



The Hospital for Sick Children

**2007/2008
Accessibility Plan**

Accessibility Plan

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Accessibility Plan

October 2007 – September 2008

Executive Summary

People with disabilities represent a significant and growing part of our population. According to Statistics Canada, about 1.5 million Ontarians have disabilities - about 13.5% of the population.

The purpose of the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* and the *Ontarians with Disabilities Act, 2001 (ODA)* is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. The ODA mandates that all hospitals prepare annual accessibility plans.

To this end, the Accessibility Committee of The Hospital for Sick Children has prepared this report. Its aim is to describe measures that we took during 06/07 and will take in 07/08 to identify, remove and prevent barriers to people with disabilities, including patients, family members, staff, health care practitioners, volunteers and members of the community in the facilities, programs, practices and services we provide.

In 2005, the Accessibility Committee undertook an inclusive process to solicit barrier-reduction initiatives through director-level staff in the hospital. It was felt that by consulting staff from across the hospital, we could concurrently engage staff and advocate for a barrier-free environment. Criteria (high impact, low cost, improved safety, and focused) were identified to help the departmental directors and their staffs identify initiatives. This report will include a summary of initiatives that were completed in 2006-07.

The hospital has also committed to activities and actions for the next 12 months that will be practical, that will utilize existing resources and expertise from within the community and will visibly demonstrate SickKids' commitment to accessibility planning. The barrier-elimination implementation process incorporates a process of delegated accountability to ensure compliance.

We will collaborate and consult with family and patient groups and external resources with a shared purpose of achieving an inclusive and welcoming environment for all who come to, or access services of SickKids.

1. Aim and Objectives of the Plan

This plan describes:

- Initiatives that The Hospital for Sick Children has taken over the past 2 years, and
- Measures that The Hospital for Sick Children will take during the next 12 months to identify, remove and prevent barriers to people with disabilities who live, work or use the Hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

This plan:

1. Describes the process by which SickKids will identify, remove and prevent barriers to people with disabilities.
2. Highlights initiatives undertaken at SickKids to remove and prevent barriers to people with disabilities from 2005/06 and throughout 2006/2007.
3. Lists the policies, programs, practices and services that SickKids will review in 2007/2008 to identify barriers to people with disabilities.
4. Describes the measures SickKids will take in 2007/2008 to identify, remove and prevent barriers to people with disabilities.
5. Describes how The Hospital for Sick Children will make this accessibility plan available to the public.

Definition of "Barrier"

For the purposes of the this document "barrier" means anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice ("obstacle").

2. Description of The Hospital for Sick Children (SickKids)

SickKids is a world-leading paediatric academic health science centre employing about 6000 people, with an international reputation for excellence in health care, research, and teaching.

As a local hospital, SickKids meets the health needs of children who live in downtown Toronto. More than half the patients come from outside the Greater Toronto area: they come from other parts of Canada, and from around the world. Annually, our hospital has over 48,000 Emergency visits, more than 14,000 admissions, 300,000 outpatient visits and a hospital family of over 10,000.

3. The Accessibility Committee

The Hospital for Sick Children formally constituted an Accessibility Task Group in June 2003 and reconstituted it in 2005 and again in 2007 to:

- Review and list policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- Identify barriers that will be removed or prevented;
- Describe how these barriers will be removed or prevented; and
- Prepare a 12-month plan and after its approval by the Executive Office, make the plan available to the public.

Chair

The Hospital's Executive Committee has appointed Rita Damignani (Rehabilitation Services), as the Chair of the Accessibility Committee. Terms of Reference for a standing Accessibility Committee, directly accountable to the Executive Committee of the hospital are attached in Appendix 1.

Champions

Two hospital vice-presidents -- vice president, Human Resources (Cheryl Craven) and vice president, Professional Practice & Chief Nursing Executive (Margaret Keatings) -- act as champions for accessibility in the hospital.

Members of the Accessibility Committee

Multi-disciplinary members are drawn from across the hospital from a variety of both patient-care and common/public areas where accessibility issues may be identified. See Appendix II for a membership list.

4. Our Commitment to Accessibility Planning

The Hospital for Sick Children is committed to:

- *The continual improvement of participation and/or access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;*
- *Consultation with people with disabilities within the Hospital and the local community in the development and review of its accessibility planning;*
- *Ensuring Hospital by-laws and policies are consistent with the principles of accessibility; and*
- *The continued operation of an Accessibility Committee for continuous review of expressed needs at Sick Kids.*

The Hospital's Executive authorized the reconstitution of the Accessibility Task Group to form a standing Accessibility Committee and prepare an Accessibility Plan that will enable Sick Kids to meet these commitments.

5. 2006-2007 Barrier-removal Initiatives

The Hospital has been building a solid foundation of barrier-removal initiatives since 2003/04. More recently the following initiatives to identify, remove and prevent barriers for people with disabilities have included:

1. Re-arrangement of all chairs and table setup in the fountain area to provide easy access for wheelchair-users, strollers etc., as well as appropriate signage to indicate flow of traffic.

2. Installation of signs on each serving station inside the cafeteria indicating that our staff is there to help anyone who needs assistance. Cafeteria staff education in terms of awareness and sensitivity-training to assist persons with disabilities.
3. Ongoing discussions with landlords to identify barriers and ensure leased SickKids' properties include access to people with disabilities.
4. Addition of wheel-chair accessible washroom in Diagnostic Imaging.
5. Addition of a dedicated room on the Main Floor for g-tube feeding.
6. Updated pool lift for patients; upgrade of slip-resistant flooring and installation of paediatric-accommodating handrails and non-slip stairs in hydrotherapy area in Rehabilitation Services.
7. Three additional wheelchair accessible washrooms have been completed (1 on the 2nd floor of the Black Wing; 2 added to the Main floor of the Elm Wing).
8. An adolescent change area has been identified on ward 7D. Utilization of this room for these purposes is being finalized. Plans are also underway to assess the need for an additional increase in the number of adolescent change tables available to our outpatient population.
9. Room 1527, Gerrard Wing is now a wheel-chair accessible conference room. Further designs are in progress with SickKids Foundation in terms of improving accessibility to this room.
10. The following actions were taken to address potential lack of knowledge and understanding for managers considering accommodation for employees returning back to work from injury and/or illness:
 - Series of education sessions for managers/supervisors provided on Health & Absence Management Program (HAMP) held in early 2006; additional customized sessions also provided on request.
 - Details on role of supervisor within HAMP available on-line through e-HR for leaders.
 - Nurse case manager provides one-on-one coaching for supervisors when needed.
 - Absence Management Policy developed and communicated; available through Lotus Notes

- Information on HAMP included in new manager orientation sessions.

11. In 2006, 119 modified work placements were made in addition to a further 6 permanent accommodations.
12. *Physiotools* computer-program purchased by Rehabilitation Services to provide printed illustrations and directions for home exercise programs for patients and families.
13. Over the last year, there has been a major initiative to rewrite, reformat, and redesign all SickKids patient information brochures. To date, over 80 brochures have been revised to ensure the material conforms to best practice in plain language writing and document design and augmenting it with information and original medical illustrations (where appropriate). These materials will be made available online, and will be printable in pdf format. By the time of completion, over 700 brochures will be re-created.
14. AboutKidsHealth.ca is a Web site developed and launched through SickKids where parents can read about the latest child health news, find in-depth information on complex medical conditions, or search a range of everyday topics from child development to safety advice. Since its' launch, *Browsealoud*, an application that reads the text on a website as the user rolls their mouse over the passage, has been implemented. *Browsealoud* is a free plugin for browsers that many individuals with visual impairments or reading disabilities use to access material on the Internet. As well, an in-line pop-up glossary to define difficult words, and make liberal use of medical or information illustrations, animations, and other images was developed to more clearly communicate the ideas into text.
15. AboutKidsHealth Family Resource Centre initiates or partners with organizations to engage in health promotion activities, making this information accessible to many individuals. In the redesign of the centre, care was taken to ensure the physical environment met the needs of all our patients, families and visitors. Wheelchair accessibility is available for all computer stations and laptop workstations are completely accessible for persons in wheelchairs.

Families, whose language is not English, access the centre and utilize computers by converting the programs into language of choice. Font size can be increased for the visually impaired; head phones are available.

Families can request information regarding community supports available to them with respect to culture and ethnic backgrounds. Print materials are limited but access to on-line sources is made available if requested. In addition, the centre remains open to innovative ideas in relation to technology enhancing resources.

16. Telehealth: Healthcare providers have recognized the potential for using technology to erase the geographical barriers that separate them from their patients and colleagues. The Telemedicine Program delivers high-quality health care to the communities thus enhancing and standardizing the medical care provided. The vision to integrate telehealth as a standard healthcare delivery system is designed to improve access to specialty paediatric healthcare, enhance information sharing and collaboration at healthcare centres and community hospitals at the provincial, national and international levels. Over the last several years, Telehealth has become increasingly more accessible to patients and families with disabilities. Split screen availability can now allow for sign language capabilities for persons with hearing impairments. ASL can be arranged through our Interpreter Services Department.
17. Information, including a description of the Accessibility Planning Committee and its mandate was published in the hospital's newsletter (*This Week*), with an invitation for staff to provide feedback. Contact information for members of the Accessibility Planning Committee for 2007/08 was provided.
18. Development of Braille "Consent to Treatment" forms for patients and families.
19. Achievements in web accessibility in 06/07 include selection of a content management system and vendor that has made web accessibility a priority in its system's functionality.
20. This May, for **Speech and Hearing Awareness** month, audiologists and speech-language pathologists at Sick Kids participated in this national public awareness campaign by conducting 20 hearing screens for Sick Kids staff and providing an Information Booth in the Atrium with pamphlets, posters and giveaways available to staff and the public.

6. Barrier-identification Methodologies

The Accessibility Committee will be using the following barrier-identification methodologies for 07/08.

Methodology	Description	Status
Review of existing literature and resources on accessibility for PWD's	The Chair of the Accessibility Committee reviewed ODA and AODA materials and background materials (Ministry of Community and Social Services- Accessibility for Ontarians' with Disabilities web-site) and presented the information to the members of this year's accessibility committee.	Launch of the Accessibility Committee (May 2007)
Participation	Chair, Accessibility Committee attended "Active and Able 2007", <i>Diversability Fair</i> in April 2007 to increase awareness of resources and available information.	Completed
Advice - Accessibility Committee SickKids Staff feedback	<p>Participation of representatives from a variety of areas within the hospital to participate on the accessibility planning committee. Review of barrier-elimination initiatives. Request for more information on past and future accessibility initiatives where appropriate.</p> <p>Feedback from patients and families is reported back to the Accessibility Committee by the Patient Representative who sits on the committee as well as the "Family Advisory" and "Families as Partners in Patient Safety" committees.</p> <p>News release in SickKids' staff newsletter, "This Week" which included:</p> <ul style="list-style-type: none"> ▪ information re: the Accessibility Committee ▪ membership and contact 	Ongoing

	<p>information</p> <ul style="list-style-type: none"> ▪ invitation for feedback from hospital staff. 	
Collaboration	Collaboration with the hospital's Diversity Committee to identify shared hospital-driven initiatives that promote inclusiveness, equality, fairness, respect...	Ongoing
Consultation / Education	Discussions with persons with disabilities and utilization of publicly-funded community resources to increase awareness. Implement disability awareness series (DAS) for members of the Diversity Committee, Accessibility Committee and HR staff.	On-going

7. 2007-08 Barrier-removal Initiatives

Barriers were addressed in any of the following categories:

1. physical
2. architectural
3. informational
4. communicational
5. attitudinal
6. technological
7. policies and practices.

This year's Accessibility Workplan for the Hospital for Sick Children will build on previous years' workplan, with primary emphasis on our role as an employer, addressing diversity within the workplace. We will strive to make accessibility awareness a cultural norm in our hospital. Following an internal review and upon consultation, the following initiatives have been recommended:

POLICY:

1. Review our employment recruitment and selection policies:
 - Review "Best-practice" models (consult with WSIB)
 - Explore opportunities to create an inclusive workplace
 - Include a reference within job descriptions that indicates our obligation for creating and/or supporting an inclusive workplace.

PROGRAMS:

2. Partner with the hospital's Diversity Committee to look at shared initiatives that would include:
 - Exploring diversity within our own staff
 - Diversity Fair to be held at SickKids in October 2007 to include resources for persons with disabilities.

INFORMATION/COMMUNICATION:

3. Information Accessibility:
 - Web-site: Initiatives planned for 07/08 include plans to work with usability and accessibility experts as we go through the process of redesigning sickkids.ca and associated sites.
 - Family Resource Centre- continued updates in assistive devices technology.
 - Regular staff updates and reminders of available assistive devices and technologies for patients and families with disabilities utilizing the staff newsletter "*This Week*" and the SickKids home web-page.
 - "Families as Partners in Patient Safety" will be participating in National Patient Safety Week to be held Oct 9th - 12th, 2007. This year's theme is "**Communication**".
Proposed opportunities to profile:
 - Braille consent forms
 - assisted devices for hearing
 - interpreter services and language line
 - display of technology enabled devices, partnering with experts from Bloorview Kids Rehab
 - Review Emergency Measures incorporating consideration for notifying and assisting patients/families/staff/ visitors with disabilities where appropriate. Under Code Red/Important Fire Safety Tips, the following was added:
 - During a Code Red remember to assist staff, patients/families and visitors with disabilities that can impair their capacity to respond to emergencies

ATTITUDINAL:

4. Awareness and Sensitivity Training:
 - Participate in joint “Disability Awareness Series” (Communication- Inclusion- Participation) for members of the Diversity Committee and Accessibility Committee and HR staff.
 - Utilize “May I Help You- Welcoming Customers with Disabilities” within our Volunteer Services Department. “May I Help You” is a guide that provides information on how to welcome customers with disabilities, including customers with visual impairments, who are deaf or hard of hearing, who are deaf-blind, have physical disabilities, speech impairments, mental health disabilities, intellectual disabilities, and learning disabilities.
 - Consult with WSIB and their training department around opportunities for awareness and sensitivity training amongst staff
 - Educate staff involved with organizing conferences and workshops to include a section in the registration that asks whether participants will require special assistance in order to participate in the conference.

ACCESSIBILITY:

5. 2007/08 Barrier-Elimination Initiatives – Action Plan

Physical					
Responsibility	What barrier was identified?	Means to prevent/remove the barrier	Indicators of success	Timing (When will change happen?)	Estimated resources (Human &/or Financial)
Facilities and Patient Support	Lack of accessible change rooms for outpatient adolescents with physical disabilities. Limited staff and family awareness to the availability of these change areas.	Suitable rooms have been identified on wards 7D and 5A. The washroom on 7D has been identified as a functional adolescent change area.	Receive authorization to utilize the washrooms/showers on wards 7D and potentially 5A as an additional adolescent change rooms; communicate availability of these patient-care rooms to staff and families.	Adolescent change room now accessible on 7D. Negotiate an additional changer room on 5A.	No additional costs if utilizing existing shower rooms.
Patient Safety Committee Protection Services Public Affairs	Unsafe, busy crosswalk at intersection of Elizabeth and Elm St.; even more difficult for persons with disabilities	Work with multiple partners to advocate for safe access to Sick Kids at this intersection.	City of Toronto would address the safety of this intersection.	On-going	Not applicable
Emergency Dept.- Lufti Haj-Assad (Dir.) Facilities Planning- Wayne Walker	Lack of wheelchair accessibility for registration and washrooms in Emergency	Accessibility Checklist to ensure barrier-free design of new Emergency Department	Wheelchair accessibility for registration; accessible washrooms in ER when new department is designed.	2007-08	Not applicable
Facilities and Patient Support Services VP Finance	Mobility barriers at leased hospital properties (ie. 525 University Ave., TMDT)	Negotiate automatic entrance door for 525 University Ave. with landlords. Accommodate labs for staff as needed.	New leases and lease renewals will be negotiated to address the elimination of any barriers to staff, volunteers, patients and/or families with disabilities. Occupational Health involved with workplace accommodation	2007-08 On-going	Not applicable

Human Resources - Facilities & Patient Support Services;	Visitors and staff needing handicap washroom access unable to enter and exit without assistance at 525 University Avenue site	Install an automatic door opener or lever handle door in the handicap washroom at 525/HR Services	Ease of access for visitors and staff without requiring others for assistance	2007-08	\$5,000-\$7,000
Facilities and Patient Support Services	Heavy glass doors to hospital library; no access to persons in wheelchair	Install automatic door openers to library	Wheelchair access to library	2007-08	\$5,000-\$7,000
Commercial Services	Inventory in retail areas are shelved horizontally, making access to products on higher shelves difficult for persons in wheelchairs.	Re-stock shelves vertically to increase physical access to products.	Improved access to retail products on shelves.	2007/08	No cost

Information/ Communication

Responsibility	What barrier was identified?	Means to prevent/remove the barrier	Indicators of success	Timing (When will change happen?)	Estimated resources (Human &/or Financial)
Risk- Management (Janice Campbell) Protection Services	Disabilities may impair ability to respond to verbal or visual cues in emergency situations. As well, mobility may be impaired. Planning for emergencies has not been as inclusive as it should be in considering the needs of people with disabilities.	Job action sheets for all emergency codes outlining staff responsibilities to ensure that needs of the people with disabilities are met during times of emergency	Completion of job action sheets	2007-08	No cost
Technological					
Communications	Limited access to Teletypewriter (TTY) services at SickKids (presently Emergency and Poison Information have TTY lines) as well as 2 TTY systems available for patients and families through Communications.	Develop TTY best-practices guidelines.	Universal TTY access to SickKids.	2007-08	TBD

Department - Responsible Director(s)	What barrier was identified?	Means to prevent/remove the barrier	Indicators of success	Timing (When will change happen?)	Estimated resources (Human &/or Financial)
Jennifer Oxley- Public Affairs	SickKids web-site not accessible to persons with visual impairments	Sr. Communications Specialist (Web and New Media) presently working with usability and accessibility experts to go through the process of redesigning sickkids.ca and associated sites.	SickKids web-site meeting W3C guidelines	On-going	
Attitudinal					
Accessibility Committee (Chair: Rita Damignani) Diversity Committee (Bonnie Fleming-Carroll)	Limited staff awareness/knowledge re: disability and accessibility issues in our own environment	Identify external resources to provide education to members of both the Accessibility Committee and Diversity staff	Increase disability awareness amongst staff; strive for: Communication/ Inclusion/Participation amongst staff and make accessibility awareness a cultural norm within the hospital	2007-08	Utilize existing community resources; education within the hospital
Occupational Health & Safety	Employees may be reluctant to identify accommodation needs at work.	Optimize awareness and understanding of accommodation guideline and practices; consult with other institutions; establish a Joint Diversity and Disability Management Committee	Survey indicating satisfaction from employees in terms of diversity and accommodation. Consult with WSIB to review "best practices".	2007-08	Not applicable
Policy					
Human Resources (Cheryl Craven)	Limited access to employment opportunities at SickKids; need for strategy to increase access to employment opportunities and ensure diversity within staff.	Review our employment recruitment and selection policy and strive to improve our recruitment processes and practices.	Develop "best-practices" model for employment recruitment and selection; explore opportunities to create an inclusive workplace.	2007-08	Consultation model. Utilize existing resources and support of HR staff.

8. Review and Monitoring Process

The Accessibility Committee will meet quarterly at a minimum to review and monitor progress in identifying, reviewing and removing barriers. The Committee will implement an iterative strategy to engage and ensure accountability of staff in disseminating and implementing initiatives. The profile of the Executive Champions and the Accessibility Committee membership will be raised so that staff and volunteers have several known points of access to submit ideas for further barrier-elimination initiatives.

9. Communication of the Plan

The Hospital's 2007/2008 Accessibility Plan will be posted on our internal and external web site (www.sickkids.ca). The Plan will be provided in hard copy to our Family Advisory Council and our Children's Council. Hard copies will be available from Public Affairs (416-813-5058, Room 1742 Atrium), the Atrium Information Desk (Main Floor Atrium, Elizabeth Street entrance) and Human Resource Services (416-813-3132, 11th Floor, 525 University Avenue).

Upon request, the Plan will also be available on a computer disk in electronic text, and in large print and audiotape through Public Affairs (contact info listed above).

After posting the Plan on SickKids' website, an article in the hospital staff newsletter will be published informing all staff of the new Plan and reiterating our commitment to a barrier-free environment. New technologies or updating of accommodations and services available will be regularly posted in "*This Week*" in an effort keep staff informed of services available to patients and families.

Additions will be made to the plan as the Accessibility Committee receives and responds to new information. If you are aware of a barrier - physical, technical, communicational, attitudinal or other - please contact:

Rita Damignani
Chair, Accessibility Committee
The Hospital for Sick Children
416-813-6755 (#0)

Accessibility Committee

Terms of Reference

Purpose

The Accessibility Committee is a forum for The Hospital for Sick Children to reflect its ongoing commitment to providing a barrier-free environment for patients, families, staff, volunteers and visitors, as per requirements of the Ontario Accessibility for Ontarians with Disabilities Act (AODA, 2005).

Mandate

The Accessibility Committee prepares an annual accessibility plan, consults with persons with disabilities and others in preparing the plan, ensures the plan is available to the public and submitted to the provincial government.

Responsibilities

- Develop an annual Accessibility Plan, as per the Ontarians with Disabilities Act, 2001 (until it is repealed) and as per the Accessibility for Ontarians with Disabilities Act, 2005
- Make the plan available to the public effective September 30th each year
- Communicate the plan to staff, patients, families, volunteers and visitors.
- Establish a process to identify, remove and prevent barriers to persons with disabilities.
- Review by-laws, policies, programs, practices and services with an "accessibility lens" to determine their effect on accessibility for persons with disabilities
- Consult with persons with disabilities in the development of the plan
- Engage, as appropriate, agencies with a disability mandate to understand their needs for accessibility and ideas for removing barriers for their clients.
- Track progress on measures on a semi-annual basis
- Facilitate sensitivity training for staff and volunteer leaders.
- Solicit staff/contractors support through communications on their role in identifying, removing and preventing barriers.
- In partnership with others provide education on barrier removal initiatives to the Hospital community.
- Acknowledge/publicize new access improvements through appropriate media
- Liaise with the hospital committees including the Capital Planning Committee, the Master Planning committees, the Hospital Environment Task Force and others as necessary.

Membership

The Chair will be appointed by the Executive Champions for this Committee: the Chief Nursing Executive/Vice President, Professional Practice, and the Vice President, Human Resources.

Membership will consist of people with diverse backgrounds who will bring different perspectives to the challenge of ensuring broad-based, systemic change to enhance accessibility for those with disabilities. The members will include those with disabilities; caregivers/family members; staff from Operations and Patient Support Services, Patient Representative, Human Resources, Occupational Health, Commercial Services, Rehab Medicine (O/T, P/T), Public Affairs, Child Health Services; Volunteers, and Protection Services/Risk Management.

The Committee members will be identified by 1) solicitation of volunteers from the above groups, and 2) appointments by Vice Presidents. Other members may be added, or attend meetings as content experts or consultants.

Meetings

The Committee will meet at least quarterly, and at the call of the Chair.

Reporting Relationship

As a standing committee of the Executive Committee, the Accessibility Committee reports to the Executive Committee. Annually in September it provides the Executive Committee through the Executive Champions with a report on the current year achievements to eliminate barriers to accessibility and proposed priorities, with estimated costs, for the following year's plan. Mid year, a progress report is provided to the Executive Committee through the Executive Champions on the status of the current year plan.

Budget

Barrier-removal initiative expenses will be covered by the hospital's global budget and donor philanthropy as appropriate.

Accessibility Committee 09/07

Appendix II – Accessibility Committee Membership

<i>Name</i>	<i>Department</i>	<i>Contact Info</i>
Rita Damignani (Chair)	Rehabilitation Services	416-813-6755 (#0)
Paula Ground	Human Resources	416-813-7367
Helen Simeon	Public Affairs	416-813-5047
Nancy Cornish	Patient Representative Service	416-813-6181
Anne Monteath	Research	416-813-7583
Sandra Moro	Information Services	416-813-8785
John Bond	Protection Services	416-813- 5599
Laura Hitchin	Occupational Health and Safety	416-813-6057
Messias Farias	Facilities & Patient Support Services	416-813-2141
Fred Girvan	Plant Operations	416-813-7615
Joan McKee	Commercial Services	416-813-7762
Gina Sohn	Communication Disorders	416-813-8728