

# Multi-Year Accessibility Plan 2025-2030

## South Huron Hospital Exeter



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[www.huronhealthsystem.ca](http://www.huronhealthsystem.ca) and will be made available in alternative formats upon request

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## **South Huron Hospital Multi-Year Accessibility Plan**

### **1. Background and Summary**

The purpose of the Accessibility for Ontarians with Disability Act 2005 (AODA) is to improve opportunities for people with disabilities and provide for their involvement in the identification, removal and prevention of barriers in the Province of Ontario. The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the subsequent Integrated Accessibility Standard Regulations (O. Reg. 197/11) builds on and enhances ODA by further defining standards and detailing measures of enforcement in order to build a fully accessible Ontario by 2025.

SHH is committed to:

- The continual improvement of access to the hospitals' premises, facilities, and services;
- Participation of people with disabilities in the development and review of its Accessibility Plan
- The provision of quality services to patients, visitors, staff, and all members of the community with disabilities
- Supporting a culture that promotes a positive and safe environment for the workplace that reflects our Values and provides our services in a manner that respects the dignity and independence to all customers.

To fulfill the purpose of both the ODA 2001, AODA 2005, and Regulation 197/11, SHH will create, maintain and communicate a multi-year Accessibility Plan. The plan builds on previous years' plans and includes measures that SHH will take in the upcoming years to identify, remove and prevent barriers to people with disabilities who live, work in, or use the facilities and services of SHH. The plan will be reviewed annually and updated as barriers are identified and/or eliminated.

## 2. SHH/HHS

For over 70 years, South Huron Hospital has been serving a wide catchment area, including the Municipality of South Huron and its adjacent communities. Located in a small, rural community, we are proud to offer a 24/7 Emergency Department. With 19 inpatient beds, we provide acute, rehabilitation, and complex continuing inpatient care. Our outpatient services encompass the continuum of care as we strive to meet the evolving needs of our patients and surrounding communities.

### 3. HHS Mission, Vision, Values, Strategic Priorities



#### **Our Mission**

Partnering to provide excellent person-centred care

#### **Our Vision**

A quality-driven health care system focused on the changing needs of our communities

#### **Our Values**

##### **Inclusive**

Fostering a culture where differences are valued and collaboration is embraced

##### **Compassionate**

Demonstrating empathy and kindness towards everyone

##### **Accountable**

Following through on our commitments and taking responsibility for the outcomes of our actions

##### **Respectful**

Treating others with thoughtfulness, understanding, and professionalism

##### **Equitable**

Recognizing and working to remove barriers that limit individuals from receiving the care they need

#### **Our Strategic Priorities**

Innovating through Partnership  
Partnering with Patients & Families  
Ensuring Operational Excellence  
Empowering our People

## **4. SHH Accountability to Accessibility**

South Huron Hospital strives to meet the needs of its employees and customers with disabilities and is working hard to remove and prevent barriers to accessibility. SHH is committed to fulfilling our requirements under the *Accessibility for Ontarians with Disabilities Act, 2005*.

This accessibility plan outlines the steps we are taking to meet those requirements and to improve opportunities for people with disabilities.

Our plan shows how we will play our role in making Ontario an accessible province for all Ontarians.

The plan is reviewed and updated annually by our Senior Leadership Team.

We train every person as soon as practicable after being hired, and we provide training in respect of any changes to the policies. All staff are required to complete annual E-learning. This includes “Accessibility for Ontarians with Disabilities Act AODA”, “Working Together: The Code and the AODA” and Diversity, Equity and Inclusion. We maintain records of the training provided, including the dates on which the training was provided and the number of individuals to whom it was provided.

In accordance with the AODA, AMGH is responsible for:

- Preparing an annual accessibility plan
- Consulting with persons with disabilities in the preparation of the plan
- Making the accessibility plan available to the public
- Preparing an accessibility policy

With respect to Regulation 429/07, SHH is responsible for:

- Establishing policies, practices and procedures governing the provision of its goods and services to persons with disabilities
- Using reasonable efforts to ensure that its policies, practices and procedures are consistent with the principles and requirements identified in Regulation 429/07
- Ensuring that all staff, physicians and volunteers who deal with members of the public receive training about the provision of its goods and services to persons with disabilities
- Establishing a process for receiving and responding to feedback about the manner in which goods or services are provided to persons with disabilities
- Ensure that documents required by the Regulation are available to the public on request and in a format which takes into account a person’s disability.

- The Public will be provided notice of temporary service disruptions as soon as possible when preventative and emergency maintenance are required in public spaces.
  - The Notice will include: information about the reason for the disruption, expected duration of the disruption, and description of available or alternate services
  - The notice will be made conspicuous and may be displayed at the location of the disruption, on the website, in a mailing pamphlet or in a local newspaper/or local radio/television and social media and may include phone calls to those who have upcoming appointments to provide notice and provide alternate access.

## 5. Review and Monitoring Process

Through the Director of Facilities and Capital Projects, the Senior Leadership team will assume responsibility for the monitoring and evaluation of current plans and the development of subsequent annual plans.

### **The Senior Leadership team will:**

Evaluate the previous year's achievements against identified targets

Ensure that new barriers have been added to the plan and prioritized

Ensure that compliance reporting is completed

Endorse and approve funding for barrier removal

The Multi-Year plan is reviewed by the Diversity, Equity and Inclusion Committee and the HHS Patient Experience Committee and is endorsed by the HHS Board of Directors.

## 6. Barrier Identification

The Hospital engaged in a variety of methodologies in order to identify barriers and potential solutions for the Multi-Year Accessibility:

### **Facility Audit**

Sawchuck Accessible Solutions completed an audit to evaluate the accessibility of vehicular access, exterior approach and entrances, interior circulation, interior services and environment, washroom facilities, wayfinding/signage and emergency system in the hospital. This audit

provided a comprehensive list of barriers the hospital could remove to improve accessibility in these areas.

**A Customer and Staff Feedback** survey was posted on our website and distributed to our staff and physicians to collect feedback and identify barriers to accessibility.

## 7. Past Achievements to Remove and Prevent Barriers (2020 to 2024)

**Facility audit** with consultation with individuals with disabilities. Sawchuck Accessible Solutions completed an audit to assess the accessibility of vehicular access, exterior approach and entrances, interior circulation, interior services and environment, washroom facilities, wayfinding/signage and emergency systems. This audit provided a comprehensive list of barriers the hospital could remove.

**Patient room TVs replaced** - pillow speaker remote- with large buttons for controlling the TV as well as touchscreen controls.

**Bariatric Equipment** - Purchased a bariatric patient bed

**Elevator Upgrade** - The elevator was completely upgraded to include braille and tactile buttons and voice annunciation.

**DEI Training** - Was added to the annual mandatory E-Learning for all staff

**Accessibility Presentation to the Board of Governors** - Julie Sawchuck of Sawchuck and Associates provided an information session to the Board on accessibility in Health Care related to the Design of Public spaces

**Main Entrance** transition strip at the main entrance was replaced to allow easier access with wheelchairs and ambulating persons- transition is now flush and colour contrast

Increased the number of **barrier-free parking spaces** at the clinic and Staff parking

**Seating is** provided adjacent to the pickup area at the main entrance

## 8. Strategies and Actions to Remove Barriers for 2025-2030

| 9. Customer Service               |                                |  |                              |                 |
|-----------------------------------|--------------------------------|--|------------------------------|-----------------|
| Identified Barrier or Opportunity | Objective                      | Means to remove/prevent barrier            | Timing<br>(green =completed) | Responsibility  |
| Educate staff on appropriate      | Ensure staff are knowledgeable | Provide in-service training for front-line | 2026                         | Human Resources |



|  |   |  |      |                 |
|--|---|--|------|-----------------|
| interactions with customers who have disabilities and use accessible equipment | and understand appropriate interactions   | staff involved in direct patient interaction   |      |                 |
| Improve staff training   | To ensure training complies with the regulations  | Review current orientation accessibility training and ongoing training, and make improvements to ensure their compliance | 2026 | Human Resources |
| Feedback from staff and patients   | Collect data on accessibility needs from staff and patients, and families   | Complete a survey in-house and using social media<br>Solicit feedback from the HHS patient experience team               | 2025 | Admin           |
| <b>Information and Communication</b>   |   |  |      |                 |
| Information about accessibility on the website is difficult to find            | Set up an accessibility information page to make it easier to find accessibility information and provide a section with common questions and answers          | Update the Website layout and include F and Q about accessibility  | 2025 | Communications  |
| Accessible compliant website   | Ensure the website is meeting WCAG 2.0 levels A/AA.   | 3 <sup>rd</sup> party audit  | 2026 | SLT             |
| Signage and wayfinding   | ensure signage for washrooms, elevator receptons are accessible height, and all signage has colour contrast and large font, ensure standardized international | Complete an audit of facility signage and identify signage that needs to be changed to meet accessible standards         | 2027 | Facilities      |

|  |  |   |      |                                 |
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|  | symbols are used for washrooms   |   |      |                                 |
| Communication with masks- those hard of hearing or rely on lip reading                     | Ensure the hospital has the means to improve communication when staff and patients are wearing masks                                     | Pocket headsets, whiteboards  | 2026 | Clinical and Registration Teams |
| <b>Employment</b>  |  |   |      |                                 |
| Workplace/spaces are free of barriers for staff and physicians                             | Collect information from staff and physicians to identify barriers present from a worker's perspective                                   | Circulate a survey to collect information   | 2025 | Human Resources                 |
| Education for managers/staff on developing emergency plans for staff who have disabilities | Ensure all managers/ and staff are aware of the process of developing emergency plans  | Upon hire, include in the orientation package for managers and staff<br>Provide education sessions for managers on the completion of emergency plans                            | 2026 | Human Resources                 |
| <b>Procurement</b>   |  |   |      |                                 |
| Purchases of equipment, furniture and renovations  | To ensure accessibility is considered for all purchases/ renovations, educate managers / purchasing staff on the criteria                | Implement an accessibility checklist when purchasing items for workstations and equipment used by staff and patients  | 2025 | Facilities / Purchasing         |
| <b>Design of Public Spaces</b>   |  |   |      |                                 |
| Improvements to parking and drop off and pick-up zones at the main entrance                | To improve access to the facility and ensure space is provided and clearly identified for safe drop off and pick up at the main entrance | Provide a clearly marked access aisle between parallel parking spaces<br>Provide a marked pedestrian path between the hospital and clinic<br>Add signage for courtesy / limited | 2026 | Facilities                      |

|   |  |   |      |            |
|---|--|---|------|------------|
|   |  | mobility parking for seniors/parents at the main entrance<br>Ensure passenger drop-off and pickup zones do not overlap with the accessible parking – install bollards to further define the drop-off area   |      |            |
| Clear access to pathways and ramps  | Ensuring travel on pathways and ramps is safe and easy to see  | Where the sloped sidewalk meets the parking curb – provide a visual and tactile indicator that the sidewalk has ended<br>Colour contrast and slip-resistant strips extending the full width of landings at the top and bottom of ramps  | 2026 | Facilities |
| Improve the Stairs and handrails on Ann Street entrance to identify these structures and improve safety | Ensure travel on stairs and ramps is safe, and make it easy for individuals to identify the structures | Slip-resistant edge on each step of the wraps on the nosing of stairs<br>Provide a handrail on both sides at a consistent accessible height<br>Modify the handrail diameter to facilitate grip with a smooth, round design<br>Turn down the horizontal handrail extension at the top and bottom to prevent handbags/pockets, etc, from getting caught | 2026 | Facilities |
| Hand railings in corridors are a similar colour to the wall colour                                      | Will provide support, balance and directional guidance   | Create more colour contrast between the railing and the wall surface  | 2028 | Facilities |
| Public washrooms  | Ensure barrier free washroom at the elevator complies with standards                                   | Modify signage – use international symbols<br>Ensure signage is mounted at 1500 mm and located on the latch   | 2026 | Facilities |

|   |   |   |      |     |
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|   |   | side of the doorframe,<br>not the door<br>Remove the angled<br>grab bars and replace<br>them with L-shaped<br>Ensure the toilet is tall<br>and has seat lids to<br>provide a backrest<br>Lower mirror<br>Remove storage items |      |     |
| Many departments' physical layout do not meet accessibility standards | Identify long-term plans to remove barriers | Complete Master Plan  | 2028 | SLT |

## 10. Communication of the Plan

For more info on this accessibility plan, contact:

Meribeth Vlemmix, Director of Facilities and Capital Projects  
meribeth.vlemmix@shha.on.ca  
(519) 524 8689 extension 5722

The SHH accessibility plan is posted for our patients/families and community on the SHH website: [www.huronhealthsystem.ca](http://www.huronhealthsystem.ca). Copies are available at the Administrative Office. On request, the report can be available in alternate formats.

Anyone wishing to provide feedback on customer service or accessibility at SHH, or anyone wishing written information or other forms of communication to be provided in an accessible format, may contact the hospital:

- **Mail:** Attn: Manager Patient Relations, Patient Registration, Privacy and Health Records  
South Huron Hospital, 24 Huron Street West, Exeter, ON, N0M 1S2
- **Email:** [shha.privacy@shha.on.ca](mailto:shha.privacy@shha.on.ca)
- **Telephone** at (519) 519-235-2700 ext. 5110