SUDBURY CATHOLIC
DISTRICT SCHOOL BOARD

MULTI-YEAR ACCESSIBILITY PLAN 2019 to 2025

Updated: January 2019

SUDBURY CATHOLIC DISTRICT SCHOOL BOARD

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EXECUTIVE SUMMARY

The *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) came into effect on June 13, 2005, replacing the previous *Ontarians with Disabilities Act, 2001 (ODA).* The purpose of the AODA is to develop, implement and enforce **standards for accessibility** related to goods, services, facilities, employment, accommodation and buildings, with a goal of a "barrier-free" Ontario by January 1, 2025.

To achieve this goal, the provincial government identified five (5) key areas for the first accessibility standards: customer service, transportation, information and communications, the built environment, and employment.

The Sudbury Catholic District School Board has developed the policies, training and feedback tools required to be compliant with the standards under the act.

On June 3, 2011, the Ontario government released the final **Integrated Accessibility Standards (Ontario Regulation 191/11)** to combine accessibility standards in three areas – information and communication, employment, and transportation. On June 1, 2016, Ontario Regulation 165/16 revoked and/ or amended portions of Ontario Regulation 191/11. In addition to mandating a multi-year accessibility plan, O. Reg 191/11 provides multiple implementation dates for each of the accessibility standards.

As additional legislation is enacted, development and implementation plans will be drafted for review and approval.

MULTI-YEAR ACCESSIBILITY PLAN

Aim

The Accessibility Plan of the Sudbury Catholic District School Board outlines the legislative requirements, highlights the achievements of the previous years' plan and outlines current and future commitments so that no new barriers are created and, over time, existing ones are removed.

Objectives

This report:

- describes the process by which the Board will identify, remove and prevent barriers to people with disabilities.
- reviews earlier efforts to remove and prevent barriers to people with disabilities.
- lists the facilities, policies, programs, practices, and services that the Board will review in the coming year to identify barriers to people with disabilities.
- describes how the Board will make this Accessibility Plan available to the public.

Description of the Sudbury Catholic District School Board (SCDSB)

The Sudbury Catholic District School Board has provided quality faith based education to Greater Sudbury area youth since 1969. We currently operate 4 Secondary Schools, 1 Adult Education Centre and 12 Elementary Schools, including an all-girls academy available after Grade 6 that is unique in the region.

The Board has been addressing issues that present a barrier primarily to our students from accessing the services, programming and facilities we provide. Also of importance are the needs of staff, parents, and the public.

SCDSB commitment to accessibility planning

The Sudbury Catholic District School Board is committed to:

- the continual improvement of access to school premises, facilities, and services for students, staff and the public with disabilities.
- the participation of people with disabilities in the development and review of its multi-year accessibility plans.
- the provision of quality services to all students, parents, and members of the community with disabilities.

To meet this commitment, an Accessibility Working Group has been re-established and mandated to develop, and update the Multi-Year Accessibility Plan.

The Accessibility Working Group

The Accessibility Working Group consists of:

Member	Title	Contact Information
Cheryl Ann Corallo	Superintendent of Business and Finance	Phone: (705) 673-5620 ext. 418 Email: cherylann.corallo@sudburycatholicschools.ca
Rossella Bagnato	Superintendent of School Effectiveness	Phone: (705) 673-5620 ext. 300 Email: rossella.bagnato@sudburycatholicschools.ca
Suzanne Dubien	Senior Manager of Human Resources	Phone: (705) 673-5620 ext. 312 Email: suzanne.dubien@sudburycatholicschools.ca
Alan Levesque	Manager of Facility Services	Phone: (705) 673-5620 ext. 415 Email: alan.levesque@sudburycatholicschools.ca
Carlee Vendramin	Communications Officer	Phone: (705) 673-5620 ext. 375 Email: Carlee.vendramin@sudburycatholicschools.ca

Mandate

The Accessibility Working Group's mandate is to:

- conduct research on barriers to people with disabilities in all facilities, regulations, policies, programs, practices and services offered by the Board.
- list facilities, regulations, 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.
- submit a Multi-Year Accessibility Plan, updated at least every five years, to the Director of Education, and after its approval by the Director, make the Plan available on the Board's website, distribute to all schools and make available for review at the Board office.

Coordinator

Cheryl Ann Corallo, Superintendent of Business and Finance, is the appointed coordinator of the Accessibility Working Group.

Stakeholder Input

The Accessibility Working Group committee will be seeking input from staff, special education advisory committee, the Parent Involvement Committee, and through our Board's on-line feedback and reporting webpage. This will ensure opportunities for input from students, staff, parents, and the public.

Accessibility issues will be tabled at Senior Management, Departmental and Principals' meetings. Administrators and Principals will then raise the awareness at staff meetings. The issue of accessibility planning will also be a topic at the Board's Special Education Advisory Committee meetings and at the Parent Involvement Committee meetings.

As input is received, the committee will review and organize the data for submission to the Director of Education.

Review and monitoring process

The Accessibility Working Group will meet regularly to review progress. The work of the group will be shared with the Administrative Council of the Board. The Director of Education and/or Coordinator of the Working Group will update staff, the Board, and the public.

Communication of the Plan

Copies of this plan will be available in the Principal's office at all schools, at the Catholic Education Centre, and on the Board's web site.

Recent barrier-removal initiatives

Recent barrier-removal initiatives that have been completed include:

- full compliance with the **Accessibility Standards for Customer Service (Ontario Regulation 429/07)**
- Completion/ Submission of the Accessibility Report/ Checklists through VFA Spring / Summer 2018 for all schools.
- Exterior ramp built for School and daycare entrance at Immaculate Conception School
- Installation of universal washrooms at Immaculate Conception/ St Charles College/ Pius XII
- Enhancements to existing washrooms at Immaculate Conception and Pius XII for barrier free washrooms
- Widening of classroom doorways at Immaculate Conception school, Pius XII school
- Enhancements to Care and Development program space at Pius XII School
- New Barrier Free Entrances for school and daycare/ hub at Pius XII School
- New Access Ramp at Pius XII for Care and Development
- Addition of paved (Asphalt) path from school to paved play space at St Charles Elementary School
- Installation of AODA Compliant Water Bottle filling stations at various schools
- New Fire Alarm Systems at, St Albert, St. James and Pius XII School (horn/ strobe)
- New accessible parking/ walkway St. Paul School
- Board website upgrade including ODA compliance

Current Initiatives

The following initiatives are planned for the 2018-19 school year, to continue our success in barrier-removal, and address requirements of recent legislation:

- Universal washroom construction at Pius XII School
- New Fire Alarm at Marymount Academy and St Charles College (horn/ strobe)
- St. Charles College Exterior Door way made barrier free, improved walkway/ ramp
- St. Charles College universal washroom
- Install AODA Compliant Water Bottle Filling Station
- Various Parking Lot hatching/ markings enhancements for High Visibility

Future Initiatives

The following initiatives constitute our long-term planning to continue our success in barrier-removal, and address requirements of recent legislation:

- compliance with the AODA's goal for a "barrier-free" Ontario by January 1, 2025.
- implementation of legislation concerning accessibility standards for transportation, information and communications, the built environment, and employment.
- installation of lift devices to allow access to all areas within our facilities
- installation/renovation for accessible washrooms in all facilities
- installation of enhanced communication systems in all facilities
- installation of exterior door access ramps in all facilities
- installation of levered interior door handles in all facilities
- identification/delineation of handicap parking availability at all facilities
- continued emphasis on feedback process in place, intended to encourage all stakeholders to communicate accessibility concerns

Appendix A – About Disability

Appendix B - Where to Look for Barriers

Appendix A: About Disability

The disability continuum

There is no universally accepted meaning for the word "disability". Most definitions, however, can be placed on a continuum. At one end of the spectrum, disability is explained in terms of medical conditions (medical model). At the opposite end, disability is explained in terms of the social and physical contexts in which it occurs (environmental model).

The medical model focuses on deficiencies, symptoms and treatments. The World Health Organization's (WHO) 1976 definition for disability, for example, is "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." Medical model definitions promote the idea that disability is a deviation from the norm.

Many people with disabilities are troubled by definitions that regard disability as abnormal, preferring instead to portray disability as commonplace, natural, and in fact, inevitable. As people age, they experience gradual declines in visual acuity, auditory sensitivity, range of motion, bodily strength and mental powers. Significant functional limitations affect almost half of the people between the ages of 55 and 79, and over 70% of people over 80. Beyond middle age, disability *is* the norm.

The environmental model explains disability in relation to social and physical contexts. In this view, the environment, not an individual's medical condition, causes disability. For example, during an electrical blackout, a person who is completely blind can effortlessly navigate around the home, hammer nails, and, if a Braille user, read a novel. A sighted person would be unable to perform these tasks easily, if at all. In this example, the environment disables the sighted person.

The environmental model emphasizes that people with disabilities are capable human beings, and that it is barriers, not medical conditions, that are disabling. Disability results when people design a world for their way of living only, without taking into account the natural - and foreseeable - variability among human beings. In other words, disability is a consequence of design flaws in the built and human environments.

All barriers are human-made. If design problems cause barriers, then disabilities can be eliminated - or minimized - by modifying how we live, the tools we use, and our intuitions about the proper way to do things. If systemic barriers cause disabilities, the disabilities can be eliminated by modifications to policies, plans and processes. If attitudes cause barriers, then disability awareness, respect and an understanding of positive interaction with people with disabilities will remove barriers.

Specialized medical knowledge may be needed to treat diseases and symptoms, but not to address barriers. Barriers, not medical conditions, prevent people with disabilities from participating fully in life.

Types of disability and functional limitations

A person's disability may make it physically or cognitively hard to perform everyday tasks such as operating a keyboard, reading a sign, differentiating colours, distinguishing sounds, climbing stairs, grasping small items, remembering words, or doing arithmetic.

Consider the functional limitations associated with twelve different kinds of disability and the effects of these limitations on an individual's ability to perform everyday tasks:

1. Physical

Physical disabilities include minor difficulties moving or coordinating a part of the body, muscle weakness, tremors and in extreme cases, paralysis in one or more parts of the body. Physical disabilities can be congenital, such as Muscular Dystrophy; or acquired, such as tendonitis.

Physical disabilities affect an individual's ability to:

- Perform manual tasks, such as hold a pen, grip and turn a key, type on a keyboard, click a mouse button, and twist a doorknob
- Control the speed of one's movements
- Coordinate one's movements
- Move rapidly
- Experience balance and orientation
- Move one's arms or legs fully, e.g. climb stairs
- Move around independently, e.g., walk any distance, easily get into or out of a car, stand for an extended period
- Reach, pull, push or manipulate objects
- Have strength or endurance

2. Hearing

Hearing loss include problems distinguishing certain frequencies, sounds or words, ringing in the ears and total (profound) deafness.

A person who is deaf, deafened or hard-of-hearing may be unable to use a public telephone, understand speech in noisy environments, or pronounce words clearly enough to be understood by strangers.

3. Speech

Speech disability is a partial or total loss of the ability to speak. Typical voice disorders include problems with:

- Pronunciation
- Pitch and loudness
- Hoarseness or breathiness
- Stuttering or slurring

People with severe speech disabilities sometimes use manual or electronic communication devices. Individuals who have never heard may have speech that is hard to understand.

4. Vision

Vision disabilities range from slightly reduced visual acuity to total blindness.

A person with reduced visual acuity may have trouble reading street signs, recognizing faces, or judging distances. They might find it difficult to maneuver, especially in an unfamiliar place. He or she may have a narrow field of vision, be unable to differentiate colors, have difficulties navigating or seeing at night, or require bright lights to read. Most people who are legally blind have some vision.

5. Deaf-blind

Deaf-blindness is a combination of hearing and vision loss. It results in significant difficulties accessing information and performing activities of daily living. Deaf-blind disabilities interfere with communication, learning, orientation and mobility.

Individuals who are deaf-blind communicate using various sign language systems, Braille, standard PCs equipped with Braille displays, telephone devices for the deaf-blind and communication boards. They navigate with the aid of white canes, service animals, and electronic navigation devices.

People who are deaf-blind may rely on the services of an intervener. Interveners relay and facilitate auditory and visual information and act as sighted guides. Interveners are skilled in the communication systems used by people who are deaf-blind, including sign language and Braille.

6. Smell

Smell disability is the inability to sense, or a hypersensitivity to, odours and smells.

A person with a smelling disability may have allergies to certain odours, scents or chemicals or may be unable to identify dangerous gases, smoke, fumes and spoiled food.

7. Taste

Taste disability limits the ability to experience the four primary taste sensations: sweetness, bitterness, saltiness and sourness.

A person with a taste disability may be unable to identify ingredients in food, spoiled food, or noxious substances.

Appendix A

8. Touch

Touch disability alters the ability to sense surfaces and their texture or quality, including temperature, vibration and pressure. Touching sensations may be heightened, limited, absent (numbness), or may cause pain or burning.

A person with a touch disability may be unable to detect (or be insensitive to) heat, cold, or changing temperatures. Alternatively, a person with a touch disability may be hypersensitive to sound, physical vibrations, or heated surfaces or air.

9. Intellectual

An intellectual disability affects an individual's ability to think and reason. The disability may be caused by genetic factors (e.g. Downs Syndrome), exposure to environmental toxins (as in Fetal Alcohol Syndrome), brain trauma and psychiatric conditions.

A person with an intellectual disability may have difficulty with:

- Language: understanding and using spoken or written information
- Concepts: understanding cause and effect
- Perception: taking in and responding to sensory information
- Memory: retrieving and recognizing information from short- or long-term memory
- Recognizing problems, problem solving and reasoning

10. Mental health

There are three main kinds of mental health disabilities:

- Anxiety: a state of heightened nervousness or fear related to stress
- Mood: sadness or depression
- Behavioural: being disorganized; making false statements or inappropriate comments; telling distorted or exaggerated stories

People with mental health disabilities may seem edgy or irritated; act aggressively; exhibit blunt behaviour; be perceived as being pushy or abrupt; start laughing or get angry for no apparent reason.

11. Learning

Learning disabilities are disorders that affect verbal and non-verbal information acquisition, retention, understanding, processing, organization and use.

People with learning disabilities have average or above-average intelligence, but take in information, retain it, and express knowledge in different ways. Learning disabilities affect reading comprehension and speed; spelling, the mechanics of writing; manual dexterity; math computation; problem solving; processing speed; the ability to organize space and manage time; and orientation and way finding.

Appendix A

12. Other

Disabilities result from other conditions, accidents, illnesses, and diseases, including ALS (Lou Gehrig disease), asthma, diabetes, cancer, HIV/AIDS, environmental sensitivities, seizure disorders, heart disease, stroke, and joint replacement.

Appendix A

Appendix B: Where to Look for Barriers

Where to look for barriers to people with disabilities:

The built environment

Exterior to a building	Interior of a building	Parking areas
Drop-off zones	Floors	Offices
Lobbies	Reception areas	Hallways
Carpets	Cubicles	Washrooms
Cafeterias	Elevators	Escalators
Stairs	Stairwells	Closets
Storage Areas	Lighting	

Physical

Furniture	Work Stations	Chairs
Doors	Door knobs	Windows
Planters	Bathroom hardware	Locks
Security Systems		

Information

Books	Printed Information	Web-based resources
Signage	Bulletin Boards	Brochures
Forms	Manuals	Fax Transmissions
Equipment Labels	Computer Screens	

Communication

Training	Receptionists	Public Announcements
Security Staff		

Tools

Hand Tools, manual	Hand Tools, electrical	Machinery
Carts and Dollies		

Service delivery

In Person	By Telephone	By Mail
By Email	Via the Web	

Transportation

Buses	Trains	Airplanes
Water craft (e.g. Ferries)	Cars	Vans

Policies and practices

Procurement and Purchasing	Job Postings	Hiring
Interviewing	Testing	Meetings
Promotions	Regulations	Rules
Protocols	Safety and Evacuation	

Technological

Computers	Operating Systems	Standard Software
Proprietary Software	Web Sites	Keyboards
Mice	Printers	Fax Machines
Telephones	TTY's	Photocopiers
Appliances	Control Panels	Switches

Recreational facilities

Playgrounds	Gymnasiums	Swimming Pools
Change Rooms	Theatres	Auditoriums
Picnic Areas	Tracks	Playing Fields
Playground Structures	Gymnasium Equipment	

Appendix B