

Reference/Standard: Accessibility for Ontarians with Disabilities Act 2005 Ontario Regulation 429/07	Number: HW.1.20	Effective Date: December 2009 Revision Date:
	Approval: CEO	

ACCESSIBILITY – STAFF TRAINING

Standard Statement:

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. Sioux Lookout Meno Ya Win Health Centre will strive to meet or exceed the legislative requirements 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.

Policy:

All individuals representing the Sioux Lookout Meno Ya Win Health Centre, interacting with the public or having input into policy related to service delivery must receive training (including employees, volunteers, contractors and students). This training is mandatory and will be on-going to cover new legislation and must be provided to new and existing staff to ensure 100 percent inclusion. This training will become a part of Hospital-Wide orientation. Records will be kept to document the date, content and participation of the training.

Contractors, volunteers and students will receive the brochure to read “Understanding Accessible Customer Service”, if they are not able to attend in-person training.

The training will include:

- The Act and its purpose
- Guidelines as to how to interact with individuals with various disabilities
- Guidelines of how to interact with individuals with disabilities who use service animals, support people or assistive devices.
- Guidelines of how to utilize or support a patient using the assistive devices available at the SLMHC.
- Guidelines on how to assist a person with a disability is who having a difficulty accessing a service.
- SLMHC’s policies and procedures relating to accessibility
- What to do with feedback received.

Authorized Signature _____ **Date** _____