

Accessibility for People with Disabilities *Customer Service Standard Program*

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1. DEFINITIONS AND GLOSSARY OF TERMS

The language related to accessibility and equity is evolving. Terms may change as our understanding evolves. At times, terminology changes because people become empowered enough to self identify or name themselves.

Ableism: Discrimination based on a person's disability, coupled with a belief in the inherent superiority of those who do not have a permanent disability.

Agility: as a disability describes people who experience difficulty bending, dressing or undressing themselves or using their fingers to grasp or handle objects.

Amputation: This is the loss or removal of a limb, or part of a limb, as the result of an illness (often Diabetes) or an accident. (Note: Some people who are born without one or more limbs choose to call themselves amputees.)

Anti-ableism: Work to eliminate discrimination based on disability.

Anxiety Disorders:

- ❖ **Phobias:** fear of objects, animals or situations to the point where a person will alter their life to avoid the subject of the phobia. For example a person who has a phobia of the number 13 may refuse to live in an apartment #13, or work on the 13th floor.
- ❖ **Panic disorders:** a condition where a person experiences repeated, sudden, and intense episodes of fear accompanied by symptoms such as perspiration, nausea, and difficulty breathing.
- ❖ **Obsessive-Compulsive disorder:** a condition in which the person is unable to control repeated thoughts or the urge to perform certain tasks or actions over and over again.

Assistive Device: Any technical aid, communication device that is designed, made, adapted or customized to assist a person with a disability to increase, maintain, or perform a particular task. Assistive devices include but are not limited to, canes, crutches, walkers, wheel chairs, and shower chairs.

Barrier: A barrier is defined as "anything that prevents a person with a disability from fully participating in all aspects of society because of their disability. It includes a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier ... a policy or a practice barrier." (Ontarians with Disabilities Act, 2001).

Bias: A subjective opinion, preference, or stereotype without basis in fact. It is detrimental to a group's or an individual's ability to treat ideas or people objectively.

Blind: is a phrase used to describe people whose vision is within the realm of Blindness. While they are called Blind, most of them can see some things such as shadows, etc.

Blind-Deaf: This refers to an individual who has both sight and hearing loss.

Cerebral Palsy: This is a neurological condition caused by damage to the brain during development before, during and after birth, but never over the age of two).

Cerebral vascular Accident (also called Stroke): This is a condition caused by a blockage or hemorrhage of blood vessels inside, or surrounding the brain (this is also called a stroke). The impairment occurs over a period of seconds, minutes or hours. Neurological symptoms (paralysis, speech impairment, loss of consciousness, etc.) vary in severity depending on the site and extent of cerebral involvement.

Chronic Arthritis: This is a chronic inflammatory condition affecting joints. In some cases the joints build up calcium deposits, causing the joints to look lumpy and deformed. Caution is needed when providing assistance to a person who has arthritis, because pressure on the joints is extremely painful. For example, in helping someone rise from a chair, if it accidentally causes a bent finger or elbow to straighten, the joint could be damaged by the pressure.

Deaf: This is the preferred term describing an individual who has severe to profound hearing loss, with little or no residual hearing (hearing that remains).

Deafened: This term describes an individual who has acquired loss of hearing slowly or suddenly in adulthood.

Deaf-Blind: This refers to an individual who has both hearing and sight loss.

Designated Groups: Federal and Provincial legislation has designated certain groups of people who have historically experienced discrimination and exclusion in Canada. They are: Aboriginal people, racial minorities, Francophones, people with disabilities and women.

Developmental Disability: A person who has a developmental disability shows the signs before they reach the age of twenty-two (but often before then). Developmental disabilities are likely to continue indefinitely and are attributable to neurological conditions such as cerebral palsy, epilepsy, autism or other conditions which impair general intellectual functioning or behaviour.

A key guideline for discussing all disabilities is to remember you are dealing with people first; and that any disability is secondary. A disability is only one part of a person. A good solution is to avoid any labelling of a person, unless the description is absolutely relevant.

Disability:

- ❖ any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment,

or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

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

Discrimination: The unequal treatment of groups or individuals, either by a person or a group or an institution which, through the denial of certain rights, results in inequality, subordination and/or deprivation of political, educational, social, economic and cultural rights.

Eating Disorders: The majority of those affected are females under the age of 30. They are considered to be in the range of mental illness:

- ❖ **Anorexia Nervosa:** an aversion-to-food syndrome causing a loss of appetite and weight.
- ❖ **Bulimia:** characterized by insatiable hunger and eating binges, followed by purges via vomiting and/or laxatives.

Employment Equity: Employment Equity is a process designed to result in:

- ✓ Fair representation of historically disadvantaged group members throughout all levels of an organization;
- ✓ Elimination of discriminatory barriers to employment;
- ✓ Remedying the effects of past discrimination through positive measures.

Epilepsy: A physical condition characterized by sudden, brief changes in how the brain works. The change in the brain displays itself in the form of seizures.

Friedreich's Ataxia: This is a disease of the spinal cord characterized by difficulty in coordinating voluntary movements, although some muscular strength is retained. Friedreich's Ataxia is a hereditary condition - several children of both sexes in a family may be affected

Guide dog: A guide dog as defined in section 1 of the Blind Persons' Rights Act, is a dog that has been trained at one of the facilities listed in Ontario Regulation 58 under the Blind Persons' Rights Act to act as a guide dog for people who are blind.

Handicap: Describes the difficulty an individual may have functioning in an environment. It reflects the value attached to an individual's status and describes the disadvantage and

disability. It is not a word that the communities of persons with disabilities want used. They prefer a person with a disability

Example. A damaged spinal cord (impairment) brings loss of movement of lower limbs (disability), leading to the impossibility of entering a building with stairs (handicap).

Hard of Hearing: This is a term describing an individual who uses their residual hearing and speech to communicate. Some People who are Hard of Hearing use devices to amplify whatever hearing they have

Impairment: Is the medical condition, which is an actual injury, disease or other disorder, which produces a reduction in physical or mental function.

Inequity: is the situation which results from the systematic exclusion of groups of people from opportunities that will lead to full participation in all strata social structures from decision-making to task execution.

Intellectual Disability:

- ❖ Intellectual disability is characterized by intellectual development and capacity that is significantly below average.
- ❖ It involves a permanent limitation in a person's ability to learn, with effects ranging from mild to profound.
- ❖ The emphasis should be placed, on what each individual CAN achieve and find ways to help them reach their potential.

Kidney failure & use of dialysis: While this does not always come about due to aging, it often occurs in seniors, particularly those who have diabetes. We spend considerable time discussing diabetes, kidney failure and dialysis to enhance your understanding of the realities that people who have failing kidneys experience.

Learning Disability: A learning disability is essentially a specific and persistent disorder of a person's central nervous system. This affects people's ability to either interpret what they see and hear, or to link information from different parts of the brain. Although an individual with a learning disability probably has average or above-average intelligence, the disability becomes evident in academic and social situations.

Mobility as a disability describes when someone has difficulty walking half a kilometre or walking up and down a flight of stairs. It also includes someone's difficulty taking 12 steps without resting, and challenges standing for long periods of time.

Mood Disorders: (such as depression and bipolar disorder [also known as manic depression]:)

This affects 10% of the population. People with mood disorders experience "highs" and "lows" with greater intensity and for longer periods than most people do. People with bipolar disorder are susceptible to cycles of intense "highs" followed by severe depression, or "lows". Hyperactivity, rapid speech, racing thoughts, heightened creativity and reckless or aggressive behaviour characterize manic phases. The depressive phase is often marked by lethargy,

general apathy, loss of appetite, etc. Some people who have bipolar syndrome avoid taking medication to control the condition because the "high" feels good.

Multiple Sclerosis: A degenerative condition of the nervous system caused by deterioration of the myelin sheath that covers nerve fibres. This is comparable to the insulation around electrical wiring, myelin protects nerve fibres. Its deterioration causes an interruption of nerve impulses. Over time hardened scar tissue forms in the affected areas. The term Multiple Sclerosis means, literally, many scars.

Muscular Dystrophy: Muscular Dystrophy (MD) is the name of a group of muscle disorders that are characterized by progressive weakness and wasting of the voluntary muscles that control body movement. As muscle tissue weakens and wastes away, fatty and connective tissue replace it. There is progressive muscular deterioration, involving weakening to the point of atrophy, and leading to paralysis.

Organic Brain Disorders: Affect approximately 1% of the general population, and is the result of physiological disease or injury to the brain, i.e.:

- Alzheimer's disease, or Parkinson's
- AIDS-related dementia (caused by damage to brain cells by the HIV virus)
- Damage caused by strokes
- Accidents

Pain as a disability relates to a limitation in the amount or kind of activities that a person can do because of long-term pain that is constant or recurring.

Paraplegia: This is a back or lumbar injury causing total or partial paralysis of the lower limbs, which may be spastic or flaccid.

Personality Disorders: There are many separate medical conditions that fall under this heading.

Individuals with this type of disorder experience difficulty relating to themselves and others. As a result they may be difficult to get along with and may seem irritable, demanding, and/or manipulative. Moreover, few seek professional help, believing that the problem lies with others and not themselves.

Persons with Disabilities: Persons who, because of a long-term or recurring physical or mental condition, experience difficulties in carrying out the activities of daily living. Many people prefer this terminology when referring to them.

Poliomyelitis: This is a viral condition, prevalent in North America from 1920 to 1940, that affects spinal cord motor cells. It is still contracted by residents of countries where universal inoculation is not available.

Politically Correct: Unfortunately, people who do not want to bother treating people with disabilities better than they have been, or do not want to learn the respectful terms to use when addressing or referring to people who have disabilities hide behind the term 'political

correctness.' One of the ways people who seek justice in society is through recommendations about changes to language, where the language itself reinforces the power of the privileged members of society.

When the relatively less privileged in society begin to assert their rights - especially their right to define themselves - those in power use every means at their disposal to retain their power. One strategy is to try to put down those in the struggle for justice. This has been particularly true in the struggle to ensure that all people who have disabilities are thought of as people, first.

EMPOWORD Inc is of the view that this debate is all about RESPECT one will either treat all people with respect or not – it's up to each individual.

Quadriplegia: This is total or partial paralysis of all four limbs and the torso, caused by trauma or present from birth.

Schizophrenia: It affects 1% of the population. Persons with schizophrenia may exhibit one or more of these symptoms: confused thoughts, delusions (false or irrational beliefs), hallucinations (seeing or hearing things that don't exist), and bizarre behaviours. Type, intensity, and frequency of symptoms vary greatly from person to person.

Service Animal: May apply to animals other than dogs that provide service to people who have disabilities, including: cats, rabbits, etc. Such service animals may be used to assist a person who is Blind, has a vision impairment or low vision; a person who is Deaf, deafened or hard of hearing; a person who has a mobility disability or difficulties with strength or dexterity; a person who has autism or a developmental disability; a person who has a mental health disability; and many other reasons.

Service Equity: Is a process designed to result in:

- Consistent and fair quality of service to people who have been historically excluded from receiving equitable service; and
- Elimination of barriers to access in service.

Spina Bifida: This is a congenital malformation of the vertebrae and spinal cord characterized by a protrusion of the meninges.

Stereotyping: Attributing the supposed characteristics of a whole group of people to all of its individual members – very prevalent in terms of myths about people with disabilities, particularly mental illness. It results in exaggerating the uniformity within a group and its distinctness from other groups.

Support Person: A support person is an individual hired or chosen by a person with a disability. The support person could be a paid personal support worker, a volunteer, a friend or a family member. The support person does not necessarily need to have special training or qualifications. The Support Person accompanying the person with a disability may provide some of the following tasks: accompany the person; communication information on the person's behalf; taking care of details, money, etc.; physically transferring an individual from one

location to another; assisting an individual with eating; provide medications or medical care; tend to personal care such as using the washroom; and access to goods and services.

Systemic Discrimination: Discrimination resulting from systemic policies, practices and procedures which have an exclusionary impact on different groups of people with shared identities, such as race, age, sexual orientation, gender, and/or disability. A great number of policies and practices that discriminate against people with disabilities are systemic in nature and very difficult to address unless an organization makes a serious effort and examines all policies, practices and procedures.

Vision Impairment: refers to vision that is less than 20/20 vision. It can mean that a person sees only a little or their sight is less clear than people who have good sight. They see better with the assistance of technical aids such as magnifiers, telescopes, special glasses and computers with special features like large print.

2. Individuals Who Have Disabilities

Guidelines on providing service to individuals with disabilities

- If you're not sure what to do, ask an individual, "May I help you?" An individuals with disabilities know if they need help and how you can provide it.
- Speak directly to the person with a disability, not to his or her support person or companion.
- Avoid stereotypes and make no assumptions about what type of disability or disabilities the person has. Some disabilities are not visible and individuals are not required to give you information about any disabilities they may have.
- Take the time to get to know an individual's needs and focus on meeting those needs just as you would with any other individual.
- Be patient. People with some kinds of disabilities may take a little longer to understand and respond. A good start is to listen carefully.
- Make an effort to learn about appropriate language and terminology to use when referring to people with disabilities. For more information, see Appendix A.
- If you cannot understand what an individual is saying, politely ask them to repeat themselves.
- Don't touch or speak to service animals – they are working and have to pay attention at all times.
- Don't touch assistive devices, including wheelchairs, without permission.
- Consider offering interactive devices (such as self-serve checkouts, direct payment devices) that can be used by people with various types of disabilities or offering alternate services.
- Consider including people with disabilities in the testing or evaluation of your communication services.

3. Individuals Who Have Vision Loss

Vision loss reduces a person's ability to see clearly. Few people with vision loss are totally blind. Many have limited vision such as tunnel vision, where a person has a loss of peripheral or side vision, or a lack of central vision, which means they cannot see straight ahead. Some people can see the outline of objects while others can see the direction of light.

Vision loss can restrict an individual's abilities to read signs, locate landmarks or see hazards. Some may use a guide dog or white cane, but others may not. Sometimes it may be difficult to tell if a person has vision loss.

Types of assistance an individual may use:

- Braille
- Large print
- Magnification devices
- White cane
- Guide dog
- Support person such as a sighted guide.

General Tips

- Don't assume the individual can't see you.
- Don't touch an individual without asking permission.
- Offer your elbow to guide the person. If he or she accepts, walk slowly, but wait for permission before doing so. Lead – don't pull. See below for tips on guiding a individual who has vision loss.
- Identify landmarks or other details to orient the individual to the environment around him or her.
- Don't touch or speak to service animals – they are working and have to pay attention at all times.
- Don't leave an individual in the middle of a room. Show him or her to a chair, or guide them to a comfortable location.
- If you need to leave an individual, let him or her know you are leaving and will be back.
- Identify yourself when you approach an individual and speak directly to him or her, even if he/she is accompanied by a companion.
- There is generally no need to raise your voice because the person does not necessarily have hearing loss. Say your name even if you know the person well as many voices sound similar.
- Be clear and precise when giving directions, e.g., two steps behind you, a metre to your left, etc. Don't use "over there" or point in the direction.
- If you're uncertain about how to provide directions, ask the person how to do so.

- Do not be afraid or embarrassed to use words such as “see”, “read” and “look.” People with vision loss also use these words.
- When providing printed information, offer to read or summarize it.
- Offer to describe information. For example, verbally itemize the bill or explain what the specials are or what is on the menu.

Guidelines for guiding an individual who has vision loss

- Ask first if an individual wishes to be guided. If the answer is “yes,” offer your arm. Ask which arm is better. Walk at a normal pace. The person will walk about a step behind. Announce handrails, doors (to the right/left, push/pull to open, etc.) and describe the surrounding areas such as what is in an aisle.
- If you are guiding towards stairs:
 - Let the individual know if they have to walk up or down
 - Approach the stairs head on, not at an angle and come to a full stop in front of the stairs
 - Lead or guide an individual to the rail side to allow them to take hold of it
 - Let them find the first step and then start to climb or descend the stairs
 - Try to be one step ahead and announce the last step.
- If you are going through or entering a room, explain the circumstances and describe the area.
- Keep the person informed when others approach or leave.
- If you must leave the individual alone, do not leave them standing in the middle of the room, with nothing to hold onto. If they are not seated, guide them to a door, wall, or piece of furniture to stand next to. This will help the person to stay spatially oriented.
- Before opening the door for a individual with vision loss, ask if they want you to open it. Indicate whether the door opens to the right or left and whether the door will be pushed or pulled. They may be using the door’s location as a reference point.

4. Individuals Who Are Deaf, Oral Deaf, Deafened or Hard of Hearing

- People who are profoundly deaf may identify themselves as culturally Deaf or oral deaf. In Deaf culture, indicated by a capital "D," the term is used to describe a person who has severe to profound hearing loss, with little or no hearing.
- Oral deaf is a term describing a person who was born deaf or became deaf before learning to speak, but is taught to speak and may not typically use Sign Language.
- The term "deafened" describes a person who has lost their hearing slowly or suddenly in adulthood. The person may use speech with visual cues such as captioning or computerized note-taking, speechreading or sign language.
- The term "hard of hearing" describes a person who uses their residual hearing (hearing that remains) and speech to communicate. The person may supplement communication by speechreading, hearing aids, sign language and/or communication devices.

Types of assistance an individual might use:

- Hearing aid
- Paper and pen
- Personal amplification device (e.g., Pocket Talker)
- Phone amplifier
- Relay Service
- Teletypewriter (TTY)
- Hearing ear dog
- Support person such as a sign language interpreter.

Guidelines for interacting with who are Deaf, oral deaf, deafened or hard of hearing

- Attract the individual's attention before speaking. Generally, the best way is by a gentle touch on the shoulder or with a gentle wave of your hand.
- Ask how you can help. Don't shout.
- Move to a well-lit area, if available, where an individual can see your face.
- Don't put your hands in front of your face when speaking. Some people read lips.
- If necessary, ask if another method of communicating would be easier, for example, using a pen and paper.
- Be patient if you are using a pen and paper to communicate. American Sign Language may be an individual's first language. It has its own grammatical rules and sentence structure.
- Look at and speak directly to an individual. Address an individual, not the interpreter or support person.
- Be clear and precise when giving directions, and repeat or rephrase if necessary. Confirm that an individual understands you.

- If the person uses a hearing aid, reduce background noise or move to a quieter area, if possible, so the person can hear or concentrate better.
- Don't assume that the individual knows sign language or reads lips.

5. Individuals Who Are Deafblind

A person who is deafblind can neither see nor hear to some degree. This results in difficulties in accessing information and managing daily activities. Many people who are deafblind will be accompanied by an intervenor, a professional who helps with communicating.

Types of assistance an individual might use:

- Braille
- Large print
- Print on paper (using black felt marker on non-glossy white paper or using portable white and black boards)
- Communication boards
- Hearing aid with built-in FM system
- Magnification equipment such as monocular or magnifier
- Teletypewriter (TTY)
- White cane
- Service animal
- Support person, such as an intervenor.

Guidelines for interacting with individuals who are deafblind:

- Don't assume what a person can or cannot do. Some people who are deafblind have some sight or hearing, while others have neither.
- A individual who is deafblind is likely to explain to you how to communicate with him or her or give you an assistance card or a note explaining how to communicate with him or her.
- Identify yourself to the intervenor when you approach an individual who is deafblind, but then speak directly to an individual as you normally would, not to the intervenor.
- Don't touch or address service animals – they are working and have to pay attention at all times.
- Don't suddenly touch a person who is deafblind or touch them without permission.

6. Individuals Who Have Physical Disabilities

There are many types and degrees of physical disabilities, and not all require a wheelchair. People who have arthritis, heart or lung conditions or amputations may also have difficulty with moving, standing or sitting. It may be difficult to identify a person with a physical disability.

Types of assistance an individual might use:

- Elevator
- Mobility device (i.e., wheelchair, scooter, walker, cane, crutches)
- Support person.

Guidelines for interacting with individuals who have physical disabilities

- Speak naturally and directly to an individual, not to his or her companion or support person.
- If you need to have a lengthy conversation with someone in a wheelchair or scooter, consider sitting so that you can make eye contact.
- Ask before you help. People with physical disabilities often have their own ways of doing things.
- Respect an individual's personal space. Do not lean over him or her or on his or her assistive device.
- Don't move items or equipment, such as canes and walkers, out of the person's reach.
- Don't touch assistive devices without permission. If you have permission to move a person in a wheelchair, remember to:
 - Wait for and follow the person's instructions
 - Confirm that an individual is ready to move
 - Describe what you're going to do before you do it
 - Avoid uneven ground and objects
 - Don't leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.
- Let an individual know about accessible features in the immediate area (i.e., automatic doors, accessible washrooms, elevators, ramps, etc.).

7. Individuals Who Have Mental Disabilities

Mental health disabilities are not as visible as many other types of disabilities. You may not know that an individual has a mental health disability unless you're informed of it. Examples of mental health disabilities include schizophrenia, depression, phobias, as well as bipolar, anxiety and mood disorders.

A person with a mental health disability may have difficulty with one, several or none of these:

- Inability to think clearly
- Hallucinations (e.g., hearing voices, seeing or feeling things that aren't there)
- Depression or acute mood swings (e.g., from happy to depressed with no apparent reason for the change)
- Poor concentration
- Difficulty remembering
- Apparent lack of motivation.

If someone is experiencing difficulty controlling his or her symptoms, or is in a crisis, you may want to help out. Be calm and professional and ask an individual how you can best help.

Types of assistance an individual might use:

- Service animal
- Support person.

Guidelines for interacting with individual that may have mental disabilities

- Treat a person with a mental health disability with the same respect and consideration you have for everyone else.
- Be patient.
- Be confident and reassuring. Listen carefully and work with an individual to try to meet their needs.
- If someone appears to be in a crisis, ask him or her to tell you the best way to help.

8. Individuals Who Have Intellectual or Development Disabilities

People with intellectual or developmental disabilities may have difficulty doing many things most of us take for granted. These disabilities can mildly or profoundly limit the person's ability to learn, communicate, socialize and take care of their everyday needs. You may not know that someone has this type of disability unless you are told.

As much as possible, treat an individuals with an intellectual or developmental disability like anyone else. They may understand more than you think, and they will appreciate that you treat them with respect.

Types of assistance an individual might use:

- Communication Board
- Speech generating device
- Service animal
- Support person

Guidelines for interacting with individuals who may have these disabilities:

- Don't assume what a person can or cannot do.
- Use plain language and speak in short sentences.
- To confirm if an individual understands what you have said, consider asking the person to repeat the message back to you in his or her own words.
- If you cannot understand what is being said, simply ask again.
- Provide one piece of information at a time.
- Be supportive and patient.
- Speak directly to an individual, not to their companion or support person.

9. Individuals Who Have Learning Disabilities

The term “learning disability” describes a range of information processing disorders that can affect how a person acquires, organizes, expresses, retains, understands or uses verbal or non-verbal information. Examples include dyslexia (problems in reading and related language-based learning); dyscalculia (problems in mathematics); and dysgraphia (problems in writing and fine motor skills).

It is important to know that having a learning disability does not mean a person is incapable of learning. Rather, it means they learn in a different way.

Learning disabilities can result in different communication difficulties for people. They can be subtle, such as difficulty reading, or more pronounced. They can interfere with an individual’s ability to receive, express or process information. You may not know that a person has a learning disability unless you are told.

Types of assistance an individual might use:

- Alternative technology for writing
- Calculator
- Scanning or reading technology
- Tape recorders, mini pocket recorders.

Guidelines for interacting with individuals who may have learning disabilities:

- When you know someone with a learning disability needs help, ask how you can help.
- Speak naturally, clearly, and directly to an individual.
- Allow extra time if necessary - people may take a little longer to understand and respond.
- Remember to communicate in a way that takes into account the individual’s disability.
- Be patient and be willing to explain something again, if needed.

10. Individuals Who Have Speech or Language Impairments

Some people have problems communicating because of their disability. Cerebral palsy, hearing loss or other conditions may make it difficult to pronounce words or may cause slurring or stuttering. They also may prevent the person from expressing themselves or prevent them from understanding written or spoken language. Some people who have severe difficulties may use communication boards or other assistive devices.

Types of assistance an individual might use:

- Communication board
- Paper and pen
- Speech generating device
- Support person.

Guidelines for interacting with individuals who may have speech/language impairments:

- Don't assume that because a person has one disability, they also have another. For example, if a individual has difficulty speaking, it doesn't mean they have an intellectual or developmental disability as well.
- Ask an individual to repeat the information if you don't understand.
- Ask questions that can be answered "yes" or "no" if possible.
- Try to allow enough time to communicate with an individual as they may speak more slowly.
- Don't interrupt or finish an individual's sentences. Wait for them to finish.

11. Individuals With Disabilities Over The Phone

- Speak naturally, clearly and directly.
- Don't worry about how the person's voice sounds. Concentrate on what they are saying.
- Don't interrupt or finish an individual's sentences. Give an individual time to explain or respond.
- If you don't understand, simply ask again, or repeat or rephrase what you heard and ask if you have understood correctly.
- If a telephone individual is using an interpreter or a Relay Service, speak naturally to the individual, not to the interpreter.
- If you encounter a situation where, after numerous attempts, you and an individual cannot communicate with each other due to the individual's disability, consider making alternate arrangements.

12. Assistive Devices

An assistive device is a tool, technology or other mechanism that enables a person with a disability to do everyday tasks and activities such as moving, communicating or lifting. It helps the person to maintain their independence at home, at work and in the community.

There are a variety of assistive devices that some individuals may use, depending on their disability. Many will be personal assistive devices, meaning they are owned and brought along by the individual, while others may be provided by St. Joes.

How do I interact with an individual who uses an assistive device?

- Many individuals with disabilities will have their own personal assistive devices, such as wheelchairs, scooters or walkers. Don't touch or handle an assistive device without permission.
- If you have permission to move a person in a wheelchair remember to:
 - Wait for and follow the person's instructions.
 - Confirm that an individual is ready to move.
 - Describe what you are going to do before you do it.
 - Try to avoid uneven ground and objects.
 - Don't leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.
- Don't move items or equipment, such as canes and walkers, out of an individual's reach.
- Respect an individual's personal space. Don't lean over him or her or on his or her assistive device.
- Let an individual know about accessible features in the immediate environment (e.g., automatic doors, accessible washrooms, etc.).

Assistive devices that may be provided by your business or organization

- Mobility devices such as a wheelchair
- Elevator
- Teletypewriter (TTY)
- Accessible interactive kiosks
- Adjustable desk/workstation - changes the height or tilt of a writing surface
- Automatic door opener
- Lift - raises or lowers people who use mobility devices

Communicating using a TTY and Bell Relay Service

A teletypewriter (TTY) is a device that allows users to send typed messages across phone lines. Many people who are Deaf, oral deaf, deafened, hard of hearing or deafblind use TTYs to call other individuals.

This device generally has a keyboard and display that lets the user send and receive typed messages over telephone lines. People who are deafblind may use an additional large print or braille display to read the typed messages.

A stand-alone TTY must communicate with another TTY. TTY users can directly call other TTY numbers or they can call a Relay Service. **The Bell Relay Service number is 1-800-855-0511.** The Relay Service operator will receive the messages on a TTY and relay the messages, by standard phone, to a person who does not have a TTY. A standard phone user can also place a call through the Relay Service operator to a TTY user.

Location of the TTY for each building is as follows:

Charlton –
King St –
West 5th –

13. Service Animals

A service animal as an animal with a job to do for a person with a disability. Under our policy, an animal is a service animal if it is readily apparent that the animal is used by the person for reasons relating to their disability, or if the person has a letter from a physician or nurse verifying that the animal is required for reasons relating to their disability. These designated service animals will be allowed on our premises that are open to the public otherwise excluded by law from the premises.

The following chart lists some types of service animals, key tasks they perform and those who use service animals.


Service Animal	Key Tasks	Users
Autism assistance or service dog.	<ul style="list-style-type: none"> ▪ Keeps a child from running into danger and provides assistance when sensory stimulus is heightened. Dog is attached to the child's waist by a belt and a leash held by an adult 	People with autism or other developmental/ intellectual disabilities
Guide dog, dog guide or seeing eye dog	<ul style="list-style-type: none"> ▪ Follows directions of owner, alerts owner to changes in elevation (e.g., curbs, stairs) and obstacles 	People with vision loss
Hearing ear, hearing, sound alert or hearing alert dog, cat or animal	<ul style="list-style-type: none"> ▪ Alerts owner to sounds often by a nudge or pawing and leads him/her to the source of the sound. ▪ May use a special signal to alert owner to fire alarm 	People who are Deaf, oral deaf, deafened or hard of hearing
Psychiatric service dog	<ul style="list-style-type: none"> ▪ Retrieves and prompts the person to take medicine, retrieves or activates medical alert, leads person out of crowds, etc. 	People with mental health disabilities
Service or mobility dog or animal, special skills dog or	<ul style="list-style-type: none"> ▪ May pull wheelchairs, carry objects, pull items, 	People with physical disabilities

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Service Animal	Key Tasks	Users
animal (Small ponies or miniature horses are used but are not as common).	turn handles or push buttons such as door openers. Larger dogs may provide balance support.	
Seizure, seizure alert, seizure assist or seizure response dog or animal	<ul style="list-style-type: none"> ▪ Steers owner from danger during a seizure, activates medical alert ▪ Can alert owner to an oncoming seizure 	People who have epilepsy or other seizure disorders

Guidelines for interacting with an individual who uses a service animal

- Remember that a service animal is not a pet. It is a working animal.
- Avoid touching or addressing the animal – they are working and have to pay attention at all times.
- Avoid making assumptions about the animal. Not all service animals wear special collars or harnesses. If you’re not sure if the animal is a pet or a service animal, ask an individual.
- Remember an individual is responsible for the care and supervision of their service animal. You are not expected to provide care or food for the animal. However, you could provide water for the animal if an individual requests it.

	Procedure CORPORATE	Section HR	Pages	Number (number assigned by policy administrator)
Subject: Service Animal Procedure			Date (dd/mm/yyyy) Date policy was approved	
Supersedes: NEW	Cross Reference: AODA		Issuing Authority: Executive Team	
<input checked="" type="checkbox"/> SJH Campus	<input checked="" type="checkbox"/> CMHS Campus	<input checked="" type="checkbox"/> CAHS Campus		

1.0 Purpose

The purpose of this procedure is to comply with the Accessibility Standards for Customer Service under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) as it relates to service animals. The focus is to accommodate persons with disabilities partnered with a service animal and maintain infection control at an acceptable level to prevent problems.

2.0 Background:

- Service animals are not pets but animals trained to provide assistance to a person with disability;
- Legislation mandates that service animals be allowed access to places of public accommodation;
- The Center for Disease Control Healthcare Infection Control Practices Advisory Committee Recommendations (2003) suggest that
 - a person may be accompanied by a service animal within a facility unless the animal's presence or behavior creates a fundamental alteration in the nature of a facility's services in that area or is a "direct threat" to others in that area. "Direct threat" being a significant risk to the health/safety of others that cannot be mitigated otherwise. Determination of "direct threat" must include the owner & be based on individualized assessment of the situation and consider the nature, duration & severity of the risk; probability of injury.
 - Excluding a service animal from special care areas (e.g. ORs, ICUs) may be appropriate if these areas have "restricted access" and infection-control measures that must be maintained i.e. barrier protective measures (use of gloves, gowns and masks) for persons in the affected space.

3.0 Accessibility

- When a service animal accompanies a patient, visitor, employee or medical staff member, the animal is granted access into all areas of the hospital permitted to others except those areas that require special precautions/attire (e.g. masks, gowns) and alternatives are not available (e.g. OR).
- All reasonable efforts are to be made to accommodate the patient with a service animal.

4.0 Responsibilities

Area Charge Person

Inform staff about the role of the service animal and how to interact appropriately with the patient and the animal;
Discuss with owner and staff the responsibilities for feeding, handling and cleaning issues;
Notify other patients of the service animal and address any concerns (e.g. allergies);

Staff and Physicians

- Are not to separate or attempt to separate a patient from their service animal without owner consent.
- Are not to touch a service animal or the person it assists, without permission.
- Are not to pet or make noise at a service animal as this may distract the animal from the task at hand.
- Are not to feed a service animal as it may have specific dietary requirements or may become ill from unusual food or food at an unexpected time.
- Are not to deliberately startle a service animal.
- Are not to provide care for the service animal while performing their professional health related responsibilities. This care includes, but is not limited to feeding, toileting, exercising and interacting. *Note: If staff 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.*

Health Care Provision

If a Health Care Provider does not agree to provide care to a patient with a service animal, the Health Care Provider is responsible to find an alternate professional who will provide that care and document this in the patient's health record.

Waiver of Rights

If the patient with a service animal after being informed of risks related to having the service animal present, wishes to assume the risk(s) and waive any health and safety requirements in relation thereto to ensure their service animal is not separated from him/her, the health care provider is to document this waiver in the patient's health record. A patient may only waive such health and/or safety risks that will not effect others adversely/put others at risk.

Identification

To be considered a service animal under the Customer Service Standard of the AODA, it must either be readily apparent that the animal is being used because of a person's disability or the person with the disability must provide a letter from a physician or nurse confirming that it is required because of their disability. If in doubt, consult with a Patient Relations/Risk Management Specialist.

Control & Stewardship

The service animal's owner is responsible for its control and stewardship i.e. the animal's behavior, care, supervision and wellbeing.

Eviction or Exclusion

Eviction or exclusion of a service animal must be for reasons that are demonstrable, not speculative. Assumptions or speculation about how the animal is likely to behave based on past experience with other animals are not valid. If another person complains about the presence of a service animal (because of allergies, fear, or other reasons not related to the animal's

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demeanor or health), the person with objections to the animal should be separated and/or remove themselves from the area the animal is situated. Each situation is to be considered individually and in consultation with the owner. Discussion with a Patient Relations/Risk Management Specialist is recommended in difficult situations.

A service animal may only be evicted, excluded or separated from its owner if

- the animal's actual behavior poses a direct threat to the health or safety of others;
- if the attending physician has sound medical reasons. These circumstances and rationale must be documented in the patient's health record.

Outpatient Procedures or Clinic Appointments

All reasonable efforts are to be made to accommodate a patient with a service animal if no advanced notification occurs.

Emergency Patient Admissions

Conscious patients able to manage the animal are not to be separated unless the owner gives consent.

For arriving unconscious patients with a service animal, a staff member will temporarily assume care while a next of kin or support person is notified to come to the hospital and assume responsibility for the animal during the transition period. The service animal may be brought to the hospital to visit and to resume its duty as soon as possible.

5.0 Definitions

Disability:

As defined by the World Health Organization, a disability (resulting from an impairment) is a restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being.

As defined by the AODA:

Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

- A. A condition of mental impairment or a developmental disability,
- B. A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- C. A mental disorder, or
- D. An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; ("handicap")

Service Animals: animals individually trained to assist people with disabilities in the activities of normal daily living, to enhance quality of life and mitigate their disabilities. These animals provide persons living with disabilities a variety of services, including but not limited to, guiding

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individuals with impaired vision; alerting individuals who are hearing impaired to intruders or sounds; providing companionship; pulling a wheelchair; alerting to seizures; opening/closing doors, or retrieving dropped items. Most service animals are dogs and can be any breed or size, however a service animal can include other types of animals that provide support or assistance. A service animal is afforded access to all places the public is invited when accompanying their human partner. A service animal is not considered a 'pet' because it is specially trained to help a person overcome the limitations of their disability.

6.0 Cross Reference

Animal visitation policy

7.0 External References

- Centre for Disease Control & Healthcare Infection Control Practices Advisory Committee Recommendations 2003
- Duncan SL. APIC State of the Art Report: the Implications of Service Animals in Health Care Settings. Am. J. Infect. Control 2000; 28:170-180.
- Human Rights Code
- Ontarians with Disabilities Act
- Ontario Blind Person's Rights Act
- Accessibility for Ontarians with Disabilities Act, 2005

8.0 Developed By

This document has been developed by the Accessibility for Ontarians Disability Committee.

9.0 In Consultation With

This lists the key stakeholders consulted regarding the content of the document.

10.0 Approved By

Executive team.

11.0 Posting Dates

Initial Posting Date: dd/mm/yyyy

This is the date that the document was originally published.

Posting Date History: dd/mm/yyyy

These are the dates that the document was subsequently reviewed and/or revised.

14. Support Persons

A support person is an individual hired or chosen to accompany a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or access to goods or services.

Personal care needs may include, but are not limited to, assistance with eating or using the washroom. Medical needs may include, but are not limited to, monitoring someone's health conditions, providing injections and providing support when someone has moderate to severe seizures.

The support person can be a paid personal support worker, volunteer, a friend or a family member. He or she does not necessarily need to have special training or qualifications.

Individuals with disabilities must be allowed to use their support persons while accessing our hospital on the parts of the premises open to the public or third parties.

Functions of support persons

The following chart contains some examples of functions performed by support persons:


Person with a Disability	Support Person's Functions
Person who is deafblind	To guide, to provide transportation and adaptive communication such as tactile or adapted American Sign language, large print notes, print on palm or two-handed manual signing
Person who is Deaf, deafened, oral deaf	To provide sign language or oral interpretation services - to translate conversation, not to participate in it
Person with a learning disability	To help with complex communication or note-taking
Person with an intellectual/developmental disability	To help with travel, daily activities, prompting medication, complex tasks, or to keep them from dangerous situations
Person with a mental health disability	To help with communication tasks such as completing complex forms. To help in environments such as crowded, noisy settings or high-stress situations such as interviews
Person with a physical disability	To provide services related to travelling, personal care such as toileting or eating, monitoring medical conditions

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Person with a Disability	Support Person's Functions
Person with a seizure disorder	To assist in the event of a seizure, e.g. to protect the individual from falls or biting their tongue
Person with a speech impairment who uses an augmentative or alternative communication system (symbol board, electronic communication system)	To relay or interpret a person's communications
Person with vision loss	To read or to guide

Guidelines for interacting with a individual who has a support person

- An individual with a disability may not introduce their support person. If you are not sure which person is the individual, take your lead and simply ask.
- Once you have determined who an individual is, speak directly to them, not to their support person.
- Be familiar with your organization's policies, practices and procedures about providing accessible individual service.

	Procedure CORPORATE	Section HR	Pages	Number (number assigned by policy administrator)
Subject: Support Persons Procedure			Date (dd/mm/yyyy) Date policy was approved	
Supersedes: NEW	Cross Reference: AODA		Issuing Authority: Executive Team	
<input checked="" type="checkbox"/> SJH Campus	<input checked="" type="checkbox"/> CMHS Campus	<input checked="" type="checkbox"/> CAHS Campus		

1.0 Purpose

The purpose of this procedure is to comply with the Accessibility Standards for Customer Service under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) as it relates to support persons. The focus is to accommodate persons with disabilities partnered with a support person while ensuring the health and safety of staff, the individual and the support person.

2.0 Background:

Legislation mandates that if a person with a disability is accompanied by a support person, St. Joes must ensure that both persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on the premises.

3.0 Accessibility

- When a support person accompanies a person with a disability, the support person is granted access into any area of the hospital that the person with a disability requires access to.
- The support person will not be granted access to an area if it causes risk to themselves, or to any patient or employee.
- All reasonable efforts are to be made to accommodate the person with a disability and their support person.

4.0 Responsibilities

Area Charge Person

Inform staff about the role of the support person and how to interact appropriately with the patient and the support person;

Staff and Physicians

- Are not to separate or attempt to separate a patient from their support person without owner consent unless there are actual sound medical reasons.

Health Care Provision

If a Health Care Provider does not agree to provide care to a patient with a support person, the Health Care Provider is responsible to find an alternate professional who will provide that care and document this in the patient's health record.

Waiver of Rights

If the patient provides consent for the support person to be present as it relates to personal health information being shared, the health care provider is to document this consent in the patient's health record.

If the support person is informed of the risks related to being present during a procedure that may pose some risk(s) (i.e. an x-ray) this consent must be included in the patient's health record, a copy must also be provided to the support person and added to their patient health record. A patient or support person may not waive any health and/or safety risks that will have an adverse affect on themselves or others.

Control & Stewardship

The individual with a support person is responsible for its control, stewardship and wellbeing.

Eviction or Exclusion

Eviction or exclusion of a support person must be for sound medical reasons. A support person may only be evicted, excluded or separated from its owner if

- their actual behavior poses a direct threat to the health or safety of others;
- if the attending physician has sound medical reasons. These circumstances and rationale must be documented in the patient's health record.

Outpatient Procedures or Clinic Appointments

All reasonable efforts are to be made to accommodate a patient with a support person if no advanced notification occurs.

Emergency Patient Admissions

Conscious patients are not to be separated unless the owner gives consent. For arriving unconscious patients with a support person, the support person will temporarily separate.

5.0 Definitions

Disability:

As defined by the World Health Organization, a disability (resulting from an impairment) is a restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being.

As defined by the AODA:

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

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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,

- E. A condition of mental impairment or a developmental disability,
- F. A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- G. A mental disorder, or
- H. An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; (“handicap”)

Support Person: a support person, in relation to a person with a disability, is 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.

6.0 Cross Reference

7.0 External References

- Human Rights Code
- Ontarians with Disabilities Act
- Ontario Blind Person’s Rights Act
- Accessibility for Ontarians with Disabilities Act, 2005

8.0 Developed By

This document has been developed by the Accessibility for Ontarians Disability Committee.


9.0 In Consultation With

This lists the key stakeholders consulted regarding the content of the document.

10.0 Approved By

Executive team.

15. Disruptions in Service

	Procedure CORPORATE	Section HR	Pages	Number
Subject: Disruption in Service Procedure			Date	
Supersedes: NEW	Cross Reference: AODA		Issuing Authority: SLT	
<input checked="" type="checkbox"/> SJH Campus	<input checked="" type="checkbox"/> CMHS Campus	<input checked="" type="checkbox"/> CAHS Campus		

1.0 Purpose

The purpose of this procedure is to comply with the Accessibility Standards for Customer Service under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) as it relates to occurrences when there are disruptions in service. The focus is to accommodate persons with disabilities when using services and/or obtaining goods from St. Joseph Healthcare Hamilton (SJHH).

2.0 Background:

Legislation mandates that if a person with a disability should be notified when there is a disruption in services and provide additional information to ensure that the person with a disability is not prevented from having access to our goods and services during this disruption.

3.0 Procedure

- When a support person accompanies a person with a disability, the support person is granted access into any area of the hospital that the person with a disability requires access to.
- The support person will not be granted access to an area if it causes risk to themselves, or to any patient or employee.
- All reasonable efforts are to be made to accommodate the person with a disability and their support person.

4.0 Responsibilities

St. Joes' need to support individuals with disabilities through giving notice on disruptions in service. It is the responsibility that Building Services:

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- 1.0 Provide notice to the public when there is a temporary disruption to your facilities or services that are usually used by people with disabilities to access your goods or services. This applies whether a temporary disruption is planned or unexpected.
- 2.0 In the notice, include information about the reason for the disruption, its expected duration and a description of alternate facilities or services, if available.
- 3.0 Place the notice in an obvious location on your premises, such as on your website, if you have one, or post it by another method that is reasonable under the circumstances.

5.0 Definitions

Disability:

As defined by the World Health Organization, a disability (resulting from an impairment) is a restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being.

As defined by the AODA:

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,

- I. A condition of mental impairment or a developmental disability,
- J. A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- K. A mental disorder, or
- L. An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; ("handicap")

6.0 External References

- Human Rights Code
- Ontarians with Disabilities Act
- Accessibility for Ontarians with Disabilities Act, 2005

7.0 Developed By

This document has been developed by the Accessibility for Ontarians Disability Committee.

8.0 Approved By

SLT

16. Feedback Process

St. Joes' need to support individuals with disabilities through giving the opportunity of providing feedback on our services.

St. Joes' Requirements:

- Establish and implement a process for receiving and responding to feedback about the way you provide goods or services to people with disabilities.
- Ensure your feedback process allows people to provide feedback in person, by telephone, in writing, by email, on disk or by another method.
- Ensure your feedback process specifies the actions you or your staff will take if a complaint is received.
- Make information about the feedback process readily available to the public.

17. Documentation Control

St. Joes' will prepare the following documents and make them available upon request:

- Documents describing policies, practices and procedures on providing goods or services to people with disabilities, including the use of personal assistive devices and their availability.
- Documents describing policies, practices and procedures with respect to the entry of service animals and support persons to those areas of the premises where services are provided that are open to the public or other third parties, including:
 - When the provider may exclude service animals by law, if applicable
 - Alternative measures available if an animal is excluded by law
 - If, and under what circumstances it may be necessary to require a person with a disability to be accompanied by a support person to protect the health or safety of the person with a disability or the health or safety of others on the premises.
- A document that sets out the steps that will be taken when there is a temporary planned or unexpected disruption to facilities or services that people with disabilities usually use to access your goods or services including:
 - The circumstances when a notice will be provided about a temporary disruption and where it will be posted
 - Information that will be included in the notice of a temporary disruption
 - What alternative facilities or services, if any, are available during the temporary disruption to continue to provide service to people with disabilities.
- A document describing your training policy on providing goods or services to people with disabilities, including a summary of the contents of training and the details of when that training will be provided.
- A document describing your process for receiving and responding to feedback on the manner in which goods or services are provided to people with disabilities, including what actions will be taken on any complaints received.

Under the standard, individuals must be informed that these documents are available upon request. Notice may be given by posting the information in an obvious place on premises owned or operated by the provider, by posting it on the provider's website, if any, or by another method that is reasonable in the circumstances.

Availability of documents and their format

If your organization is required by the standard to give a document to a person with a disability, you must provide the document, or the information contained in the document, in a format that takes into account their disability.

Some people with disabilities, such as those with learning disabilities or vision loss, may use materials in CD-ROM or braille respectively. Other formats to consider are large print, e-mail, DVD or electronic text on a disk.

Under the standard, a provider and a person with a disability may agree upon the format to be used for the document or information. So, consider discussing with the individual the alternate format that they can use. For example, if the individual asks for large print, be clear about what "large print" means to them. For some, it may be an 18 point font size in a font style like Arial, and others may need larger print.

18. Legislation Compliance

Currently, one standard has become law. The Customer Service Standard which came into effect in January 1, 2008 and will be enforceable as of January 1, 2010. This standard states particular expectations of Ontario organizations with regards to its delivery of services to people with disabilities.

The legal requirements of the accessibility standards for customer service are set out in Ontario Regulation 429/07,

http://www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07429_e.htm

St. Joseph Healthcare Hamilton will complete annual compliance reports as set out in the legislation.