.