



**POLICIES PERTAINING TO THE ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT,  
2005**

The *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) has, as its stated purpose, to achieve accessibility for Ontarians with disabilities with respect for goods, services, facilities, accommodations, employment, buildings, structures, and premises on or before January 1, 2025. There are presently two Regulations in force associated with the AODA: the Customer Service Standard and the Integrated Accessibility Standard.

**Customer Service Standard (Ontario Regulation 429/07)**

**POLICY**

The Accessibility Standards for the Customer Service Regulation were created to establish accessibility standards for customer service in Ontario.

In keeping with this regulation, the organization is committed to providing respectful services that focus on the unique needs of the individual.

To achieve this, the organization will make reasonable efforts to ensure that its policies, procedures and practices pertaining to the provision of goods and services to the public and other third parties adhere to the following guiding principles as set out in Accessibility Standards for Customer Service: Ontario Regulation 429/07.

- Our goods and services must be provided in a manner that respects the dignity and independence of persons with disabilities.
- The provision of our goods or services to persons with disabilities and others must be integrated unless an alternate measure is necessary, whether temporarily or on a permanent basis, to enable a person with a disability to obtain, use or benefit from the goods or services.
- Persons with disabilities must be given an opportunity equal to that given to others to obtain, use and benefit from the goods or services.

**APPLICATION**

This policy applies to all the organization's staff who deal with the public or other third parties as well as persons involved in developing the organization's policies, procedures and practices pertaining to the provision of goods and services to the public or other third parties, whether they do so as employees, volunteers, agents or otherwise.

## **GUIDELINES**

### **Disability Defined**

Disability is defined as provided for in the *Ontario Human Rights Code*.

- any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device
- a condition of mental impairment or a developmental disability
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- a mental disorder
- an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; (“handicap”)

### **Communications**

The organization supports an accessible Ontario where the independence and integration of those with disabilities is promoted. When communicating with a person with a disability, individuals working on behalf of the organization shall do so in a manner that takes into account the person’s disability and will make reasonable efforts to have the person with a disability understand both the content and intent of its communications.

### **Documentation Available**

The organization will provide copies of any documents required to be provided under the AODA, 2005 Customer Service Standard (Ontario Regulation (429/07)) to any persons to whom they are required to be provided. The organization will provide the document, or the information contained in the document, in a mutually agreeable format that takes into account a person’s disability.

Notice of the availability of such documentation will be posted in a conspicuous place in the workplace.



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Staff members receiving a request for copies of pertinent documents under this policy shall approach a senior manager for the location with the request, or, if the request is made after hours, the on-site, in-charge employee, who will obtain and provide a copy of the policy to the requesting individual.



### **Use of Assistive Devices**

An assistive device is any apparatus that helps a person with a disability to do a certain task. Some common examples of assistive devices our staff may encounter at work include a hearing aid, cane, reaching device, hoist, walker or wheelchair, but the organization also realizes that our staff may encounter many other types of assistive devices.

The organization is committed to serving people with disabilities who use assistive devices to obtain, use or benefit from our goods and services. The organization will ensure that staff are trained on or about the assistive devices made available by the organization and realize that persons with disabilities may use their own assistive devices to access the organization's goods and services.



### **Use of Service Animals**

A service animal means a "guide dog" as defined by the *Blind Persons Rights Act*, or any other animal if:

- It is readily apparent that the animal is used by a person for reasons relating to a disability; or
- If the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

The organization is committed to welcoming people with disabilities and their service animals on the parts of our premises that are open to the public and other third parties and will permit the person to keep the service animal with them. The organization will also ensure that all persons to whom this policy applies have been trained on how to interact with people with disabilities who are accompanied by a service animal.

If the service animal is excluded by law from the organization premises the organization shall ensure that measures are available to permit persons with disabilities to access the organization goods and services through other means.



### **Use of Support Persons**

A support person means, in relation to a person with a disability, another person who accompanies the person with a disability in order to assist with communication, mobility, personal care or medical needs or with access to goods or services and need not be a person who is paid for such support services in order to be considered a “support person”.

The organization is committed to welcoming people with disabilities who are accompanied by a support person. Any person with a disability who is accompanied by a support person will be allowed to enter the organization’s premises with his or her support person. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his or her support person while on the organization premises.

In the event that a fee is charged in relation to a support person’s presence on the organization premises, advanced notice of the fee will be provided. On occasion persons with disabilities require the assistance of a support person to protect their health and safety or the health and safety of others. If necessary, the organization may require a person with a disability to be accompanied by a support person while on the organization premises for the purpose of protecting the health and safety of the person with the disability or others on the premises.

## **Notice of Temporary Disruptions in Services and Facilities**

The following policies apply to both planned and unplanned disruptions.

In order to obtain, use or benefit from the organization's services, persons with disabilities usually use particular facilities or services of the organization. If there is a temporary disruption in those facilities or services in whole or part, the organization shall give notice of the disruption to the public.

The notice of the disruption must include information about

- The reason for the disruption
- Its anticipated duration
- A description of alternative facilities or services, if any, that are available.

Notice may be given by posting the information at a conspicuous place on premises owned or operated by the organization, by posting it on the organization's website, or by such other method as is reasonable in the circumstances.

Consideration should be given to the best format to provide the notice in, again considering the special needs of persons with disabilities.

The senior manager with accountability for the service experiencing the disruption (or their delegate) will determine the pertinent facts surrounding the disruption (i.e. the reason, expected duration, and any alternative services or facilities available) and ensure that the notice is provided in an appropriate location, format and in a timely manner, also consulting with any other pertinent organizational staff in the process.



## **Training**

The organization will comply with training requirements set out by legislation with respect to harassment and discrimination issues as required.

The organization will ensure appropriate levels of training under the AODA to all employees, volunteers, students, agents and others who deal with the public on behalf of the organization, as well as those who are involved in the development and approvals of policies, practices and procedures dealing with the provision of goods and services to the public or other third parties.

Training will include the following topics:

- The purposes of the AODA, 2005.
- The requirements of the Accessibility Standards for Customer Service how to interact and communicate with people with various types of disabilities.
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or support person.
- How to use the assistive devices available at organization locations and otherwise made available by the organization for persons with disabilities.
- What to do if a person with a disability is having difficulty in accessing the organization's policies, practices and procedures relating to the provision of goods and services to the public and other third parties.

This training will be provided as soon as practicable after employees are assigned applicable duties.

Staff will also be trained on an ongoing basis when changes are made to policies, practices and procedures dealing with the provision of goods and services to the public and other third parties.

Records of training will be kept that include the dates on which training occurred and the number of persons trained. The organization will use the forms it has developed to record training for in-services and other related training for this purpose.





## **Customer Feedback Process**

The ultimate goal of the organization is to meet and surpass customer expectations when serving customers with disabilities. Comments on the organization services regarding how well those expectations are being met are welcome and appreciated.

Feedback regarding the way the organization provides goods and services to people with disabilities can be made in person, by telephone, in writing or by delivering an electronic text by email, diskette or other reasonable methods.

Feedback/complaints regarding the organization's policies, practices, procedures or services with respect to the AODA, 2005, Customer Service Standard (Ont. Regulation 429/07) will be addressed according to complaints categories already established in the organization complaint policy/procedure where provided for, or in accordance with policies outlined herein..

### **“Feedback” Defined**

The organization defines “feedback” as a positive, neutral or negative comment concerning the organization's policies, practices, procedures or services for which comment the person providing the feedback does not require a formal response, other than acknowledgement that the comment was received.

### **“Complaint” Defined**

The organization defines a “complaint as a negative comment concerning the organization's policies, practices, procedures or services for which comment the person providing the feedback requires a formal response in addition to acknowledgement that the comment was received.

## **Feedback/Complaints from Residents and Family Members**

### **Responding to Feedback from Residents and Family Members**

As previously noted, feedback regarding the way the organization provides goods and services to people with disabilities can be made in person, by telephone, in writing or by delivering an electronic text by email, diskette or other reasonable method.

A request to provide feedback under this policy is to be directed to the senior manager responsible for that location, or in that person's absence, their delegate.



Requests received with respect to the Corporate Office location shall be addressed to the Vice President, Human Resources.

Complaints pertaining to this policy are to be addressed through the process described in policy NURS-03-05-01 in the Nursing Administration Manual: **Dealing with Complaints** (content reproduced below) **with the exception that the Administrator of the location, upon receiving the documentation/results of the investigation should contact Human Resources to discuss the formal response.**

### **SUMMARY**

Complaints are often the result of unclear expectations, explanations, changes in routine and/or environment, failure to respect residents' needs/rights to self determination.

Complaints from residents and/or families are to be regarded as priority issues. Complaints should be addressed, investigated, and resolved as quickly as possible.

The Administrator shall respond within 10 days to all resident/representative requests, suggestions, and complaints, indicating possible action plan.

### **PROCEDURE**

#### **Staff Member Receiving Complaint**

1. Allows resident and/or family to express their concerns.
2. Ensures Charge Nurse is notified of complaint.

#### **Charge Nurse**

3. Meets with resident/family.
4. Notifies Director of Care.
5. Documents information in Medical Record.

#### **Director of Care**

6. Investigates circumstances leading to complaint within 24 hours.



NOTE: If something can be done immediately to rectify the problem, the department head or charge nurse should correct the problem to the complainant's satisfaction.

Completes the **Complaint Investigation Form** in detail. Sends to Administrator immediately.

7. Sends copy of **Complaint Investigation Form** to Administrator once investigation/ documentation is complete.

8. If the complaint requires follow up, indicates what should be done.

NOTE: When a person is particularly upset, ensure that the person is taken to a private area e.g. an office, and patiently listened to for the full details. Listening patiently usually relieves a major portion of one's anxiety.

In off hours, if the charge nurse believes the complaint requires immediate action, he/she notifies the person on call. During regular working hours, the charge nurse may contact the appropriate department head.

9. **(MODIFICATION TO NORMAL COMPLAINTS POLICY)** Administrator contacts Human Resources to consult on the complaint.

10. Notifies family/resident of action leading to problem resolution.

Where the individual who has provided the feedback has requested a response or the organization believes a response is required, the senior manager responsible for that location or their delegate should contact Human Resources to consult on the request and response prior to constructing and releasing it.

In such cases, feedback will be acknowledged with a response indicating the feedback was received. The nature of the response and how that acknowledgement will be conveyed will be at the discretion of the organization, who will consider the method in which the initial feedback was provided and the subject material of the feedback in making their decision.

### **Feedback/Complaints from Other Members of the Public and Third Parties**

Feedback/complaints from non-residents/family members are to be addressed through the procedures described in the earlier section on **Responding to Feedback from Residents and Family Members**.



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The senior manager for the location or their delegate receiving the feedback or complaint will have carriage of the any acknowledgement (in the case of feedback) or investigation and response (in the case of a complaint). The organization's **Complaint Investigation** documentation and procedure for addressing complaints from residents and family members may be used to structure the investigation of any complaint received under this policy, but it is not required.



**Accessibility Policies and Plans (Integrated Accessibility Standard -  
Ontario Regulation 191/11)**

**POLICY AND STATEMENT OF ORGANIZATIONAL COMMITMENT**

The Accessibility Standards under the Integrated Accessibility Standard Regulation (IASR) were created to establish general accessibility standards, as well as accessibility standards in the areas of Information and Communication, Employment and Transportation.

The organization is committed to complying with the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) and all of the standards under it in order to meet the accessibility needs of persons with disabilities in a timely manner.

The organization is not a provider of specialized or public transit and does not license taxicabs; therefore the transportation standard requirements do not apply.

**APPLICATION**

This policy applies to the organization's Ontario locations and as otherwise noted in this policy.

**GUIDELINES**

This policy and the policies associated with the Information and Communication and Employment Standards have been developed in accordance with the IASR and address how the organization will achieve accessibility. It provides the overall strategic direction that the organization will follow to provide accessibility supports to Ontarians with disabilities.

This document records the organization's policies with respect to this Standard, but recognizing that the organization plans to implement these policies, at the latest, in accordance with the compliance schedule provided for in the Regulation, certain of these policies may not be in effect as of the Revision Date of the policy. For this reason, the planned effective date of each policy in this section is also indicated.

**Definitions**

**Kiosk** means an interactive electronic terminal, including a point-of-sale device, intended for public use that allows users to access one or more services or products or both.



**Persons with Disabilities** means those individuals that are afflicted with a disability as defined under the Ontario Human Rights Code.

**Accessibility policies (Effective January 1, 2014)**

The organization commits to making its policy documents publicly available, and will provide them in an accessible format upon request.

**Accessibility plans (Effective January 1, 2014)**

The organization will:

- Establish, implement, maintain and document a multi-year accessibility plan, which outlines the organization's strategy to prevent and remove barriers and meet its requirements under this Regulation;
- Post the accessibility plan on our website and provide the plan in an accessible format upon request; and
- Review and update the accessibility plan at least once every five years.

**Self-Service Kiosks (Effective January 1, 2014)**

The organization will have regard to accessibility for persons with disabilities when designing, procuring or acquiring self-service kiosks.

**Training (Effective January 1, 2015)**

The organization will provide training on the requirements of the accessibility standards in the IASR and on the Human Rights Code as it pertains to persons with disabilities to:

- All employees and volunteers;
- All persons who participate in developing the organization's policies; and
- All other persons who provide goods, services or facilities on behalf of the organization.

The organization further confirms that this training will be:

- Appropriate to the duties of the employees, volunteers and other persons
- Provided as soon as practicable
- Provided on an ongoing basis in respect of any changes to accessibility policies on an ongoing basis.



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The organization shall keep a record of the training provided under this section, including the dates on which the training is provided and the number of individuals to whom it is provided.



**Information and Communications Standard (Integrated Accessibility  
Standard - Ontario Regulation 191/11)**

**POLICY**

The Accessibility Standards for Information and Communications under the Integrated Accessibility Standard Regulation (IASR) were created to establish accessibility standards for information and communication in Ontario.

**APPLICATION**

This policy applies across the organization's Ontario locations and as otherwise noted in this policy.

The standards in this section are understood to not apply to unconvertible information or communications. If the organization determines certain information or communications to be unconvertible, the organization will provide the person requesting the information or communication with an explanation as to why the information or communications are unconvertible and a summary of the unconvertible information or communications.

**GUIDELINES**

This document records the organization's policies with respect to this Standard, but recognizing that the organization plans to implement these policies, at the latest, in accordance with the compliance schedule provided for in the Regulation, certain of these policies may not be in effect as of the Revision Date of the policy noted below. For this reason, the planned effective date of each policy is also indicated.

**Definitions**

**Accessible formats** may include, but are not limited to, large print, recorded audio and electronic formats, braille and other formats usable by persons with disabilities.

**Communication supports** may include, but are not limited to, captioning, alternative and augmentative communication supports, plain language, sign language and other supports that facilitate effective communications.

**Communications** means the interaction between two or more persons or entities, or any combination of them, where information is provided, sent or received.





**Information** includes data, facts and knowledge that exists in any format, including text, audio, digital or images, and that conveys meaning.

**Internet website** means a collection of related web pages, images, videos or other digital assets that are addressed relative to a common Uniform Resource Identifier (URI) and is accessible to the public.

**New internet website** means either a website with a new domain name or a website with an existing domain name undergoing a significant refresh.

**Not practicable** (with respect to internet websites and contents) means, in determining whether meeting the requirements of this section is not practicable, the organizations may consider, among other things:

- the availability of commercial software or tools or both; and
- significant impact on an implementation timeline that is planned or initiated before January 1, 2012.

**Persons with Disabilities** means those individuals that are afflicted with a disability as defined under the Ontario Human Rights Code.

**Unconvertible** means either that it is not technically feasible to convert the information or communications or that the technology to convert the information or communications is not readily available.

**Web Content Accessibility Guidelines** means the World Wide Web Consortium Recommendation, dated December 2008, entitled “Web Content Accessibility Guidelines (WCAG) 2.0”.

### **Emergency Procedures, Plans and Public Safety Information (Effective January 1, 2012)**

To the extent that the organization’s emergency procedures, plans or public safety information are made available to the public, the organization will provide the information in an accessible format, or with appropriate communication supports, as soon as practicable, upon request.

### **Feedback Processes (Effective January 1, 2015)**



The organization will ensure that feedback processes are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports as soon as possible, upon request. The organization will notify the public about the availability of accessible formats and communication supports.

**Accessible formats and communication supports (Effective January 1, 2016)**

Except as otherwise provided for under the IASR, the organization will upon request provide or arrange for the provision of accessible formats and communication supports for persons with disabilities in a timely manner that takes into account the person's accessibility needs due to disability at a cost that is no more than the regular cost charged to other persons.

The organization will consult with the person making the request in determining the suitability of an accessible format or communication support.

The organization will notify the public about the availability of accessible formats and communication supports.

**Accessible websites and web content (Effective Dates – See below)**

The organization will make their internet websites and web content conform with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, initially at Level A and increasing to Level AA in accordance with the following schedule:

- New internet websites and web content on those sites for our organization created after January 1, 2014 must conform with WCAG 2.0 Level A.
- All internet websites and web content must conform with WCAG 2.0 Level AA, other than success criteria 1.2.4 Captions (Live), and success criteria 1.2.5 Audio Descriptions (Pre-recorded) after January 1, 2021.

Except where the organization determines that meeting the requirement is not practicable, the organization understands the above applies to:

- Websites and web content, including web-based applications, that an organization controls directly or through a contractual relationship that allows for modification of the product; and



- In the case of a new internet website that is an existing website undergoing a significant refresh, to web content published on the website after January 1, 2012.



**Employment Standard (Integrated Accessibility Standard - Ontario  
Regulation 191/11)**

**POLICY**

The Accessibility Standards for Employment under the Integrated Accessibility Standard Regulation (IASR) were created to establish accessibility standards for employment in Ontario.

**APPLICATION**

This policy applies across the organization's Ontario locations and to its Ontario employees and as otherwise noted in this policy.

**GUIDELINES**

This document records the organization's policies with respect to this Standard, but recognizing that the organization plans to implement these policies, at the latest, in accordance with the compliance schedule provided for in the Regulation, certain of these policies may not be in effect as of the Revision Date of the policy. For this reason, the planned effective date of each policy in this section is also indicated.

**Definitions**

**Accommodation** means the special arrangement made or assistance provided so that persons with disabilities can participate in the experiences available to persons without disabilities. Accommodation will vary depending on the person's unique needs.

**Employees** in the context of this section does not apply to volunteers and other non-paid individuals, nor to agents or other individuals who are not employees of the organization, but is otherwise defined as noted in the definition provided in the **Accessibility Policies and Plans** section of this policy.

**Performance Management** means activities related to assessing and improving employee performance, productivity and effectiveness, with the goal of facilitating employee success.

**Persons with Disabilities** means those individuals that are afflicted with a disability as defined under the Ontario Human Rights Code.



**Career Development and Advancement** includes providing additional responsibilities within an employee's current position and the movement of an employee from one job to another in an organization that may be higher in pay, provide greater responsibility or be at a higher level in the organization or any combination of them and, for both additional responsibilities and employee movement, is usually based on merit or seniority, or a combination of them.

**Redeployment** means the reassignment of employees to other departments or jobs within the organization as an alternative to layoff, when a particular job or department has been eliminated by the organization.

### **Workplace Emergency Response Information (Effective January 1, 2012)**

Where the organization becomes aware of the need to accommodate an employee's disability, and if the employee's disability is such that the individualized emergency response information is necessary, the organization will provide individualized workplace emergency response information to the employee with the disability as soon as practicable after it becomes aware of the need.

If an employee who receives individualized workplace emergency response information requires assistance, with the employee's consent, the organization will provide the workplace emergency response information to the person designated by the organization to provide assistance to the employee.

The organization will review the individualized workplace emergency response information when:

- the employee moves to a different location in the organization;
- the employee's overall accommodations needs or plans are reviewed; and/or
- the employer reviews its general emergency response policies.

### **Recruitment-related (Effective January 1, 2016)**

The organization will notify its employees and the public about the availability of accommodation for applicants with disabilities in its recruitment processes.

During a recruitment process, the organization will notify job applicants, when they are individually selected to participate in an assessment or selection process, that accommodations are available upon request in relation to the materials or processes to be used. If a selected applicant requests an accommodation, the employer shall consult with the applicant and provide or



arrange for the provision of a suitable accommodation in a manner that takes into account the applicant's accessibility needs due to disability.

When making offers of employment, the organization will notify the successful applicant of its policies for accommodating employees with disabilities.

**Accessible Formats and Communication Supports for Employees (Effective January 1, 2016)**

The organization will:

- Inform its employees of its policies used to support its employees with disabilities, including, but not limited to, policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability.
- Provide the information required to new employees as soon as practicable after they begin their employment.
- Provide updated information to its employees whenever there is a change to existing policies on the provision of job accommodations that take into account an employee's accessibility needs due to disability.
- Where an employee with a disability requests it, consult with the employee to provide or arrange for the provision of accessible formats and communication supports for:
  - Information that is needed in order to perform the employee's job; and
  - Information that is generally available to employees in the workplace.
  - The organization will consult with the employee making the request in determining the suitability of an accessible format or communication support.

**Documented Individual Accommodation Plans (Effective January 1, 2016)**

The organization has a written process in place for the development of documented individual accommodation plans for employees with disabilities.

The process and associated tool is contained in **HR Policy 2-12**

**“Accommodation and Return to Work under the Accessibility for Ontarians with Disabilities Act”**. The process for the development of documented individual accommodation plans includes the following elements:

- The manner in which an employee requesting accommodation can participate in the development of the individual accommodation plan.
- The means by which the employee is assessed on an individual basis.
- The manner in which the employer can request an evaluation by an outside medical or other expert, at the employer's expense, to assist the employer in determining if accommodation can be achieved and, if so, how accommodation can be achieved.
- The manner in which the employee can request the participation of a representative from their bargaining agent, where the employee is represented by a bargaining agent, or other representative from the workplace, where the employee is not represented by a bargaining agent, in the development of the accommodation plan.
- The steps taken to protect the privacy of the employee's personal information.
- The frequency with which the individual accommodation plan will be reviewed and updated and the manner in which it will be done.
- If an individual accommodation plan is denied, the manner in which the reasons for the denial will be provided to the employee.
- The means of providing the individual accommodation plan in a format that takes into account the employee's accessibility needs due to disability.

Individual accommodation plans will:

- If requested, include any information regarding accessible formats and communications supports provided, as required in the Standard;
- If required, include individualized workplace emergency response information, as required in the Standard; and
- Identify any other accommodation that is to be provided.

#### **Return to Work Process (Effective January 1, 2016)**

- The organization has a documented return to work process for its employees who have been absent from work due to a disability and require disability-related accommodations in order to return to work. The process and associated tool contained in **HR Policy 2-12 "Accommodation and Return to Work under the Accessibility for Ontarians with Disabilities Act"** outlines the steps the organization will take to facilitate the return to work of employees who were absent because their disability required them to be away from work; and
- Uses documented individual accommodation plans, as described in prior section, as part of the process.



The return to work process referenced in this section will not replace or override any other return to work process created by or under any other statute.

**Performance Management (Effective January 1, 2016)**

The organization takes into account the accessibility needs of employees with disabilities, as well as individual accommodation plans, when using its performance management process in respect of employees with disabilities.

**Career Development and Advancement (Effective January 1, 2016)**

The organization takes into account the accessibility needs of its employees with disabilities as well as any individual accommodation plans, when providing career development and advancement to its employees with disabilities.

**Redeployment (effective January 1, 2016)**

The organization takes into account the accessibility needs of its employees with disabilities, as well as individual accommodation plans, when redeploying employees with disabilities.