

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 the latest version of Adobe Reader. 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 (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

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 the latest version of Adobe Reader

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 requirements.

4. Certify your report

- Complete the Certifier Information section
- The certifier must:
 - make sure all information on the form is complete and accurate
 - check the box 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.

5. 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.

6. Submit your report

- 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

Alternate formats

If you need the accessibility compliance report in an alternate format, please email <u>accessibility@ontario.ca</u>.



Instructions

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

If you are a public sector organization with **20 or more employees** that is not designated under the <u>Integrated Accessibility Standards Regulation (IASR)</u> you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the <u>IASR</u>, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory.

A. Organizatio	n information						
Organization cate			N	lumber of employees	s range *	Reporting year	
Designated Put	olic Sector		5	50+ employees		2023	
Business deta	ils		·			·	
Organization lega	al name *				Number of	employees in Ontario * <u>Help</u>	
Orillia Soldiers'	Memorial Hospita	I			1600		
Business number 107803629	r (BN9) * <u>Help</u> [•	e received an AODA ors and Accessibility	identifier		
Check if operation	ating/business name	e is same as	s legal name				
	organization operating/business name Drillia Soldiers' Memorial Hospital						
	Sector that best describes your organization's principal business activity * <u>Help</u> 52 - Health care and social assistance						
Subsector (if pos 622 - Hospitals	sible)						
Industry group (if 6221 - General	possible) medical and surg	ical hospita	als				
Mailing addres	SS						
Address where le	tters can be sent to	the person	responsible for c	oordinating the orgar	nization's AC	DA compliance activities.	
Country *							
The fields below	will change based c	on your seled	ction.				
🖲 Canada	<u> </u>	JSA		🔿 Internatio	nal		
Type of address	* Street addres 	ss C) Street address	served by route	Other		
Unit number	Street number * 170	Street nam Colborne	ne *				
Street type	Street direction		City *			Province *	
Street	W (West)		Orillia			ON (Ontario)	
Postal code (e.g. L3V 2Z3	A1A 1A1) *						
Business add	ress						
(Address at which	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 *						
The fields below	will change based o	on your sele	ction.			
Canada OUSA OInternational						
Type of address	* Street addre 	ss C) Street address served by route	⊖ Other		
Unit number	Street number * 170	Street nam Colborne	ne *			
Street type	Street direction	•	City *		Province *	
Street	W (West)		Orillia		ON (Ontario)	
· •	stal code (e.g. A1A 1A1) *					
L3V 2Z3						



Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Orillia Soldiers' Memorial Hospital

Filing organization business number (BN9) 107803629

Fields marked with an asterisk (*) are mandatory.

B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at ontario.ca/accessibility

Additional accessibility requirements apply if you are:

- <u>a library board</u>
- a producer of education material (e.g. textbooks)
- an education institution (e.g. school board, college, university or school)
- <u>a municipality</u>

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

C. Accessibility compliance report certification

Section 15 of the Accessibility for Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

Note: It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

Certifier: Someone who can legally bind the organization(s).

Primary Contact: The person who will be the main contact for accessibility issues.

Acknowledgement

I certify that all the information is accurate and I have the authority to bind the organization *

Certification date (yyyy-mm-dd) * 2023-12-05

Certifier information

Last name * Stumpo			First name Carmine	*
Position title *	Business phone number * 705-325-2201	Exte	ension	Check here
President		320)1	if TTY

Email *	Alternate phone number	Extension	Fax number
cstumpo@osmh.on.ca	705-345-4805		

Primary contact for the organization(s)

Check if the primary contact is same as the certifier					
Last name *			First name *		
Dyni			Terry		
Position title * Director		Ext 379	ension Check here 98 if TTY	9	
Email * tadyni@osmh.on.ca	· · · · ·		Alternate phone number 705-330-7027	Extension	Fax number

D. Accessibility compliance report questions

Instructions

Please answer each of the following compliance questions. Use the Comments box if 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 browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

General

1.	Has your organization created and implemented written policies on how to achieve	🔘 Yes	🔿 No
	accessibility by meeting all applicable accessibility requirements in the IASR? *		

Read O. Reg. 191/11, s. 3 (1): Establishment of accessibility policies

Comments for question 1 OSMH has a central policy on Accessibility in the organization. It is posted on our website (www.osmh.on.ca) under the 'Patients & Visitors' tab, under the heading 'Accessibility'. The policy can be viewed by clicking on the link under the heading, 'OSMH Accessibility Policies'. In addition to the central policy, our commitment to the IASR requirements are reflected in numerous other hospital policies.

2.	Has your organization established and implemented a multi-year accest (If Yes, please answer additional questions)	ssibility plan? *	💽 Yes	⊖ No
Re	ad O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ements for q	<u>uestion 2</u>
	2.a. Does your organization have a website? * (If Yes, please answer additional questions)		Yes	⊖ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ements for q	uestion 2.a
	Comments for Our website address is www.osmh.on.ca question 2.a			

2.a.i Is your organization's accessibility plan posted on your organization's website? *

Read O. Reg. 191/11, s. 4 (1): Accessibility plans

Learn more about your requirements for question 2.a.i

Learn more about your requirements for question 1

Comments for Our multi-year Accessibility Plan currently runs from 2020-2025. The plan is posted on our question 2.a.i website (www.osmh.on.ca) under the 'Patients & Visitors' tab, under the heading 'Accessibility'.

			r organization provide thuested? *	ne accessibility plan in a	n accessible format	Yes	⊖ No
		•	91/11, s. 4 (1): Accessi	<u>bility plans</u>	Learn more about your	requirements for q	uestion 2.a.ii
	Commen question		Our hospital can pro audio format.	vide the Accessibility	Plan in accessible form	ats such as large	e print or in
	·	-	nization update the acc	essibility plan at least or plans	ce every 5 years? * Learn more about your	• Yes	◯ No
		Our		s last updated in 2019	, for the period of 2020		
3.	Does your orga	anizatio	on provide appropriate t	raining on: *			
<u>Re</u>	ad O. Reg. 191/	/11, s.	<u>7 (1): Training</u>		Learn more about you	r requirements for	question 3
	3.a. The AOD	A Inte	grated Accessibility Sta	ndards Regulation? *		 Yes 	⊖ No
	Read O. Reg. 1	191/11	, s. 7 (1): Training		Learn more about you	r requirements for	question 3.a
	Comments for question 3.a	spe	cific to Accessibility tra	aining. Successful co	our hospital's eLearnin mpletion of the eLearnin ake the module every 3	ng module is req	
	3.b The Hum	an Rig	ghts Code as it pertains	to people with disabilitie	s? *	• Yes	🔿 No
	Read O. Reg. 7	191/11	<u>, s. 7 (1): Training</u>		Learn more about your	requirements for o	question 3.b
	Comments for question 3.b	Inclu	uded in our eLearning	training module.			
Inf	formation and	d com	munications				
4.	that is accessib Note: This requ on your premis	ole to p uireme es	people with disabilities?	ess of whether customer		● Yes C	No
<u>Re</u>	ad O. Reg. 191/	/11, s.	11 (1): Feedback		Learn more about you	r requirements for	question 4
	and comr	nunica is requ	ations supports with resp irement is applicable re	c about the availability o pect to the feedback pro gardless of whether cus	cess? *	• Yes	⊖ No
	Read O. Reg. ²	191/11	, <u>s. 11 (2): Feedback</u>		Learn more about you	r requirements for	<u>question 4.a</u>

Comments for question 4.a	The following appears as the first sentence "At Orillia Soldiers' Memorial Hospital (OSM programs and services are completely acce Accessibility Plan, and accessibility-related that works best for you." There is additional text on the page, that sta Contact Us The public and/or employees may provide for persons with disabilities:	IH) we are committed to ensistible to all members of ou policies are available upon ates:	suring that our r community. Our request in the format			
	Orillia Soldiers' Memorial Hospital Community Relations Department 170 Colborne Street West Orillia, ON L3V 2Z3					
	E: administration@osmh.on.ca 705-327-9179					
indirectly ('con modify content	 Does your organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? * (If Yes, please answer an additional question) 					
Read O. Reg. 191	/11, s. 14: Accessible websites and web content	Learn more about your	requirements for question 5			
Web Cor pre-recor names a	ur organization's internet websites conform to Wor Itent Accessibility Guidelines 2.0 Level AA (except ded audio descriptions)? In the comments box, pl nd addresses of your publicly available web conte edia pages, and apps. *	for live captions and ease list the complete	● Yes No			
Read O. Reg.	191/11, s. 14: Accessible websites and web conte	nt Learn more about your	r requirements for question 5.a			
Comments for question 5.a	The OSMH website, www.osmh.on.ca was tasks. The first was to ensure compliance we legislation. The second was to complete a b	vith all current and pending	· · · · ·			
	Social Media Accounts https://www.facebook.com/TheOrilliaSoldier https://www.instagram.com/soldiersmemoria https://twitter.com/OSMH_News https://www.linkedin.com/company/orillia-sc	alhospital/				
Customer Serv	ice					
	anization provide training about providing goods, s isabilities to the following? *	ervices or facilities to	● Yes ○ No			
	blued in developing accessibility policies					
•	viding goods, services or facilities on behalf of the	organization				
	answer an additional question)	organization				
	/11, s. 80.49: Training for staff, etc.	Learn more about your	requirements for question 6			
1000 0. 110y. 191	ad O. Reg. 191/11, s. 80.49: Training for staff, etc. Learn more about your requirements for question 6					

- 6.a. Does the training include all of the following: *
 - A review of the purposes of the AODA?
 - A review of the purposes of the Customer Service Standards?
 - How to interact and communicate with persons with various types of disability?
 - How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person?
 - How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or facilities to a person with a disability?
 - What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

Learn more about your requirements for question 6.a

Comments for All these components are included in our eLearning module focused on Accessibility. question 6.a

7.	. Does your organization provide information in an accessible format? * (If Yes, please answer additional questions)	● Yes C	No
Re	Learn more about the second se	<u>ut your requirements for</u>	question 7
	7.a. Is the provision of information in accessible format done so in a timely manner that takes into account the individual's disability? *	Yes	⊖ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents Learn more about	<u>ut your requirements for</u>	question 7.a
	Comments for Yes, most requests can be accommodated same day or shortly the question 7.a	nereafter.	
	7.b. Is the provision of information in accessible format at a cost no more than the regular cost charged to other persons? *	Yes	⊖ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents Learn more about	ut your requirements for	question 7.b
	Comments for We do not charge additional fees, above and beyond what is cha question 7.b requests.	rged for other informa	tion

• Yes 🔿 No

8.	Does your organization ever require a person with a disability to be support person when on your premises? * (If Yes, please answer an additional question)	accompanied by a	⊖ Yes	No
	ad O. Reg. 191/11, s. 80.47 (5): Use of service animals and pport persons	Learn more about your	requirements for	question 8
	 8.a. Does your organization do all of the following before requiring disability to be accompanied by a support person on your prer Consult with the person with a disability? 		⊖ Yes	⊖No
	 Determine a support person is necessary to protect the he person with a disability or others on premises? 	alth or safety of the		
	 Determine that there is no other way to protect the health of with a disability or others on premises? 	or safety of the person		
	191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your	requirements for	question 8.a
Fr	question 8.a			
	Does your organization employ any persons with disabilities for who individualized workplace emergency response information? * (If Yes, please answer additional questions)	om you have provided	Yes	⊖ No
	ad O. Reg. 191/11, s. 27 (1): Workplace emergency response ormation	Learn more about your	requirements for	question 9
	9.a. Does your organization review the individualized workplace er information for all of the following? *	nergency response	Yes	⊖ No
	 When the employee moves to a different location in the organization 	ganization?		
	 When the employee's overall accommodation needs or pla 	ans are reviewed?		
	When your organization reviews its general emergency po	licies?		
	Read O. Reg. 191/11, s. 27 (4): Workplace emergency response information	Learn more about your	requirements for	q <u>uestion 9.a</u>
	Comments for The workplace emergency response form follo question 9.a	ws the employee.		

9.b. Do any of the employees for whom your organization has provided individualized workplace emergency response information require assistance? * (If Yes, please answer additional questions)	Yes	⊖No
Read O. Reg. 191/11, s. 27 (2): Workplace emergency response Learn more about your rec	quirements for	question 9.b
information		
Comments for question 9.b		
9.b.i Has your organization, with the employee's consent, provided the workplace	• Yes	◯ No
emergency response information to the person designated to provide assistance to the employee? *		
Read O. Reg. 191/11, s. 27 (2): Workplace emergency Learn more about your requiresponse information	iirements for qu	uestion 9.b.i
Comments for Typically, this is provided to the Manager of the Unit, or others design question 9.b.i assistance in the event of an emergency.	nated to provi	de
9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? *	• Yes	⊖ No
Read O. Reg. 191/11, s. 27 (3): Workplace emergency Learn more about your requires response information Comments for question 9.b.ii Second Secon	<u>iirements for વ</u> ા	uestion 9.b.ii
Design of public spaces		
 Since January 1, 2017, has your organization constructed new or redeveloped any of the following items? * 	• Yes C) No
Outdoor public use eating areas		
Outdoor play space		
Off-street parking		
Service counter		
Fixed queuing guides		
Waiting areas		
(If Yes, please answer additional questions)		
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards Learn more about your rec	nuirements for	auestion 10

10.a. Where ap requireme	s meet the general ds? *	Yes	⊖ No				
<u>Read O. Reg. 1</u> <u>standards</u>	91/11 Part IV.1: Design of public spaces	Learn more about your requ	irements for	<u>question 10.a</u>			
Comments for question 10.a							
preventati spaces, a	r organization's multi-year accessibility plan include pro ve and emergency maintenance of the accessible elen nd for dealing with temporary disruptions when accessi king order? *	nents in public	• Yes	⊖ No			
<u>Read O. Reg. 1</u>	91/11, s. 80.44: Maintenance of accessible elements	Learn more about your requ	irements for	question 10.b			
Comments for question 10.b	The following is included in the Plan: OSMH will provide notice when facilities or service access our services are temporarily disrupted. In the event of a planned service disru or as soon as possible. When	ption, notification will be pr	ovided in a	dvance			
	 necessary, appropriate alternative services will b disruption, notification will be provided as soon as possible after the disruption occurs. V services will be provided. Notices of disruption shall be made publicly available as appropriate service service; The name of the event/service; The normal service location being impacted; Alternate service methods; Hours of service availability; Contact information; and Any other information deemed appropriate to compare the service of the service	Vhen necessary, appropria propriate (e.g. OSMH webs	te alternativ	/e			
AODA							
	ation a municipality with population of 10,000 or more? answer additional questions)	*	⊖ Yes	No			
	for Ontarians with Disabilities Act, 2005, S.O. Municipal Accessibility Advisory Committees	Learn more about your requ	irements for	<u>question 11</u>			
Section 29	organization established an accessibility advisory comr 9 of the AODA? * ease answer additional questions)	nittee as described in	⊖ Yes	⊖ No			
	lity for Ontarians with Disabilities Act, 2005, S.O. 29: Municipal Accessibility Advisory Committees	Learn more about your requ	<u>irements for</u>	<u>question 11.a</u>			
Comments for question 11.a							

11.a.i Is the majority of members in the committee persons with disabilities? *	11.a.i	Is the majority	of members	in the committee	persons with	disabilities? *
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⊖Yes ⊖No

 Read Accessibility for Ontarians with Disabilities Act, 2005,
 Learn more about your requirements for question 11.a.i

 S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory
 Committees

 Comments for
 Comments for

question 11.a.i

11.a.ii Has the committee provided advice to council about site plans and drawings (as OYes ONo described in Section 41 of the *Planning Act*) as well as advice on the requirements and implementation of accessibility standards? *

Read Accessibility for Ontarians with Disabilities Act, 2005,
S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory
CommitteesLearn more about your requirements for question 11.a.ii

Comments for question 11.a.ii



Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Orillia Soldiers' Memorial Hospital

Filing organization business number (BN9) 107803629

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. Your organization may be audited to verify compliance.