

# **ACCESSIBILITY PLAN**

## **SIoux LOOKOUT MENO YA WIN HEALTH CENTRE**

### **Multiyear Plan for 2013 to 2018**



Accessibility Guide  
Sioux Lookout Meno Ya Win Health Centre  
Multiyear Plan 2013– 2016

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This publication can also be viewed on the SLMHC website ([www.slmhc.on.ca](http://www.slmhc.on.ca))

## **Executive Summary**

The Sioux Lookout Meno Ya Win Health Centre (SLMHC) is an innovative and progressive health care centre that stresses the unique fact that we are more than a hospital. We provide acute and long term care, ambulatory care, mental health and addiction services, and community-based services to the Sioux Lookout area and to the northern First Nations. Meno Ya Win stands for health, wellness, well-being and wholeness. Our vision is to be a Centre of Excellence for aboriginal health through partnerships as well as new and expanding services. We value compassion, fairness, integrity and teamwork. Within those values we also recognize that there are different pathways to health and we celebrate our diversity.

The SLMHC services 32 communities: the town of Sioux Lookout, 28 Nishnawbe Aski communities (majority in remote northern locations), the Treaty # 3 community of Lac Seul First Nation, as well as to residents of Pickle Lake and Savant Lake. The 30,000 people living in these 32 communities are spread out over 385,000 square kilometers, approximately 1/3 of Ontario's land mass. Our service population is 82% First Nation and this proportion is rapidly increasing.

## **Mission, Vision & Values Statement**

**Slogan:** Working Hand in Hand with our communities to build a healthier future.

**Mission:** We are more than a hospital! We provide culturally responsive acute, long term and ambulatory care, mental health and addiction services, and community based and traditional healing services to the Sioux Lookout area and to the northern First Nations.

## **We are Meno Ya Win**

### **We stand for:**

- Health
- Wellness
- Well-being
- Wholeness

### **Vision: We will be a Center of Excellence for health through**

- New and Expanded Services
- Partnerships

And care that is

- Patient centered
- Service oriented
- Performance focused

**Values:** We value compassion, fairness, integrity and teamwork. We celebrate diversity.

We recognize different pathways to health.

...We do care!

## **TRUE NORTH**

Excellence Every Time

Excellence is where patients feel the service and quality they receive is EXTRAORDINARY, employees feel valued and physicians' feel that their patients are getting great care.

### **Aim**

This plan describes the following:

1. The measures that SLMHC has taken in the past, and
2. The measures that SLMHC will take during the next 3 years to identify, remove and prevent barriers to people with disabilities, who live, work in or use the hospital. This will include patients and their family members, staff, health care practitioners, volunteers and members of the community.

### **Objectives**

The objective of this plan is to:

1. Describe the process by which SLMHC will identify, remove and prevent barriers to people with disabilities;
2. Review the efforts at SLMHC to remove and prevent barriers to people with disabilities over the past year;
3. List the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities;
4. Describe the measures that SLMHC will take in the coming years to identify, remove and prevent barriers to people with disabilities; and
5. Describe how SLMHC will make this Accessibility Plan available to the public.

### **Description of Sioux Lookout Meno Ya Win Health Centre**

In November 2010, the Sioux Lookout Meno Ya Win Health Centre moved into its new building. All sites (except the William George Extended Care Unit and CCAS day program) are under one roof.

Services at SLMHC include:

- Ambulatory Care / Specialty Clinics/Day Medicine
- Administration offices
- Assault Care Treatment Program
- Chemotherapy
- Cardiopulmonary (Cardiac & Pulmonary Function Tests)
- Center For Complex Diabetes Care
- Complex Continuing Care
- Community Counseling and Addition Services: Day program, Crisis Response Service, Community outreach
- Day Surgery
- Diabetes Program

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- Diagnostic Imaging: CT Scan, Mammography, Ultrasound, X-ray
- Education Centre
- EMERGENCY
- Health Records
- Infection Control
- Inpatient Services
- Integrated Pregnancy Program
- Nutrition Services
- Special Advisor on First Nations Health
- Stroke Program; Stroke Prevention and Tele-Stroke
- Traditional Healing, Medicine, Foods & Support Program
- Telemedicine (Telehealth Program)
- Maintenance
- Materials Management
- Med / Surgery
- Medical Withdrawal Support Services
- Nutrition Services
- Obstetrics and Maternity
- Operating Room / CSR
- Palliative Care
- Rehabilitation
- Research Program
- Telemedicine (Telehealth Program)

**The William A. George Extended Care Unit:** is a 20 bed long-term care facility.

SLMHC serves patients from the community of Sioux Lookout, as well as Hudson, Savant Lake, Lac Seul, Ignace and 28 remote northern communities. Our hospital serves approximately 25,000 patients yearly and has approximately 388 employees.

Slogan: Working Hand in hand with our communities to build a healthier future.

Mission: We are more than a hospital! We provide culturally responsive acute, long term care and ambulatory care, mental health and addiction services, community-based and traditional healing services to the Sioux Lookout area and to the northern First Nations. We are Meno Ya Win: We stand for: Health, Wellness, Wellbeing and Wholeness.

Vision: We will be a Center of Excellence for health through: Enhanced Services and Partnerships and Care that is Patient centered, Service oriented and Performance focused.

Values: We value compassion, fairness, integrity and teamwork. We celebrate diversity. We recognize different pathways to health. We do care!

## The Accessibility Working Group

### Establishment of the Accessibility Advisory Group Working Group

Garth Brunel (VP Corporate Services) in consultation with the C.E.O and the Board of Directors formally constituted the Accessibility Working Group on August 7, 2003. Roger Walker, C.E.O. authorized the Working Group to:

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented in the coming year;
- Describe how these barriers will be removed or prevented in the coming year; and
- Prepare a plan on these activities, and after its approval by the C.E.O., make the plan available to the public.

### Members of the Accessibility Advisory Group

Working Group Member	Department/Association	Email	Contact Numbers
Heather Fukushima	Director of Quality and Access	<a href="mailto:hfukushima@slmhc.on.ca">hfukushima@slmhc.on.ca</a>	737-6542
Sharon Yule	Special Projects Manager	<a href="mailto:syule@slmhc.on.ca">syule@slmhc.on.ca</a>	737-3030
Renee Southwind	Communications	<a href="mailto:rsouthwind@slmhc.on.ca">rsouthwind@slmhc.on.ca</a>	737-3030
Mary Spray	Communications	<a href="mailto:mspray@slmhc.on.ca">mspray@slmhc.on.ca</a>	737-3030
Cynthia Jackson	Community Living Dryden-Sioux Lookout	<a href="mailto:Cynthia@clsioxlookout.com">Cynthia@clsioxlookout.com</a>	737-1447 ext 225
Curtis Macdonald	Rehabilitation Assistant	<a href="mailto:cmacdonald@slmhc.on.ca">cmacdonald@slmhc.on.ca</a>	737-3030
Denise Williams	Clinical Practice Coordinator LTC Rep	<a href="mailto:dwilliams@slmhc.on.ca">dwilliams@slmhc.on.ca</a>	737-3030
David Hildebrand	Information and Technology	<a href="mailto:dhildebrand@slmhc.on.ca">dhildebrand@slmhc.on.ca</a>	737-3030
Doug Moynihan	VP of Corporate Services	<a href="mailto:dmoynihan@slmhc.on.ca">dmoynihan@slmhc.on.ca</a>	737-3030
Allyson Martin	<b>Older Adults Program</b>	<a href="mailto:amartin@cmhaff.ca">amartin@cmhaff.ca</a>	737-
Garnet Angeconeb	Community member	<a href="mailto:gangecon@sympatico.ca">gangecon@sympatico.ca</a>	737-3169
Janet Paterson	The Patricia Centre	<a href="mailto:Janet.paterson@pccy.ca">Janet.paterson@pccy.ca</a>	737-2086

### Sioux Lookout Meno Ya Win Health Centre's commitment to accessibility planning

The Sioux Lookout Meno Ya Win Health Centre is committed to providing accessible health care services to all individuals. Our vision, mission and values guide our strategic plan to include inclusiveness/accessibility as one of our success factors. SLMHC will strive to meet or exceed the legislative requirements of the *Ontarians with Disabilities Act 2001*, the *Accessibility for Ontarians with Disabilities Act 2005* and any subsequent legislation to achieve a fully accessible Ontario by 2025.

The Sioux Lookout Meno Ya Win Health Centre will adhere to the guidelines of the *Acts* mentioned above, and develop its policies and standards based on the definitions that follow and ensure they are available to persons with disabilities as outlined below. Policies and standards will be updated when required by changes to the *Acts* or their regulations.

*The Sioux Lookout Meno Ya Win Health Centre is committed to:*

- *The continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the communities served;*
- *The participation of people with disabilities in the development and review of its annual accessibility plans;*
- *Ensuring health centre bylaws and policies are consistent with the principles of accessibility; and*
- *The establishment of an Accessibility Advisory Group at SLMHC*

**Barriers that were addressed in the current year (2011 - 2012)** (bolded recommendations to carry forward)

Barrier	Objective	Specifics	How to remove/prevent	Follow-up /Recommendations
Signage and way-finding are poorly identified in all areas of the hospital.	Increase the ease of signage (and map location) for patients entering all entrances of the hospital.	<ol style="list-style-type: none"> <li>1. When entering the ambulatory care entrance:                             <ol style="list-style-type: none"> <li>a. the admitting sign is high and hard to see</li> <li>b. The map (on the right) does not have all the departments listed and is in a location that is behind two chairs (if people are sitting there, you can't stand close to the map to read it)</li> <li>c. Each hallway should have a sign above the door the lists what services are beyond the hallway above each door.</li> </ol> </li> <li>2. When entering from the main entrance:                             <ol style="list-style-type: none"> <li>a. Upon entrance, there are no visible signs and readily accessible map (the map is around the corner, out of sight).</li> <li>b. The signs and images in the Reception are too small and high.</li> <li>c. There is no directory sign guiding the way to the chapel.</li> <li>d. The signage directing towards the elevator is vague and unclear. More defined signage should be installed.</li> </ol> </li> <li>3. The sign outside the elevator on the main floor says 'boardrooms'.</li> <li>4. There is no sign indicating where the ATM is located.</li> </ol>	<ol style="list-style-type: none"> <li>1.a) Lower all the signs in the 'canoe' are about 6"</li> <li>1. b) A directory that sits in front of the entrance (such as a mall directory) would orient people as to where to go. The directory needs to be changed to include <b>all</b> departments (including Cardiopulmonary Lab tests).</li> <li>2. a) A directory upon entrance from the main entrance is needed. A directory, such as one you would find in a mall would be a great idea.</li> <li>2. b) The signs and images in the fire pit area could be increased in font size and the images made larger.</li> <li>2.c) A direction sign should be created to guide towards the chapel. The only signage is outside the chapel door (which isn't easily visible).</li> <li>3. The sign should list all boardrooms that are located in the basement.</li> <li>4. An ATM sign (or symbol) should be added to the signage in the fire pit area and outside the gift shop.</li> </ol>	<ul style="list-style-type: none"> <li>• Signage review completed and additional signage developed and key landmarks for required wayfaring destinations under way. <b>Evaluation of changes pending</b></li> <li>• Reception staffed by assigned Interpreter staff to ensure timely response to wayfaring needs 07-2100 m-f and 0700-1900 on weekends</li> <li>• Revised maps developed for wayfaring assistance at reception</li> <li>• ATM signage in place</li> <li>• <b>Chapel has been relocated and final destination has not been identified will carry recommendation forward at this time</b></li> <li>• <b>Signage at top of stair case outlining services and locations on lower level</b></li> </ul>

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Barrier	Objective	Specifics	How to remove/prevent	Follow-up /Recommendations
Handicapped parking is limited.	Increase the amount of handicapped parking spots outside all entrances and label them appropriately	<ol style="list-style-type: none"> <li>1. Outside the ambulatory care entrance, the handicapped parking spot (only one) is not the closest parking spot to the door.</li> <li>2. The parking signs should say: "Handicapped parking by permit only"</li> <li>3. There is no handicapped parking outside the main entrance or the Emergency entrance.</li> </ol>	Move the handicapped parking into the circle outside the door and over to the far edge parking spots (which are closer to the entrance). 3-5 spots should be sufficient.	<ul style="list-style-type: none"> <li>• Additional Handicapped parking created as well as additional patient parking closer to building identified.</li> <li>• Security random audits of parking to ensure staff are not parking in patient parking areas conducted.</li> </ul>
Public Washrooms	All public washrooms (not including patient rooms) have a wheelchair sign on them, but the toilets are all low and there is no d-ring grab bar.	<ol style="list-style-type: none"> <li>1. All public washrooms, if they are labeled with a wheelchair should have a raised toilet and a D-ring grab bar (such as the one in patient rooms that can be lowered and raised).</li> <li>2. The male and female washrooms located off the fire pit area (with no doors) have a wheelchair accessible stall, but the toilet set is low and there is no grab d-ring bar. The paper towel dispenser (outside the handicapped stall) should also be lowered because it is not accessible from a wheelchair.</li> <li>3. The wooden bars that line the hallways stop once they hit the bathrooms (by the fire pit). Railings should be lined into the public washrooms.</li> </ol>	Handicapped washrooms should have: <ul style="list-style-type: none"> <li>• D-ring grab bar</li> <li>• Raised seat</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Raised toilet seat recommended</b></li> <li>• <b>Paper towel dispenser review by committee member in wheel chair and was found to be sufficient</b></li> </ul>
Laboratory Entrance door	Increase accessibility of entering the laboratory.	The Laboratory door is very large and heavy. Someone who is in a wheelchair cannot open this door themselves.	Either a door bell be put on the outside door for assistance (there is a door bell in the waiting room) so if someone needs help, they can ring, or an automatic door be installed.	Door bell available
Seating around the hospital	Allow all persons to be able to sit comfortably	<ol style="list-style-type: none"> <li>1. Seating should be located outside each elevator.</li> <li>2. Seating meets specs (460mm high and 457 mm deep), but there is no clearance under the front of the seat to allow feet under the front edge.</li> </ol>	<ol style="list-style-type: none"> <li>2. 2-3 seating options in the canoe area should be chairs that allow feet under the front edge, which makes it easier for persons to rise out of the chair.</li> </ol>	Additional seating was purchased to meet this criteria
Patient washrooms		The paper towel dispenser should be lowered to allow access from a wheelchair.		Paper towel dispenser review by committee member in wheel chair and was found to be sufficient



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Barrier	Objective	Specifics	How to remove/prevent	Follow-up /Recommendations
Entrance to Emergency Department from outside		The first (outside) door does not stay open long enough to allow someone in a wheelchair to open the door and then enter.	Increase the length of time that the door stays open.	<b>Recommendation to be carried forward again</b>
Entrance to Diagnostic Imaging from the 'canoe area'		The door entering the diagnostic imaging area from the canoe area should either be propped open during working hours or an automated door to be installed.		Door open during working hours
Signage in Diagnostic Imaging Department		There is no signage directing people where to sit and wait for x-ray, ultrasounds, ECGs, lung testing, etc.		Additional Seating for diagnostic imaging patients identified
Cafeteria		<p>1. A metal railing should be placed along the serving counter to allow people in wheelchairs to propel themselves along the line, with food in their lap independently.</p> <p>2. The door at the bottom of the stairs entering the basement (outside the cafeteria) is large and heavy and you cannot see who is coming through on the other side.</p>	<p>1. The large door at the bottom of the stairs should remain propped open</p> <p>2. Or should have a window in the door so people can see who is coming out on the other side.</p>	<p>1. Tray railing in place in cafeteria service line</p> <p>2. Window in Door</p>

**Barrier-Identification Methodologies in 2012/13**

Methodology	Description	Status
Staff feed back	<ul style="list-style-type: none"> <li>During the Accessibility Assessment staff were questioned about what factors in their area impede access for all patients and staff.</li> <li>Accessibility will be standing agenda items for Unit Council so concerns can be raised and addressed on an ongoing basis</li> </ul>	<ul style="list-style-type: none"> <li>Annual assessment</li> <li>Ongoing staff input</li> </ul>
Complaint/Feedback Form	Review of Complaints issued to identify areas of concern	Ongoing
Brainstorming Exercise	The Accessibility Advisory Group will take time in their meetings to discuss barriers and keep an ongoing list.	Ongoing
Review of Membership of accessibility Advisory Group to ensure inclusion of individual living with disability	Membership requires representation by individuals with disabilities to ensure the audits are completed from their perspective	Ongoing
Accessibility Audit	<p>Each committee member will tour the hospital look for barriers. Barriers to look for include:</p> <ul style="list-style-type: none"> <li>Communication/Information</li> <li>Physical</li> <li>Architectural</li> <li>Technological</li> <li>Attitudinal</li> <li>Policy/Practice</li> </ul>	

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 2013 Accessibility Assessment from Committee Premise Inspection (bolded recommendations to carry forward)

Barrier or Concern noted	Recommendation	Action items	Follow up
<b>Access to Facility and Services</b>			
1. Reception/Main Entrance: <ul style="list-style-type: none"> <li>Timing of door operators difficult to maneuver wheel chair independently through doors into building challenge of cold entrance in winter months</li> <li>Wheel chair access to reception desk is awkward</li> </ul>	<ul style="list-style-type: none"> <li>Adjust timing to optimize patient/visitor independence and minimize heat loss Engage Disabled patient rep to work with team to determine timing</li> <li>Compare to standards trouble shoot how to improve</li> </ul>	Hand operated door opener timing assessment Consider Seasonal timing longer in spring and summer	Maintenance
2. Emergency entrance : <ul style="list-style-type: none"> <li>Location of door operator swipes awkward</li> <li>Timing of door operators too short for independent access of building</li> <li>The rubber carpet placed on the exterior side makes wheel chair difficult operation very difficult</li> </ul>	<ul style="list-style-type: none"> <li>Signage for operator swipes</li> <li>Lengthen door timing to optimize patient/visitor independence</li> <li>Evaluate the need for the rug or choose on with less resistance</li> </ul>	Move Hand Sensor away from door  House Keeping	Maintenance
3. Ambulatory entrance <ul style="list-style-type: none"> <li>The hand swipe for automatic door operation is awkwardly located and its' function is not obvious</li> <li>The wheel chair accessible curb is limited in length to the area in front of the entry door, actual Patient drop off often happens further along the sidewalk</li> <li>Wheel chair accessibility at registration is awkward</li> <li>Taxi phone is too high for wheel chair accessibility</li> <li>Seasonal issues with ice and snow makes self propelling wheelchairs difficult</li> </ul>	<ul style="list-style-type: none"> <li>Signage for operator swipes</li> <li>Relocate drop-off zone signage with plan to extend the wheel chair accessible curb, Clear a path to registration cubical and ensure correct distance as per standards for wheel chair accessibility</li> <li><b>Lower phone to acceptable height for wheel accessibility</b></li> <li>Highlight issue with maintenance for priority removal</li> </ul>	Improve signage Improve outdoor drop off signage  Lower Phone  Doorway snow clearing priority	
4. New clinic area in ambulatory care: <ul style="list-style-type: none"> <li>Bathrooms in area not wheelchair accessible</li> <li>Hallways narrow and difficult to navigate in busy area</li> <li>Prenatal area review?</li> </ul>	<ul style="list-style-type: none"> <li><b>Signage directing to wheelchair accessible Bathroom in area</b></li> <li>Provide staff assistance</li> </ul>	New Signage	
5. Access to boardrooms difficult - heavy doors 6. Enhancement of Signage	<b>Automatic door operator swipes installed?</b>	<b>Maintenance</b>	To be priced by Maintenance
7. Difficult to find Patients in the common waiting area in the Canoe Hallway	<ul style="list-style-type: none"> <li>Comfort Call Pagers was suggested</li> <li>Signage for designated waiting areas</li> </ul>	Literature forwarded	Decision point for senior team
8. Cafeteria: <ul style="list-style-type: none"> <li>Independence for individuals managing trays is less than optimal in the cafeteria</li> <li>Items on top shelf of cooler is not accessible</li> <li>Items for self service accessible for independent use</li> </ul>	<ul style="list-style-type: none"> <li>A handrail mounted adjacent to or under the Cafeteria service counter</li> <li>Arrange items in the cooler in a more vertical arrangement</li> </ul>	<ul style="list-style-type: none"> <li>install will create another barrier</li> <li>Staff committed to assist when needed</li> <li>Dietary to complete</li> </ul>	Closed item  Dietary confirmed  Dietary

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Barrier or Concern noted	Recommendation	Action items	Follow up
<b>Wayfaring/Signage</b>			
<ol style="list-style-type: none"> <li>At Reception the presence of a live body greeting people, answering questions, providing direction was emphasized as a need for sight and hearing impaired people.</li> <li>Reception sign at main entrance can not be seen from the main door</li> <li>The wall map Directory is awkwardly placed in terms of both the Main Entrance and the Reception counter.</li> <li>Windows in inpatient unit doors too low for wheel chair patients view</li> <li>Noted that the only brail signage is only on elevator;</li> <li>Registration Area tight for wheel chairs Space tight for staff assistance Glass Panel Doors ?</li> </ol>	<ol style="list-style-type: none"> <li>Recommend ongoing staffing of reception.</li> <li>Additional signage for reception perhaps at or on desk?</li> <li>Move existing or post additional directory maps. Provide laminated larger maps for reception to use for wayfaring.</li> <li>Evaluate and make plan for remediation?</li> <li>Speak with committee regarding areas of need and set plan to identify need and remediate</li> <li>Review Area to look for remediation potential</li> </ol>	<ol style="list-style-type: none"> <li>Status Quo</li> <li>Signage to stick out from wall</li> <li>Hand maps developed</li> <li>Maintenance to review remediation</li> <li>Accessibility committee to review</li> <li>Requires further assessment since registration changes</li> </ol>	<p>Bill Brazier to cost</p> <p>Committee</p> <p>Committee</p>
<b>Inpatient Room Functionality</b>			
<ol style="list-style-type: none"> <li>Toilet seats too low for physically impaired patients</li> <li>Numbers on clocks in patient rooms are too small</li> <li>Night lights in patient rooms would be an asset especially for washroom access</li> </ol>	<ol style="list-style-type: none"> <li>Make available raised toilet seats to be used for patients requiring them. Process with Rehab/nursing?</li> <li>Purchase clocks with larger letter/ ensure PBMT at bedside have large number clocks app?</li> <li>Look into existing lighting dimmers or purchase nightlights?</li> </ol>	<ol style="list-style-type: none"> <li>There are raised toilet seats available and nursing can access this equipment</li> <li>IT to explore</li> <li>Night lights exist</li> </ol>	
<b>Public Bathroom Functionality</b>			
<ol style="list-style-type: none"> <li>Raised toilet seats are required at all the wheel chair accessible toilets</li> <li>Hand rails required on 3 walls of bathroom and/or stall</li> <li>Use of grab bars with larger diameter is helpful with diminished strength</li> </ol>	<ol style="list-style-type: none"> <li>Replace with raised toilet seat for all wheelchair accessible washrooms</li> <li>Install in wheelchair accessible washrooms – consult rehab?</li> <li>Research product, consider replacement in key areas, consult team or at least define product for newer installations</li> </ol>	<p>Quotation requested</p>	<p>Implementation pending approval</p>
<p>Intake Process ask the question about “What do you require assistance with during your stay” Develop a process to communicate</p>	<p>Review with Staff and leadership in the inpatient area</p>		<p>Unit council decision point</p>
<p>Enhanced accessibility</p>	<p>Consider the development of a room that has enhanced Accessibility features</p> <ul style="list-style-type: none"> <li>Grab Bars</li> <li>Lights that are motion activated?</li> </ul>		<p>Future planning</p>

### **Review and Monitoring Process**

The Accessibility Advisory Group will meet Quarterly review and make recommendation to the Sioux Lookout Meno Ya Win Leadership regarding solutions. At each meeting the Working Group will monitor that status of all barriers, bring forward new barriers and annual complete a premise inspection to identify new and eliminated barriers.

### **Communication of the Plan**

SLMHC will make the Annual Accessibility Plan available on its website ([www.slmhc.on.ca](http://www.slmhc.on.ca)). Hard copies will be available at registration and reception for viewing upon request. An article in the newsletter will also go out, making note of where the plan can be found.