

ANNUAL ACCESSIBILITY PLAN

**SEPTEMBER 2005- AUGUST 2006
SUDBURY CATHOLIC DISTRICT SCHOOL BOARD**

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Submitted to:

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Director of Education
Sudbury Catholic District School Board
Sudbury, Ontario

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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).

While the government is moving forward to implement the new legislation, there will be a transition period during which government and parts of the broader public sector will continue to have planning and other obligations under the [Ontarians with Disabilities Act, 2001](#) (ODA). These obligations will remain in effect until they are repealed and replaced by standards under the new act.

Under the ODA, Ontario government ministries, municipalities, hospitals, school boards, colleges, universities and public transportation organizations are required to develop annual accessibility plans to make policies, practices, programs, services and buildings more accessible to people with disabilities. These plans must be made available to the public. Accessibility planning efforts to date have developed a strong foundation for the development of accessibility standards that will ensure real and effective change.

Aim

This document is the third annual accessibility plan developed by the Sudbury Catholic District School Board. It highlights achievements of the 2004-05 plan and outlines commitments for 2005-06 so that no new barriers are created and, over time, existing ones are removed.

Objectives

This report:

- Describes the process by which the SCDSB 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 the measures the Board will take in the coming year to identify, remove and prevent 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

The Sudbury Catholic District School Board has provided quality faith based education to Sudbury area youth since 1969. We currently operate 4 Secondary Schools, 1 Adult Education Centre and 20 Elementary Schools, including an all-girls academy available after Grade 6 that is unique in the region. Each of our schools enjoys a vibrant relationship with one or more of 25 Catholic parishes in the Sudbury area, truly making our schools “Schools to Believe In”.

Over the past number of years the Board has been addressing the accessibility issues in relation to the perceived needs and the allocated budget. The primary concern continues to be the needs of the students. Also of importance are the needs of staff, parents, and the public.

The Board, in its Special Education plan has designated specific schools as physically accessible for staff and students. New or newly renovated buildings are built to code with access as a priority.

The Accessibility Working Group

Establishment of the Accessibility Working Group

Rossella Bagnato, Superintendent of Academic Program, Tina Vrbanac, Manager, Human Resources Services, and Denis Faucher, Manager, Facility Services formally constitute the accessibility working group.

The accessibility working group is authorized to:

- Conduct research on barriers to people with disabilities in all facilities, regulations, policies, programs, practices and services offered by the SCDSB.
- 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.
- Prepare a report on these activities, and after its approval by the Director, make the plan available to the public.

Coordinator

Rossella Bagnato is the appointed coordinator of the Accessibility Working Group.

Members of the Working Group

The following members are appointed to the working group.

Working Group Member	Department	Contact Info.
Rossella Bagnato	Superintendents	(705) 673-5620 ext. 301 bagnatr@scdsb.edu.on.ca
Tina Vrbanac	Human Resources	(705) 673-5620 ext. 258 vrbanat@scdsb.edu.on.ca
Denis Faucher	Facility Services	(705) 673-5620 ext. 415 fauched@scdsb.edu.on.ca

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 and staff with disabilities.
- The participation of people with disabilities in the development and review of its annual access plans.
- the provision of quality services to all students, parents, and members of the community with disabilities.

The Director of Education authorized the Accessibility Working Group to prepare an accessibility plan that will enable the SCDSB to meet these commitments.

Recent barrier-removal initiatives

Within the last four years, a number of access initiatives have been addressed. The recent funding initiative from the Ministry of Education has assisted in this project. An access ramp has been built at the front doors of St. Francis School, automatic doors have been installed at St. Charles College, and St. Raphael School. Ramps and railings were installed at St. Bernadette School and Pius XII School.

Renovation and new construction projects have addressed the access issues. St. Benedict Catholic Secondary School is completely accessible with an elevator to access the three floors. Renovations at St. Benedict included a shower-toilet facility for students who require these facilities.

The Catholic Education Centre is totally accessible. An elevator makes all five floors accessible to students, staff, parents, and the public. A speaker sound system was added to the main Board meeting room in the Fall of 2001.

We are presently in the construction/renovation stage of Bishop Alexander Carter Secondary School. The school will be accessible according to the provincial codes.

As we add to the new St. Anne elementary and St. James elementary schools, these too, will be accessible in compliance with the Provincial code.

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 Co-Ordinator 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 Principals= Office at all schools, at the Catholic Education Centre, and on the school board=s web site.

Initiatives for the 2005-2006 School Year

In the 2005-2006 school year, a number of initiatives are planned to continue to address the accessibility issues. The issue will be addressed at management 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 Regional Catholic School Council meetings.

The committee will be seeking input from the staff, special education advisory committee and the Regional Catholic School Council. This will ensure opportunities for input from students, staff, parents, and the public.

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

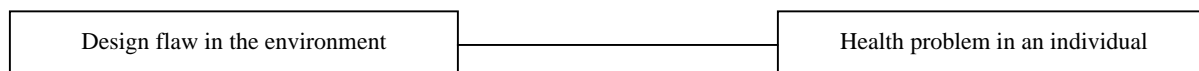
Appendix A - About Disability

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) 1976⁶ 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.

⁶ World Health Organization. Document A29/INFDOCI/1, Geneva, Switzerland, 1976.

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:⁷

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.

⁷ Canadian Standards Association. *Customer Service Standard for People with Disabilities, B480-02*. Canadian Standards Association, Rexdale, ON, 2002

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.

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 wayfinding.

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 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
- Hallways
- Floors
- Carpets
- Lobbies
- Reception areas
- Offices
- 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

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- Public announcements
- Security staff

Tools

- Hand tools, manual
- Hand tools, electrical

- Machinery
- Carts and dollies

Service delivery

- In person
- By telephone
- By mail

- By e-mail
- Via the Web

Transportation

- Buses
- Trains
- Aircraft

- Water craft (e.g. ferries)
- Cars
- Van

Policies and practices

- Procurement and purchasing
- Job postings
- Hiring
- Interviewing
- Testing
- Meetings
- Promotion
- By-laws
- 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
- Auditoria – audience
- Auditoria – stage
- Picnic areas
- Tracks (indoor and outdoors)
- Playing fields
- Climbing bars
- Gymnasium equipment
- Toys