

## ADMINISTRATION MANUAL

**TITLE:** Accessible Services for People with Disabilities

**POLICY #:** SJ- 06-01-07

**SECTION:** Patient & Family Experience, and Community Engagement

**ISSUING AUTHORITY:** Operations Committee

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**PURPOSE:**

The purpose of this policy is to state St. Joseph's Health Centre's (SJHC's) commitment to providing barrier free access to our environments, services and programs, and to guide compliance with the Accessibility for Ontarians with Disabilities Act (AODA), 2005 and its subsequent standards including: Customer Service Standard (Ontario Regulation 429/07) and the Integrated Accessibility Standards Regulation (Ontario Regulation 191/11).

The AODA mandates the development, implementation and enforcement of common and sector-specific accessibility standards related to goods, services, facilities, employment, accommodation and buildings. The standards address the elimination of barriers within customer service practices, how information and communication is provided, the built environment, and employment practices for persons with disabilities.

**APPLICATION:**

This Policy applies to all SJHC employees, physicians, volunteers, students, contractors and all others who have a working relationship with the Health Centre, as well as patients, families and visitors.

**POLICY:**

It is St. Joe's policy that persons with disabilities and differences are given equal opportunity to obtain, use and benefit from the provision of goods and services provided by the hospital.

- SJHC supports people with disabilities using their own personal assistive devices to access our services.
- SJHC welcomes a person with a disability with a service animal to all areas of the hospital open to the public or third parties.
- SJHC welcomes any person with a disability to be accompanied by a support person while on the hospital premises.
- SJHC provides notice for both future planned and unexpected disruptions in the facilities (e.g. elevators, access ramps, accessible parking] phones, accessible washrooms) or temporarily unavailable hospital services that are used by people with disabilities.
- SJHC encourages and appreciates feedback regarding the way the organization provides services to people with disabilities.
- SJHC provides public notice of the accessibility of the hospital's relevant documents through the SJHC website.
- SJHC recognizes the importance of and provides mandatory accessibility training for all staff, physicians, and volunteers who either directly serve or who may come in contact with hospital patients and/or visitors.
- SJHC commits to meeting the accessibility needs of their workforce from the point of recruitment, to workplace accommodation and career development.

**PRINCIPLES:**

St. Joseph's is committed to providing person-centered Service Access For Everyone (SAFE) in an equitable and inclusive manner. In alignment with our organizational philosophy of care and values we respect the uniqueness of every individual and the diversity of the communities we serve.

SJHC provides a physical and social environment that supports the public's right to full access to all of our programs using an integrated service approach.

SJHC services are delivered in a manner that respects human dignity and maximizes independence, inclusivity and participatory decision-making.

SJHC supports equitable access to services through establishing procedures to anticipate service access needs and to identify and eliminate service access barriers.

SJHC promotes and values accessibility for people with disabilities fully contributing to our workforce.

#### **DEFINITIONS:**

**Accessible** - means that one's service is provided in a manner that is capable of being easily understood or appreciated; easy to get at; capable of being reached; or entered; obtainable.

**Accessible Formats** - are formats usable by persons with disabilities that may include but are not limited to large print/text, recorded audio and electronic formats, text saved as a Word document, plain language versions, braille and HTML or electronic text version on line that meet the WCAG 2.0 level A or AA format.

**Accessibility Standard** – a rule that persons and organizations must follow to identify, remove and prevent barriers to accessibility.

**Accommodation** – the special arrangement made or assistance provided so that persons with disabilities can participate in the experiences available to persons without disabilities. Accommodations will vary depending on the customer's and/or employees unique needs.

**Assistive Device** - any device that is designed/adapted to assist a person to perform a particular task and/or used to increase, maintain or improve the functional abilities of people with disabilities. Assistive devices include but are not limited to:

- Physical assistive devices – cane, walker, wheelchair, electrical scooter, grasp devices
- Communication devices – interpreters, hearing amplifiers/aids, cell phones, screen reader
- Visual devices – magnification aids, Braille, white cane, glasses
- Medical assistive devices – personal oxygen tanks

**Barrier** - is anything that prevents a person with a disability from fully participating in all aspects of society because of their disability, including a physical barrier, an architectural barrier, an information or communication barrier, an attitudinal barrier, a technological barrier, a policy or practice obstacle.

**Communication Supports** - are formats that facilitate effective communication that may include but are not limited to sign language, screen reader software, verbal explanation of a written document, captioning, and alternative and augmentative communication supports.

**Disability** - as defined by the *Accessibility for Ontarians with Disabilities Act, 2005* and the Ontario Human Rights Code

- a) 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,

- b) a condition of mental impairment or a developmental disability,
- c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d) a mental disorder, or
- e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*

Disabilities may differ in severity, be visible as well as non-visible, and they may come and go.

**Equity** - is the experience of, appropriate, fair and consistent quality of service by all people, attending especially to those who have been historically excluded from receiving equitable access; and fair and appropriate elimination of barriers to access of service.

**Guide Dog** - a guide dog as defined in Section 1 of the Blind Persons Rights' Act (1990), is a dog trained for a blind person and having qualifications prescribed by the regulations under the Blind Persons Rights' Act (1990). (A guide dog is not the same as Pet Therapy, please see St. Joe's Pet Visitation and Pet Therapy policy, SJ 12-00-13).

**Inclusive** - is to create an environment in which all people have both the feeling and reality of belonging and thus are able to perform to their full potential.

**Independence** - is the condition of being free; the power to act or speak or think without externally imposed restraints or barriers.

**Integrated Services** - allow people with disabilities to fully benefit from the same services, in the same place and in the same or similar manner as other customers/persons.

**Kiosk** - is an interactive electronic terminal, intended for public use that allows users to access one or more services or products or both.

**Service Animal** - as defined by the Accessibility Standards for Customer Service (*Ontario Regulation 429/07*), an animal is a service animal for a person with a disability if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or if the person provides a letter from a physician or nurse confirming that he person requires the animal for reasons relating to the disability. A service animal is not a pet, but considered a working animal. The majority of service animals are dogs, but other animals may also be used. (A guide dog is not the same as Pet Therapy, please see St. Joe's Pet Visitation and Pet Therapy policy, SJ 12-00-13).

**Support Person** - as defined by Accessibility Standards for Customer Service (*Ontario Regulation 429/07*), a support person means in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services. A support person may be a paid professional, a volunteer, a family member or friend of the person with a disability.

**Unconvertible** – means that it is not technically feasible to convert a document/information and/or that the technology to convert the information or communication is not readily available.

## **PROCEDURE:**

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### **Customer Service Standard, Ontario Regulation 429/07, 2008**

#### **1.0 Personal Assistive Devices and Accommodation**

Staff will interact and communicate with persons with disabilities in a way that takes into account their disability, and upon consultation with the individual. SJHC supports the use of personal assistive devices for people with disabilities. Assistive devices are usually devices that people bring with them but may also include equipment within the hospital for inpatient and outpatient use. It is the responsibility of the person with the disability to ensure that his or her own assistive device is operated in a safe and controlled manner at all times when accessing Health Centre services.

Wherever possible, persons are permitted unlimited access to their assistive devices. Under the rare circumstance where a person's assistive device cannot be used in a particular environment within the Health Centre on the basis of medical or safety considerations, SJHC will make reasonable attempts to provide alternative accommodations, as mutually agreed upon between the staff member and the individual.

Each request for accommodation will be reviewed on a case by case basis. If necessary, the accommodation may involve providing the service at another time, in another location, in another manner, providing assistive devices or equipment, or other reasonable measures that takes into consideration the person's disability. Staff will give consideration to the patient's preferences. However, accommodation provided may not be the person's first choice of accommodation options.

When determining the most appropriate form of accommodation, staff will consider but not be limited to the following:

- the cost of the accommodation;
- the availability and cost of alternative solutions;
- the likelihood the accommodation will negatively affect the ability of others to obtain, use or benefit from the Health Centre's goods or services in their intended manner; and
- the likelihood that the accommodation will pose a risk to the health or safety of the person with the disability or others

In situations where staff and the person with the disability are unable to find an agreeable solution, the person will be referred to Patient Relations office, the established forum for complaints relating to accessibility. In the event that a patient loses his/her personal assistive devices while in the hospital please refer to St. Joe's Management of Lost or Damaged Patient Belongings Policy for follow-up (SJ-04-01-18).

Staff are to be familiar with various assistive devices (as appropriate to their work) that may be used by persons with disabilities when accessing Health Centre services.

## 2.0 Guide/Service Animals

Service animals are welcomed and permitted at SJHC in areas commonly accessed by the public. However, for infection control reasons and in accordance with the Health Promotion and Protection Act (1990) service animals are restricted from entering the following areas:

- operating and recovery rooms;
- minor procedure rooms or rooms where sterile interventional procedures are occurring
- food preparation and food storage areas;
- medication preparation or storage areas;
- clean or sterile supply areas;
- rooms in which transmission based precautions are in place (eg. Isolation rooms)

Additionally, entry into areas with critically ill patients (i.e. Intensive Care Unit and/or Neonatal Intensive Care) requires clearance by Infection Prevention and Control in advance and will be assessed on a case-by-case basis. For planned visits to areas that precluded animals owners must make arrangements in advance for alternate care of the animal.

In public areas where staff, patients and/or visitors have health and safety concerns (i.e. severe allergies or fear to animals) other arrangements will be considered on a case-by-case basis. Whenever possible the service animal should stay with the owner, specifically in circumstances where staff cannot substitute for the service provided by the animal. If feasible, an effort will be made to have the affected staff temporarily relocated until the service animal has left the area. Patients or visitors will be moved to an alternate location or the person with the service animal will be assigned to a private room or area, if available. In the event that the service animal is not permitted in the area, other provisions will be made to ensure that the person receives support otherwise provided by the service animal (i.e. the assistance of staff as sighted guides).

In unplanned circumstances (i.e. emergency surgery) should the service animal need to be separated from its owner the hospital staff will make reasonable effort to assist the individual to find an alternative care provider for their service animal as per contact information provided by the individual. However, the Health Centre does not accept any liability for a service animal while on hospital premises.

If the patient needs to be separated for a prolonged period of time and no contact person (eg. family/friend) for the patient is available, staff should ask to see the service animals identification card to contact the training school and their Clients Service staff member for assistance.

The service animal should be clearly identified using one of the following means: provision of an identification card from an accredited service animal training school; a letter from the patient's treating physician or nurse; or the animal is wearing a harness or jacket identifying it as a service animal. For the safety of the service animal, the owner is to be responsible for its complete care (i.e. feeding, cleaning issues), supervision and stewardship (i.e. is kept on an appropriate lead) while on the premises. In the rare event owners may be asked to remove their service animal from hospital property for the following reasons:

- Disruptive/aggressive behaviour
- Property damage

The unit manager in collaboration with security should discuss how best to address each situation on a case by case basis. The City of Toronto Animal Control may be contacted to assist if the situation warrants their intervention. They can offer a protective custody service,

holding animals up to 10 days if the animal's owner consents to their intervention. In circumstances where the patient is not able to provide consent, the police can be called and approve the removal of the animal by Animal Control.

As some disabilities are not visible, the patient is entitled to privacy regarding the nature of their disability, and staff members should not inquire about the details of the patient's disability or why they require the use of a service animal. Service animals are used by people with many different kinds of disabilities including: hearing/signal animals; seizure alert animals; mobility dogs; mental health support dogs for medication management; and guide dogs. However, in the event that a patient is accompanied by an animal without any obvious identification of their service status, staff may inquire about approval for the animals visit as per St. Joe's Pet Visitation and Pet Therapy policy (SJ 12-00-13)

Service animals are not pets and should not be interacted with (i.e. pet, fed, spoken to) to avoid being distracted. If hospital employees volunteer to assist the patient to care for the service animal during their off duty hours, they do so at their own risk and liability. This excludes responsibilities that are delegated by their supervisor in emergency situations.

### **3.0 Support Persons**

SJHC welcomes any person with a disability to be accompanied by a support person while on the hospital premises. A support person should be identified by the person with the disability and is not required to carry or produce identification, and may not require specialized training or certification.

Whenever possible, a person with the disability is allowed unlimited access to their support person, and is not restricted to visiting hours. In the event of inpatient needs, sleeping arrangements will be provided to the support person in the same vicinity (if possible), at no extra cost. The support person will be responsible for the cost of his/her meals, and if any additional service fees are required notice will be provided in advance.

Controlled access areas requiring the separation of the person with a disability and their support person, include but are not limited to surgical suites, procedure rooms, Post Anaesthetic Care Unit (PACU) and recovery rooms. If feasible, situations requiring the separation will be discussed with the individual in advance and the hospital staff will make provisions to ensure that the individual receives the assistance that would otherwise be provided by the support person.

Where a support person is accompanying a person with a disability in situations that may involve the discussion/release of confidential information (such as Personal Health Information), verbal informed consent must be obtained and captured in the patient's health record. Also, in some instances the support person may need to agree to the same service requirements as the person with the disability (for example, signing a confidentiality agreement, Security & Information Confidentiality Policy, SJ-10-01-01, when present for group counseling).

If St. Joseph's Health Centre hosts an event that charges admission fees, support persons will be welcome at no extra charge.



#### **4.0 Public Notice of Temporary Service Disruptions**

Disruptions in services and facilities may interfere with the ability of persons with disabilities to access hospital services. Temporary disruptions in facilities include, but are not limited to, unscheduled or scheduled maintenance, repairs, and construction. Temporary disruptions in services may also include the unexpected cancellation of services.

When a temporary disruption occurs in the service or facilities, whether planned or unplanned, SJHC will provide notice of these disruptions to the public. The amount of advanced notice given to the public in planned disruptions, where feasible and scheduled will be communicated at *minimum 1 week* in advance of the event and unplanned disruptions will be identified as soon as possible.

The public notice will include information about the nature of the disruption, reason for the disruption, the anticipated duration and a description of alternate facilities or services that may be available. Information about the disruption will be posted at the hospital entrances, at the disruption location, and on the website.

#### **5.0 Training & Education**

SJHC recognizes the importance of and will provide mandatory Customer Service and Integrated Accessibility Standards training for all staff, physicians, and volunteers who either directly serve or who may come in contact with hospital patients and/or visitor. A blended learning approach will be used (i.e. e-learning module, videos, educational workbook, orientation session, fact sheets, brochures) as appropriate to the individual job description and/or department functions.

The aforementioned training and/or information will be provided to each person as soon as practical after he/she is assigned applicable duties. The training will also be provided on an on-going basis in connection with any changes to the policies, practices and procedures governing the provision of goods and services to persons with disabilities.

Third party providers (i.e. student, agency staff, contractors, consultants, suppliers) who are working on behalf of the SJHC who either directly serve or who may come in contact with hospital patients and/or visitors, must comply with the AODA Customer Service and Integrated Accessibility Standards and are expected to receive complete training prior to their tenure at SJHC.

A record of the individuals that have completed the training will tracked on an ongoing basis.

#### **6.0 Feedback Process for patients, families and visitors**

SJHC encourages and appreciates feedback regarding the way the organization provides services to people with disabilities. Feedback is viewed as important to the quality improvement process.

Patients or visitors who have feedback to share should contact the Patient Relations office. Feedback can be provided in person, by phone, in writing, by email, by fax or through the SJHC

website (see [stjoe.on.ca](http://stjoe.on.ca) under Contact Us, see 'Talk to Us' feedback form). Patient Relations will acknowledge the feedback within two business days and will discuss with the individual a plan for the resolution of the concern, including timelines.

The Patient Relations office phone number: (416) 530-6652

Should a patient or visitor have concerns about accessible service that is affecting their immediate care or the care of a loved one, the concern can be escalated through the Chain of Communication as per Policy #: SJ 04-01-01.

Further information about the feedback and/or complaints process is available on the website and in the Patients Handbook. The feedback process will incorporate appropriate communication mechanisms taking into account the person's disability.

Feedback regarding any accessibility issues identified within the Health Centre by internal staff can be submitted using the Accessibility Barrier Reporting tool on the SJNET intranet website, found under General Resources: Accessibility Resources.

## **7.0 Notice of Available Documents**

SJHC will provide public notice of the availability of the hospitals Accessibility Standards for Customer Service (Regulation 429/07) and Integrated Accessibility Standards (Regulation 191/11) documents, through the SJHC website.

If an individual requests a copy of any of these documents, the organization will provide the information contained in the document in a format that takes into account the person's disability and meets the needs as mutually agreed upon with the person.

## **Integrated Accessibility Standard (IASR), Ontario Regulation 191/11, 2012**

### **8.0 Procuring or Acquiring Goods, Services and Kiosks**

When procuring goods, services, self-service kiosks or facilities, SJHC will incorporate accessibility criteria and features through a variety of methods including asking potential suppliers about accessible options, unless it is not feasible (applicable/practicable). If not practicable, SJHC will provide an explanation, upon request.

### **9.0 Accessible Formats and Communication Supports**

Upon request for accessible formats and communication supports, SJHC will work in consultation on with the person with a disability bring forward the request. Arrangements to provide accessible formats to meet the communication needs of persons with disability will be addressed on a case-by-case basis. Accessible formats and communication supports shall be provided in a timely manner, and at a cost that is no more than the regular cost charged to other persons.

This does not apply to products and product labels, unconvertible information or communication and information that SJHC does not control directly or indirectly through a contractual

relationship. If it is determined that information or communication are unconvertible, the department shall provide the person requesting the information or communication with:

- a) an explanation as to why the information or communication are unconvertible
- b) a summary of the unconvertible information or communication

## **10.0 Accessible Websites and Web Content**

Internet website and web content controlled directly by SJHC, or through a contractual relationship that allows for the website/content to be modified will meet the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) 2.0 Level A requirement. Future website redesign/s will incorporate Level AA requirements.

## **11.0 Emergency Procedures, Plans and Information**

SJHC will provide all existing public emergency procedures, plans and public safety information upon request in an accessible format or with appropriate communication supports in a timely manner.

## **12.0 Recruitment and Selection**

SJHC will provide information about the availability of accommodation(s) for applicants with disabilities during the recruitment and selection process. A job applicant requesting an accommodation due to a disability will be consulted with in a manner that takes into account the applicant's disability and a suitable accommodation arranged if required. Successful applicants shall be notified about the hospital's policies for accommodating employees with disabilities as part of their offer of employment/transfer.

## **13.0 Employee General Supports**

SJHC will inform employees of the policies used to support employees with disabilities, including the provision of job accommodations. This information will be provided to new employees on hire and as part of orientation. All employees will be informed 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.

## **14.0 Employee Supports to Accessible Formats and Communication**

SJHC will consult on a case-by-case base with the employee making the request in determining the suitability of an accessible format or communication support for:

- a) information that is required to perform the employees job; and
- b) information that is generally available to all employees in the workplace

## **15.0 Workplace Emergency Response Information**

SJHC will inform the Patient Care Unit Manager if an employee's disability requires workplace emergency response information, and the Health Centre has been made aware of the need for accommodation by the employee. With the employee's consent this information shall be provided to the designated assistant. This information shall undergo review when the employee moves to a different location and on as needed bases.

## **16.0 Employee Accommodation Plans**

SJHC will develop and document individual accommodation plans for employees with disabilities.

In situations where staff with the disability are having challenges with their accommodation plan, the person will be referred to Occupational Health & Safety Services to help assist with a resolution.

## **17.0 Return to Work Process**

SJHC will have a documented return to work process for employees returning to work due to a disability and requiring disability-related accommodations.

## **18.0 Performance Management, Career Development and Redeployment**

SJHC will take into account the accessibility needs of its employees with disabilities as well as any individual accommodation plans when providing career development, performance management and when considering redeployment.

## **19.0 Public Spaces Standards (Accessibility Standards for the Built Environment)**

SJHC will comply with the AODA Design of Public Spaces Standards (Accessibility Standards for The Built Environment) where technically feasible when undertaking new construction and redevelopment of public spaces in the following areas where applicable:

- a) Recreational trails/walk ways/access routes;
- b) Outdoor public eating areas;
- c) Outdoor play spaces;
- d) Exterior path of travel;
- e) Accessible Parking;
- f) Obtaining Services; and
- g) Maintenance of accessible elements

**CROSS REFERENCES:**

Chain of Communication Policy (SJ 04-01-01)  
Health Ethics Guide, Code of Conduct, Philosophy of Care  
Human Resources Complaint Procedure Policy (SJ -08-01-21)  
Interpreter Services Policy (SJ04-01-08)  
Management of Lost or Damaged Patient Belongings Policy (SJ-04-01-18)  
Pet Visitation and Pet Therapy (SJ 12-00-13)  
Recruitment Policy (SJ-08-00-05)  
Performance Appraisals Policy (SJ-08-00-11)  
Security & Information Confidentiality Policy, SJ-10-01-01  
Use of Personally Supplied Non-Medical or Medical Devices in the Health Centre by Patients/Clients (SJ-03-01-33)

**REGULATORY REFERENCE:**

Health Promotion and Protection Act, 1990  
Ontario Human Rights Code, R.S.O. 1990, c. H.19  
Ontario Building Code Act, 1992  
The Ontarians with Disabilities Act (ODA), 2001  
Food Safety and Quality Act, 2001  
The Accessibility for Ontarians with Disabilities Act (AODA), 2005, S.O. 2005, c.11  
Accessibility Standards for Customer Service (AODA), 2008, O. Reg. 429/07  
Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07  
Integrated Accessibility Standards (AODA), 2011 O. Reg. 191/11

**DEVELOPED BY:** The Department of Patient & Family Experience, and Community Engagement