

Ministry for Seniors and Accessibility

2019 Accessibility Compliance Report

Instructions

P3E 5J1

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

Fields marked with an asterisk (*) are mandatory. A. Organization information Organization category * Number of employees range Reporting year **Designated Public Sector** 50+ employees 2019 **Business details** Organization legal name * Number of employees in Ontario * Help 4000 Health Sciences North Business number (BN9) * Check this box if you have received an AODA identifier from the Help Ministry for Seniors and Accessibility 885027243 ✓ Check if operating/business name is same as legal name Organization operating/business name Language preference for communications Health Sciences North English Sector that best describes your organization's principal business activity * Help 62 - Health care and social assistance Subsector (if possible) Industry group (if possible) 622 - Hospitals Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. Canada O USA International Country * Type of address * Street address Street address served by route Other Unit number Street number * Street name Ramsey Lake Road Street type Street direction Province * City * Sudbury ON (Ontario) Postal code * P3E 5J1 **Business address** (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.) ✓ Check if business address is same as mailing address Country * Canada International Street address Street address served by route Other Type of address * Unit number Street number * Street name 41 Ramsey Lake Road Street direction Street type City * Province * Sudbury ON (Ontario) Postal code *

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

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| Organization category Designated Public Sector Number of employe | | |
|--|--|------------|
| Filing organization legal name Health Sciences North | | |
| Filing organization business number (BN9) 885027243 | | |
| Fields marked with an estarial (*) are mandaton. | | |
| Fields marked with an asterisk (*) are mandatory. | | |
| B. Understand your accessibility requirements | 2.39 | |
| Before you begin your report, you can learn about your accessibility requirements | ents at ontario.ca/accessibility | |
| Additional accessibility requirements apply if you are: a library board | | |
| a producer of education material (e.g. textbooks) | | |
| an education institution (e.g. school board, college, university or | r school) | |
| a municipality | | |
| C. Accessibility compliance report questions | | |
| Instructions | | |
| Please answer each of the following compliance questions. Use the Comments box if y | you wish to comment on any response. | |
| If you need help with a specific question, click the help links which will open in a new b relevant AODA regulations and the link on the right to view relevant accessibility inform | | view the |
| Foundation requirements | | |
| 1. Does your organization have written accessibility policies and a statement of commit | tment? * | ○ No |
| Read O. Reg. 191/11 s. 3: Establishment of accessibility policies | Learn more about your requirements for | question 1 |
| Comments for question 1 | | |
| 2. Has your organization established, implemented and maintained a multi-year access posted it on your organization's website? * | sibility plan and Yes | ○ No |
| Read O. Reg. 191/11 s. 4: Accessibility plans | Learn more about your requirements for | question 2 |
| Comments for question 2 | | |
| 3. Has your organization completed a review of its progress implementing the strategy accessibility plan and documented the results in an annual status report posted on twebsite? * | | ○ No |
| Read O. Reg. 191/11 s. 4(1), 4(3): Accessibility plans | Learn more about your requirements for | question 3 |
| Comments for question 3 | | |
| 4. Did your organization consult with people with disabilities when establishing, review multi-year accessibility plan? * | ing and updating its Yes | ○ No |
| Read O. Reg. 191/11 s. 4(2). Accessibility plans | Learn more about your requirements for | question 4 |
| Comments for question 4 | | |

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| Does your organization provide the appropriate training on the Integrated Acc Regulation and the Human Rights Code as it pertains to persons with disabilit | | Yes | ○ No |
|--|--------------------------|------------------|-------------|
| Read O. Reg. 191/11 s. 7: Training | Learn more about your | requirements for | question 5 |
| Comments for question 5 | | | |
| 6. Has your organization established and documented a process to receive and how its goods or services are provided to persons with disabilities, including a organization will take when a complaint is received? * | | Yes | ○ No |
| Read O. Reg. 191/11 s. 80.50: Feedback process required | Learn more about your | requirements for | question 6 |
| Comments for question 6 In consultation with our patient representatives, our updated to make our feedback process more visible be completed by January 2020. | | | |
| 7. Does your organization ensure that its feedback processes are accessible to providing or arranging accessible formats or communication supports, upon rette public of this accessible feedback policy? * | | Yes | ○ No |
| Read O. Reg. 191/11 s. 11: Feedback | Learn more about your | requirements for | guestion 7 |
| Comments for question 7 | | | |
| Information and communications | | | |
| 8. Does your organization have a process to provide accessible formats and conpersons with disabilities in a timely manner and at no more than the cost for o the same information, and do you notify the public of this accessible information. | ther persons who ask for | Yes | ○ No |
| Read O. Reg. 191/11 s. 12 Accessible formats and communications supports | Learn more about your | requirements for | question 8 |
| Comments for question 8 | | | |
| Employment | | | |
| 9. Does your organization notify its employees and the public about the availabilits recruitment process? * | ity of accommodations in | Yes | ○ No |
| Read O. Reg. 191/11 s. 22-24. Recruitment | Learn more about your | requirements for | question 9 |
| Comments for question 9 | | | |
| 10. Does your organization notify successful applicants of its policies for accommodisabilities during offers of employment? * | modating employees with | Yes | ○ No |
| Read O. Reg. 191/11 s. 24: Notice to successful applicants | Learn more about your | requirements for | question 10 |
| Comments for question 10 | | | |
| 11. Does your organization develop and have in place a written process for the documented individual accommodation plans for employees with disabilities' | • | Yes | ○ No |
| Read O. Reg. 191/11 s. 28: Documented individual accommodation plans | Learn more about your | requirements for | question 11 |
| Comments for question 11 | | | |

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| Transportation | | | |
|---|---|------------------|----------------------|
| 12. Does your organization provide transportation services? * (If Yes, you will be required to answer an additional question.) | | | No |
| ead O. Reg. 191/11 Part IV: Transportation standards Learn more about your | | | question 12 |
| 12.a. Does your organization conduct employee and volunteer accessibility training on the safe use of accessibility equipment and features of your transportation vehicles? * | | O Yes | O No |
| Read O. Reg. 191/11 s. 36: Accessibility training | Learn more about your | requirements for | guestion 12.a |
| Comments for question 12.a | | | |
| Design of public spaces | | | |
| 13. Since your organization last reported on its accessibility compliance, has yo new or redeveloped existing off-street parking facilities that it intends to mai (If Yes, you will be required to answer an additional question.) | | | No |
| Read O. Reg. 101/11 Part IV.1: Design of public spaces standards | Learn more about your | requirements for | question 13 |
| 13.a. When constructing new or redeveloping off-street parking facilities that to maintain, does it ensure that the off-street parking facilities meet the as outlined in sections 80.32 – 80.37 of the IASR? * | | O Yes | O No |
| Read O. Reg. 80.32-37: Accessible parking | Learn more about your | requirements for | question 13.a |
| Comments for question 13 a | | | |
| 14. Since your organization last reported on accessibility compliance, has your new or redeveloped existing outdoor public spaces that it intends to maintai (If Yes, you will be required to answer additional questions.) | n? * | ○ Yes | No |
| Read O. Reg. 191/11 Part IV.1: Design of public spaces standards | Learn more about your | requirements for | question 14 |
| 14.4 When constructing new or redeveloping asseling outdoor play spaces consult with the public and persons with disabilities on the needs of che you represent a municipality did your organization consult with the mu where one was established as outlined in s. 80.19 of the Integrated Ac Regulation? * | ildren and caregivers, and il nicipal advisory committee | O Yes | O No |
| Read O. Reg. 191/11 s. 80.19: Outdoor play spaces | Learn more about your | requirements for | question 14.a |
| Comments for question 14 a | | | |
| 14.b. Does your organization's multi-year accessibility plan include procedur emergency maintenance of the accessible elements in public spaces, temporary disruptions when accessible elements required under the In Standards Regulations Part IV are not in working order?* | and for dealing with | OYes | ○ No |
| Read O, Reg. 191/11 s. 80,44 Maintenance of accessible elements | Learn more about your | requirements for | question 14.h |
| Comments for question 14 b | | | |
| Customer service | | | |
| 15. In your policies, practices and procedures, does your organization permit pe keep their service animals with them on the parts of your premises that are third parties, except where the animal is excluded by law? If excluded by law have alternate ways for people with service animals to access and use your facilities? | open to the public or other v, does your organization | Yes | ○ No |
| Read O. Reg. 191/11 s. 80.47(1-3): Use of service animals and support persons | Learn more about your | requirements for | auestian 15 |
| Comments for Our service animal policies, practices and procedur | | ew and revise | ed |

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question 15

versions are expected by Jan 2020.

| General requiremen |
|--------------------|
|--------------------|

| 16. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the information and communications standards in effect under the Integrated Accessibility Standards Regulation? * | | | ○ No |
|---|-----------------------|-----------------------|-------------|
| Read O. Reg. 191/11 Part II: Information and communications standards | Learn more about you | r requirements for | guestion 16 |
| Comments for question 16 Our website does not currently reflect standards s includes a corporate website update to achieve W | | | plan |
| 17. Other than the requirements cited in the above questions, is your organize applicable requirements for the employment standards in effect under the Standards Regulation? * | | Yes | ○ No |
| Read O. Reg. 191/11 Part III: Employment standards | Learn more about your | r requirements for | guestion 17 |
| Comments for question 17 | | | |
| 18. Other than the requirements cited in the above questions, is your organizal applicable requirements for the transportation standards in effect under Standards Regulation? * | | Yes | ○ No |
| Read O. Reg. 191/11 Part IV: Transportation standards | Learn more about your | r requirements for | question 18 |
| Comments for question 18 | 7 | | |
| 19. Other than the requirements cited in the above questions, is your organiza applicable requirements for the design of public spaces standards in ef Accessibility Standards Regulation? * | | Yes | ○ No |
| Read O. Reg. 101/11 Part IV.1: Design of Public Spaces standards | Learn more about your | requirements for | question 19 |
| Comments for question 19 | | | |
| 20. Other than the requirements cited in the above questions, is your organiza applicable requirements for the customer service standards under the In Standards Regulation? * | | Yes | ○ No |
| Read O. Reg. 191/11 Part IV.2: Customer service standards | Learn more about your | requirements for | question 20 |
| Comments for question 20 | | | |
| 21. Other than the requirements cited in the above questions, is your organiza general requirements in effect under the Integrated Accessibility Standard | | Yes | ○ No |
| Read O. Reg. 191/11 Part I: General requirements | Learn more about your | requirements for | question 21 |
| Comments for question 21 | | | |

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| Organization category Designated Public Sector | | Number of employees range 50+ | | | |
|---|--|-------------------------------|--------------------------------------|---------------------|--------------------------------|
| Filing organization leg | al name Health Sciences Nort | :h | | | |
| Filing organization but | siness number (BN9) 8850272 | 243 | | | |
| | | | | | |
| | sterisk (*) are mandatory. | | | | |
| D. Accessibility com | pliance report summary | _ | | | |
| Your responses to the qu | estions on your accessibility repor | t indica | ate that your organization | is in complian | ce with AODA standards. |
| Your organization may be | e audited to verify compliance. | | | | |
| E. Accessibility com | pliance report certification | | | | |
| | ility for Ontarians with Disabilities Act, as been provided and is accurate, sign | | | | |
| Note: It is an offence unde | r the Act to provide false or misleadin | g inforn | nation in an accessibility rep | oort filed under t | ne AODA. |
| The certifier may designate will be the main contact. | e a primary contact for the Ministry for | Senior | s and Accessibility to contact | ct the organization | on(s); otherwise the certifier |
| Certifier: Someone who ca | an legally bind the organization(s). | | | | |
| Primary Contact: The per | son who will be the main contact for a | ccessib | pility issues. | | |
| Acknowledgement | | | | | |
| ✓ I certify that I have the | authority to bind all organizations spe | cified in | Section A of this form, * | | |
| ✓ I certify that all the requ | uired information has been included in | this rep | port, and, * | | |
| ✓ I certify that the information | ation in this report is accurate. * | | | | |
| Certification date (yyyy-mn | n-dd) * 2019-10-21 | | | | |
| Certifier information | - | | | | |
| Last name * Watson | | | First name * Rhonda | | |
| Position title * Vice President | Business phone number * 705 522-2200 | Exten 3613 | OHOOK HOLD II I | TY | |
| Email * rwatson@hsnsudbury | .ca | | Alternate phone number | Extension | Fax number |
| Primary contact for the | e organization(s) | | | | |
| Check if the primary co | ntact is same as the certifier | | | | |
| Last name * | | | First name * | | |
| Denomme | | | Julie | | |
| Position title * Other | Position title other * Mgr-Leadership&Learr | ning | Business phone number * 705 522-2200 | Extension 3596 | Check here if TTY |
| Email * jdenomme@hsnsudb | urv.ca | | Alternate phone number | Extension | Fax number |

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Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (*).

To start, save the form on your computer. Be sure to open the form with Adobe Reader 10 or higher. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your organization. You
 can find it on your federal or provincial tax return. If your organization does not have a business number (BN9), contact us
 to receive an AODA identifier to be used in place of a business number (BN9).
- · organization category (OPS/OLA, Designated Public Sector, Business/Non-profit)
 - if you are a business or a non-profit, your Organization category is Business/Non-profit
 - if you are a municipality, or a hospital, college, university, school board, public transportation provider (under <u>Schedule 1 of Ontario Regulation 191/11</u>), or an agency, board or commission (under <u>Column 1 of Table 1 of Ontario Regulation 146/10</u>), your Organization category is Designated Public Sector

Note: If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- · number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- · legal name
- business number (BN9) or AODA identifier
- number of employees in Ontario
- address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- certifier
- answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

Note: Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

Begin your report

Follow these steps to complete your form:

1. Download and save the form

- Download and save the form on your computer
- · Open the form with Adobe Reader 10 or higher

2. Enter your organization's information

• Enter your organization's information then select Next

3. Understand your requirements

• If you need information about the requirements, select the website link in **section B: Understand your accessibility requirements.** This will bring you to our website where you can see your past, current and future requirements.

4. Answer the questions

- The questions on the form are based on the requirements that apply to your:
 - organization category
 - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- Each report question has links to:
 - the regulation section that is related to that question
 - helpful resources to help you understand and comply with the requirements
- · Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- · Review the accessibility compliance report summary.

5. Certify and submit your report

- Complete the Certifier Information section
- The certifier must:
 - make sure all information on the form is complete and accurate
 - check all three boxes to show they have authority to certify your organization
 - enter the certification date or select it from the drop down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.
- You may save the form at any time by selecting the Save form button. When you are ready to submit your report, select the Save and Submit button. You will be prompted to save the form on your computer first and then it will be submitted.
- · Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
 - a confirmation number
 - an accessible PDF copy of your report

If you have not received a confirmation number upon successfully submitting the form or have any questions please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

Email: accessibility@ontario.ca

Accessible alternate formats

If you need the accessibility compliance report in an accessible format, please email accessibility@ontario.ca.

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