

**Ministry for Seniors and Accessibility**

**2023 Accessibility compliance report**

Designated Public Sector

Organization category

Number of employees range 50+

Filing organization legal name Nipigon District Memorial Hospital

Filing organization business number (BN9) 119058063

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:







a library board

a producer of education material (e.g. textbooks)

an education institution (e.g. school board, college, university or school)



a municipality

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**

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Last name \*

Cormier

First name \*

Shannon

Position title \*

Chief Executive Officer

Business phone number \*

807-887-3026

Extension

1225

Check here if TTY



**Primary contact for the organization(s)**

✔ Check if the primary contact is same as the certifier

Last name \*

Cormier

First name \*

Shannon

**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 accessibility by meeting all applicable accessibility requirements in the IASR? \*

* Yes

No

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

Comments for question 1

Learn more about your requirements for question 1

2. Has your organization established and implemented a multi-year accessibility plan? \* (If Yes, please answer additional questions)

* Yes

No

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

Learn more about your requirements for question 2

2.a. Does your organization have a website? \* (If Yes, please answer additional questions)

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

* Yes

No

Learn more about your requirements for question 2.a

Comments for question 2.a

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

* Yes

No

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

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

Comments for question 2.a.i

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Position title \*

Chief Executive Officer

Business phone number \*

807-887-3026

Extension Check here

1225 if TTY

Email \*

scormier@ndmh.ca

Alternate phone number

Extension

Fax number

807-887-2800

Email \*

scormier@ndmh.ca

Alternate phone number

Extension

Fax number

807-887-2800



2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? \*

* Yes

No

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

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

Comments for question 2.a.ii

2.b Does your organization update the accessibility plan at least once every 5 years? \*

* Yes

No

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

Learn more about your requirements for question 2.b

Comments for question 2.b

3. Does your organization provide appropriate training on: \*

Read O. Reg. 191/11, s. 7 (1): Training

3.a. The AODA Integrated Accessibility Standards Regulation? \*

Learn more about your requirements for question 3

* Yes

No

Read O. Reg. 191/11, s. 7 (1): Training

Learn more about your requirements for question 3.a

Comments for question 3.a

3.b The Human Rights Code as it pertains to people with disabilities? \*

* Yes

No

Read O. Reg. 191/11, s. 7 (1): Training

Learn more about your requirements for question 3.b

Comments for question 3.b

**Information and communications**

4. Does your organization have a process for receiving and responding to feedback that is accessible to people with disabilities? \*

**Note:** This requirement is applicable regardless of whether customers are permitted on your premises

(If Yes, please answer an additional question)

* Yes

No

Read O. Reg. 191/11, s. 11 (1): Feedback

Learn more about your requirements for question 4

4.a. Does your organization notify the public about the availability of accessible formats and communications supports with respect to the feedback process? \*

**Note:** This requirement is applicable regardless of whether customers are permitted on your premises. \*

* Yes

No

Read O. Reg. 191/11, s. 11 (2): Feedback

Learn more about your requirements for question 4.a

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Comments for question 4.a

5. 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)

* Yes

No

Read O. Reg. 191/11, s. 14: Accessible websites and web content

Learn more about your requirements for question 5

5.a. Do all your organization’s internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and

pre-recorded audio descriptions)? In the comments box, please list the complete names and addresses of your publicly available web content, including websites, social media pages, and apps. \*

Yes

No

●

Read O. Reg. 191/11, s. 14: Accessible websites and web content

Comments for question 5.a

Learn more about your requirements for question 5.a

**Customer Service**

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? \*

* Yes

No

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Staff and volunteers

People involved in developing accessibility policies

People providing goods, services or facilities on behalf of the organization

(If Yes, please answer an additional question)

Read 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: \*

* Yes

No

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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?

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

Learn more about your requirements for question 6.a

Comments for question 6.a

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7. Does your organization provide information in an accessible format? \* ( If Yes, please answer additional questions)

Read O. Reg. 191/11, s. 80.51 (1): Format of documents

* Yes

No

Learn more about your requirements for 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 your requirements for question 7.a

Comments for question 7.a

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 your requirements for question 7.b

Comments for question 7.b

8. Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? \*

(If Yes, please answer an additional question)

* Yes

No

Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons

Learn more about your requirements for question 8

8.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: \*

* Yes

No

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Consult with the person with a disability?

Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises?

Determine that there is no other way to protect the health or safety of the person with a disability or others on premises?

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191/11, s. 80.47 (5): Use of service animals and support persons

Learn more about your requirements for question 8.a

Comments for question 8.a

**Employment**

9. Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? \*

(If Yes, please answer additional questions)

Yes

* No

Read O. Reg. 191/11, s. 27 (1): Workplace emergency response information

Learn more about your requirements for question 9

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9.a. Does your organization review the individualized workplace emergency response information for all of the following? \*

Yes

No

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When the employee moves to a different location in the organization? When the employee’s overall accommodation needs or plans are reviewed?

When your organization reviews its general emergency policies?

Read O. Reg. 191/11, s. 27 (4): Workplace emergency response information

Comments for question 9.a

Learn more about your requirements for question 9.a

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 information

Comments for question 9.b

Learn more about your requirements for question 9.b

9.b.i

Has your organization, with the employee’s consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? \*

Yes

No

Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information

Comments for question 9.b.i

Learn more about your requirements for question 9.b.i

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 response information

Comments for question 9.b.ii

Learn more about your requirements for question 9.b.ii

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**Design of public spaces**

10. Since January 1, 2017, has your organization constructed new or redeveloped any of the following items? \*

Yes

* No

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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 requirements for question 10

10.a. Where applicable, do the newly constructed or redeveloped items meet the general requirements as outlined in the Design of Public Spaces Standards? \*

Yes

No

Read O. Reg. 191/11 Part IV.1: Design of public spaces standards

Comments for question 10.a

Learn more about your requirements for question 10.a

10.b. Does your organization’s multi-year accessibility plan include procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are not in working order? \*

Yes

No

Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements

Learn more about your requirements for question 10.b

Comments for question 10.b

**AODA**

11. Is your organization a municipality with population of 10,000 or more? \* (If Yes, please answer additional questions)

Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees

Yes

* No

Learn more about your requirements for question 11

11.a. Has your organization established an accessibility advisory committee as described in Section 29 of the AODA? \*

(If yes, please answer additional questions)

Yes

No

Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees

Comments for question 11.a

Learn more about your requirements for question 11.a

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11.a.i Is the majority of members in the committee persons with disabilities? \*

Yes

No

Read Accessibility for Ontarians with Disabilities Act, 2005,

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

Comments for question 11.a.i

Learn more about your requirements for question 11.a.i

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

Yes

No

Read Accessibility for Ontarians with Disabilities Act, 2005,

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

Comments for question 11.a.ii

Learn more about your requirements for question 11.a.ii

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**Clear certification**

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