



Lakeridge Health's

Annual Accessibility Plan

October 2012 – September 2017

(Accessibility For Ontarians With Disabilities Act, 2005
&
Ontarians with Disabilities Act, 2001)

Prepared by

Lakeridge Health Accessibility, Diversity & Service Excellence Sub-Committee

This publication is available on the Lakeridge Health website
www.lakeridgehealth.on.ca

Feedback can be sent to:

Organizational Learning
850 Champlain Ave
Oshawa ON L1J 8R2
(905) 576-8711

Alternate formats are available upon request

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Executive Summary

The Ontarians with Disabilities Act 2001 (ODA) was proclaimed in September 2002. The intent of the ODA is to increase overall awareness with respect to the needs of individuals with disabilities and society's obligations to ensure that the "environment" is barrier-free and accessible. The legislation is broad in nature but does involve specific references to the obligations of hospitals. Under Section 15 of the ODA, hospitals must prepare an annual accessibility plan and in the process consult with persons with disabilities in preparation of the plan. The accessibility plan addresses the identification, removal, and prevention of barriers to persons with disabilities.

The ODA's (2001) goal is to improve opportunities for persons with disabilities and to provide for their involvement in the identification, removal, and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires that each hospital: prepare an annual accessibility plan; consult with persons with disabilities in the preparation of this plan; and make the plan public.

On June 14, 2005, the Accessibility For Ontarians With Disabilities Act, (AODA) 2005 received royal assent. This Act is designed to allow people with disabilities to participate in building a stronger province. The new legislation covers both the public and private sectors to address the full range of disabilities (visible and invisible) – including physical, sensory, hearing, mental health, developmental and learning.

Fact
With an ageing population, 20% of Ontarians are likely to have a disability in 20 years, up from about 13% today.

The purpose of the AODA is to benefit all Ontarians by achieving accessibility for people with disabilities by developing, implementing and enforcing accessibility standards concerning goods, services, accommodation, facilities, buildings and employment. Improvements will be phased in, in stages of five years or less, moving towards a fully accessible Ontario by 2025.

Provincially, meaningful, realistic standards have been developed collaboratively by members of the disability community, representatives of the broader public and private sectors, and government and have been adopted as regulations. These standards include timelines for compliance. The legislation also provides tough penalties for violators. Businesses and organizations who provide goods and services to people in Ontario have to meet certain accessibility standards in the following standards:

- Customer Service
- Integrated Accessibility Standard includes,
 - Transportation
 - Information and Communications
 - Employment
- Built Environment (out for public review)

For additional information, you can access the Ministry website at:

<http://www.mcsc.gov.on.ca/mcsc/english/pillars/accessibilityOntario/accesson/act.htm>

Ontarians with Disabilities Act (2001) remains in effect until all standards are set under the 2005 legislation.

Annual Accessibility Plan

Aim

Our aim for the coming year is to continue to raise awareness of the AODA/ODA and develop a work plan and timetable for identifying and removing barriers at Lakeridge Health. We will continue to integrate the spirit of the AODA/ODA into our current policies, procedures, and activities.

***By improving access for persons with disabilities,
we improve access for all.***

Objectives As Defined by the ODA

Long-Term Objectives for Lakeridge Health:

1. Describe the processes that will identify, remove, and prevent barriers to persons with disabilities.
2. Review annually efforts to remove and prevent barriers to persons with disabilities.
3. Continual review of policies, programs, practices, and services to identify and remove barriers to persons with disabilities.
4. Describe the measures to be taken to identify, remove, and prevent barriers to persons with disabilities.
5. Review and update annually accessibility plan and post on the website for the public

Definition of a Barrier:

A barrier is anything that prevents a person from fully participating in all aspects of society because of his/her disability, including physical barrier, architectural,

informational or communication barrier, an attitudinal barrier, technological barrier, or policy, or practice.

Definition of a Disability:

- (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 coordination, 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; (“handicap”).

Description of Lakeridge Health

With a responsibility for operating over 540 inpatient beds, Lakeridge Health is one of the largest community hospitals in Ontario. Lakeridge Health is committed to the continued and enhanced delivery of high quality care both within Lakeridge Health and across the broader continuum of health care services our patients rely on. We aim to achieve excellence in patient care, improving safety, growing and maximizing our resources, and investing in priority service areas.

Lakeridge Health provides a broad range of primary, secondary, tertiary and post-acute services through three acute hospitals, a specialty hospital and numerous satellite service locations. This care is delivered by more than 4,000 staff and physicians, with the support of nearly 1,200 volunteers. Lakeridge Health provides care predominantly to the residents of Durham Region.

Lakeridge Health released a new strategic plan that included a new Mission and Vision, as well as four Values and eight Strategic Directions. As we move forward with our new Strategic Plan, we will aim to involve patients and family members in our decisions and we will continue to support and engage our many colleagues (physicians, staff and volunteers) as we further develop our clinical programs. We are committed to giving the community members of Durham Region the health care services they need and deserve and we are determined to provide “Excellence – every moment, every day.”

The Vision, Mission and Values of Lakeridge Health (see below) encompass our support of the AODA.

Mission Vision & Values

Our Vision

Excellence - every moment, every day

Mission

Creating and delivering a seamless system of care embracing every patient.

Values

Compassion

We believe that when professional and clinical excellence is combined with equal amounts of compassion, understanding, insight and information that every patient and family will feel confident about their journey of healing.

Trust

We believe that being open, transparent, accountable and engaged with physicians, staff and all of our communities will earn and keep their trust and pride. We are dedicated to a well-planned, responsible and sustained effort to continually renew and improve the quality and safety of health care.

Innovation

We believe that flexible, innovative thinking encourages creativity, collaboration and dialogue. We encourage a spirit of inquiry and learning that leads to discovery, innovation and excellence.

Courage

We believe that in order to deliver excellent and innovative care, it takes courage, collaboration and the ability to inspire others in order to advance our clinical capabilities and practices. Our people - in every role at Lakeridge Health - strive to inspire progress in themselves and their colleagues for the benefit of our community.

Lakeridge Health, through the leadership of the Accessibility, Diversity and Service Excellence Sub-Committee and the support from senior management and staff, is committed to raising awareness of barriers to persons with disabilities and taking steps to remove/prevent those barriers.

The 2012-17 Plan will build on the foundational elements begun in 2011-12 and prior. More specifically, the further penetration of the customer service standards, the IAS and other standards as they come into legislation will be undertaken. In addition, capital projects may be undertaken as funds are available to improve accessibility in older areas across Lakeridge Health.

Barriers Definitions

Most people consider barriers as physical or architectural. However, there are other types of barriers. The following sample chart lists and defines the type of barrier that will be assessed utilizing our identification methodology (see Process to Identify and Address Barrier).

Type of Barrier	Barrier Example
Physical	Workstations that obstruct the view of a person in a wheelchair
Architectural	Bathroom not accessible to wheelchairs
Communication/ Information	Website not available to a person with a visual impairment
Attitudinal	Not addressing the person with a physical/cognitive/mental disability directly
Technological	Phones not available to persons with a hearing impairment
Policy/Practice	Language in a job posting that prevents a person with a disability from applying where education/experience/duties are not bonafide requirements for the position

The Accessibility Sub-Committee (ASC)

Mandate of the ASC

The ASC Sub-Committee reports directly to the Healthiest Hospital Workplace Committee.

- Review and list by-laws, policies, programs, practices and services that cause or may cause barriers to persons with disabilities;
- Identify barriers that will be removed or prevented in the coming year(s);
- Describe how these barriers will be removed or prevented in the coming year(s); and
- Prepare multi-plan and annual updates on LH activities, and make the plan available to the public
- Communicate and educate to integrate spirit and awareness of AODA/ODA within the culture of LH – demonstrating leadership in the area of accessibility.
- Consulting with local and regional accessibility councils to ensure collaboration, efficient use of resources, coordination, and information sharing.

LH Commitment to Accessibility Planning

LH has developed a policy (see Appendix A) approved by the Board in support of Accessibility Planning for persons with disabilities.

Review and Monitoring Process

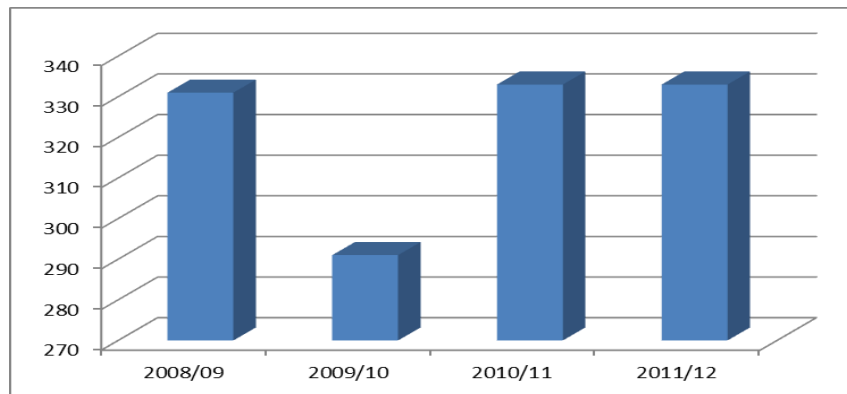
The ASC meets monthly to review progress. Chair of the ASC reports to the Healthiest Hospital Workplace Committee which provides the Senior Management Team and the Board with updates as necessary.

Worker Accommodations (temporary and permanent)

With just under 4,000 staff, Lakeridge Health, through our Occupational Health, Safety, and Wellness team, makes every effort to accommodate permanently or temporarily injured workers (occupational & non-occupational injuries) and reintegrating them back into the workplace. In addition, the OHS&W group also have resources available to assist individuals requiring accommodation due to

either a temporary or permanent disability. Resources include ergonomic assessment and associated modification to work areas.

The number of workplace accommodations has remained unchanged from 2010/2011.



Note: This report is not cumulative (ie. Relates to current year only). See previous years' reports for successes.

AODA Standards Outline of Barrier Removals & Projects to be Addressed

Ontario Regulation 191/11 made under the AODA 2005 is the Integrated Accessibility Standards passed into law April 13, 2011 to include the following standards:

- Information and Communication Standards
- Employment Standards
- Transportation Standards

Customer Service Standard

The Customer Service standard is the first accessibility standard created under the authority of the Accessibility for Ontarians with Disabilities Act 2005 (AODA). This standard is now law, Lakeridge Health successfully met compliance standards for January 2010 (see appendix H for Customer Service standard).

There are different requirements to be met under this standard. The goals and achievement strategies below are reflective of the requirements and initiatives to improve accessibility as well as highlight improvements made in the past year.

Accessibility Plan Goals & Achievements

Goals	Achievement Strategy
To ensure that volunteers, contractors and third parties who operate within LH are well versed in accessibility issues/awareness	A method with supporting resource material and documentation was developed for volunteers, clergy, physicians and contractors who conduct business or provide service within our facilities.
Status: Completed	
Allow persons with disabilities to be accompanied by their support persons and/or service animal in all areas accessible to the public	A policy and procedure was developed in order to allow persons with disabilities to be accompanied by their service animal. Support persons shall be permitted to enter the premises and not be prevented from having access to the person they are assisting while in the premises (see appendix B)
Status: Implemented	
Compliance with the legislated customer service standards outlined in regulation 420/07 (see appendix G)	Approved a customer service policy that meets the new requirements (see appendix B)
Status: Met regulations as of January 2010	
Communications options that best meet the needs of people with disabilities	Lakeridge Health has purchased TTY machines which can be installed in patient rooms upon request, PocketTalkers for verbal amplification and all phones in patient rooms have volume control. Some payphones are also TTY compatible. New corporate standard for printed/electronic messaging – Verdana font (senior friendly). Continuous research being done on other options for meeting communication needs such as accessible website features and alternate translation services. Update access criteria for TTY.
Status: Implemented/Ongoing	
Staff knowledge of the services that the hospital offers to accommodate patients with various types of disabilities	A staff booklet on disability awareness has been developed titled: <i>A Helpful Staff Guide to Disability and Interacting with People with Disabilities I</i> (See

	<p>appendix D). This booklet details tips on the best ways to communicate with and what services LH offers to assist in better serving persons with disabilities. All staff received a booklet as a quick reference guide. Distribution and incorporation into general orientation for new hires has been implemented. The staff booklet will be updated when indicated.</p>
Status: Distributed/Ongoing	
Mandatory accessibility training for all employees	<p>Lakeridge Health took a blended approach in education for our employees. We used the Ontario Hospital Association (OHA) e-learning tool for online education on the customer service standard, in-class training opportunities and self-learning packages (See appendix C)</p>
Status: Implemented/Ongoing	
Further accessibility awareness for the management team	<p>A presentation on interacting with people with disabilities was made at a Manager's Forum. Information was provided on various accessibility topics including an overview of the AODA. The presentation was well received by those in attendance. Continuous updates will be provided to the management team.</p>
Status: Complete/Ongoing	
Ensure employees are up-to-date on accessibility issues	<p>Planning on an organization-wide audit to take place to see if the training staff completed is useful, as well as how much they remember. The goal is to further promote accessibility awareness and education</p>
Status: Developing	
On-line accessibility survey	<p>Plan to develop an on-line accessibility survey to receive feedback from our customers.</p>
Status: Developing	
Patient feedback	<p>Currently use the NCR Picker survey results. Inpatients and emergency patients are surveyed, through random</p>

	<p>sampling monthly. Responses to the survey are collated by an external agency in order to maintain patient anonymity. The organization uses the results to identify opportunities for improvement and implement positive change. Patient complaints are dealt with through Patient Relations. Accessibility complaints are brought forward to the Accessibility, Diversity & Service Excellence Sub-Committee. LH has a formal complaint process through Patient Relations for all complaints/compliments. In 2012, created a link on the LH website for feedback on accessibility from the public.</p>
Status: Implemented/Ongoing	
Policy & Procedure review	<p>Review existing and new policies and procedures to ensure they do not contain language that can result in a barrier to accessibility.</p>
Status: Ongoing	
Personal Health Information	<p>Researching alternatives to access of personal health information for people with hearing disabilities.</p>
Status: Ongoing	
Non-violent Crisis Intervention	<p>This program is offered to all staff with a philosophy of care, welfare, safety, and security for all. Education is provided to help staff understand why behaviours occur and learn how to more appropriately intervene. This education is especially important with mental health concerns, developmental delays, cognitive challenges and dementia.</p>
Status: Implemented/Ongoing	
Signage	<p>Signage for accessible washrooms and elevators in LH Oshawa main lobby. Change signage at LH Bowmanville to universal standards. Develop signage for accessing assistive devices throughout the organization.</p>
Status: Complete/Ongoing	

Emergency and public safety information	Has been included in the patient handbook.
Status: Complete	
Individualized workplace emergency safety plan	All current staff who have disclosed a disability were offered the opportunity to develop a personal safety plan in case of an emergency. This plan is now part of the intake process with the Ability Case Management Specialists.
Status: Complete	
McLaughlin Hall Access	Ramp required at west end of entrance into building. Automatic door openers on each floor.
Status: Capital request submitted	
Lighting improvements	LH Port Perry – Upgrade lighting to ensure a minimum of 10 ft. candles (20 ft. candles preferred) throughout all main circulation routes and at key directional signage areas. LH Bowmanville – Interior lighting systems and levels have been reviewed and changes are currently in process.
Status: Expected completion date, Dec. 2012	
Laser Eye renovations – LH Bowmanville	Renovations included; lighting upgrades and lever lock-sets
Status: Complete	
Integrated Accessibility Standard (IAS) Policies	Develop policies on implementing IAS, statement of organizational commitment to meet compliance of Jan. 2013.
Status: To be started	
IAS - Employment Standard	Work with Human Resources to incorporate IAS into employment and recruitment practices. IAS compliance date: Jan. 2014
Status: In progress	

Transportation Standard

The transportation Standard came into effect July 1, 2011 and will be phased in over the next five years. Currently, Lakeridge Health does not provide

transportation services, therefore no action is necessary. We will continue in the future to ensure we meet the accessibility requirements.

Employment Standard

The employment standard, part of the Integrated Accessibility Standards, will be phased in beginning January 1, 2014.

When an employee is unable to perform regular work due to a disability, a Modified Work Program may be provided for staff with short term restrictions. When there is a staff incident or issue, staff complete incident reports, which are reviewed and followed up by the department/unit manager, the Occupational Health and Safety Department, and the Joint Occupational Health and Safety Committee.

Along with the policies stated above, LH will endeavour to accommodate any other special needs requested by an employee and to meet the standard requirements outlined beginning 2014.

Information & Communications Standard

The information and communications standard, part of the Integrated Accessibility Standards, will be phased in beginning in part, January 1, 2013 and January 1, 2014.

This standard is going to have the most significant impact for hospitals. It will include standards for visual, verbal, print, audio-visual, electronic, biometric and other forms of communication. Compliance will be implemented gradually.

Improvements for information and communications at Lakeridge Health have already started to take place. We are researching alternate services for translation as well as updating the LH website to include accessible features.

Built Environment Standard

With Provincial consultation complete the built environment standard has been submitted to the Minister of Community and Social Services for consideration as law.

Since the inception of the ODA, we have strived to address existing barriers as well as prevent the development of potential barriers. The physical environment of LH has been undergoing accessibility improvements. Below are some highlights of these physical improvements.

- | | |
|---------------|---|
| Washrooms | - Many washrooms have been retro-fitted to accessible standards |
| Doors | - Handles have been changed to lever/push bar entry where renovations/new build have taken place |
| Change Rooms | - Enlarged change rooms for better access |
| Signage | - Signage improved at all sites for more efficient way-finding |
| Parking | - Increase in accessible parking spots
- Resurfacing of south parking garage, LH Oshawa
- Repaving of parking lot, LH Bowmanville |
| Stairwells | - Installed high-visibility anti-slip nosings |
| Lighting | - Improved lighting with high efficiency lighting fixtures to improve visibility |
| LHEARN Centre | - Accessible seating in the main auditorium
- Accessible washrooms and change rooms
- Automatic doors at the entrance of the centre |

Along with washrooms and doors, other physical features have been updated. It is our goal to maintain these efforts and identify and rectify any new barriers within our control.

Communication Plan

Background

Lakeridge Health's 2003-2004 Accessibility Plan focused on raising awareness about the legislation, identifying barriers, and the steps that will be taken to implement the legislation.

The 2004-2005 plan focused on consolidating barrier identification methods (employee survey and barriers audit) and developing a long-term plan (3-5 years) to eliminate identified barriers. Consistent with the 2003-2004 plan, this plan also maintained a focus on raising awareness and educating staff on barriers. In addition, 2004-2005 saw a strengthening of the relationships, coordination and input through the Regional ODA Co-ordinating Group and their respective Accessibility Advisory Groups.

The 2007/08 plan built on the foundational elements of the 2006/07 plan and focus on consultation with affected/organized groups (i.e. Ontario Hearing Society, local/regional Accessibility Advisory Committees, and the Regional Coordinating Committee of AACs). It also identified high priority projects and expenditures to support accessibility on all hospital campuses.

In 2008/09, the Working Group focused on the completion of important capital accessibility projects as well as investigating, monitoring, planning and implementing the customer service standard training. This training began with new employees (ongoing) and has now shifted to existing staff, physicians, managers and volunteers.

In 2009/10, the focus was achieving compliance under the AODA (Accessibility for Ontarians with Disability Act) Customer Service Standard. Continuing awareness education, developing/reviewing policies and procedures and implementing improvements have been the focus in 2010/11.

In 2012/13, the focus will be on preparing Lakeridge Health to meet compliance for the new Integrated Accessibility Standard as well as continuing awareness and ongoing improvements for accessibility.

The following communication plan provides a general framework for AODA/ODA-related communications. Communication plans will be updated each year to reflect the direction and detail of subsequent annual plans.

Situation Analysis

- While the original legislation was proclaimed in 2002 and revised legislation in 2005, Lakeridge Health has had an ongoing commitment to improving

accessibility at our sites and has, to date, implemented a number of barrier-removal initiatives.

- Although there are no additional funds available to hospitals to implement accessibility initiatives, the range of potential barriers beyond architectural/structural barriers provides opportunities to continue to improve accessibility at Lakeridge Health sites.

Objectives

- Raise awareness among our colleagues about the AODA/ODA and the ways in which Lakeridge Health has and will continue to implement the legislation.
- Sensitize employees and Senior Management of the impediments that barriers place on people with disabilities.
- Coordinate and work more closely with the Regional ODA Co-ordinating Group to raise awareness in the community about Lakeridge Health's commitment to the legislation and its implementation (also through the posting of the Accessibility Plan on the website).
- Increase awareness and understanding among colleagues that there are opportunities to increase accessibility beyond architectural and structural improvements, such as attitudinal and technology.
- Continue to integrate the principles of the AODA/ODA with our current policies, procedures and activities.

Strategy

- To raise awareness and create support for ongoing initiatives, the plan will be posted and supported by ongoing internal communication. External communication will be developed on an as-needed basis.
- Wherever possible, link the Annual Accessibility Plan communications to existing programmes or initiatives to demonstrate/reinforce our commitment to accessibility as part of an integrated approach to programme management, rather than as an "add on".
- Use existing internal communication vehicles.
- Fulfill the legislative requirement to make the plan available to the public by posting the plan on the website.
- Include accessibility messages as part of redevelopment communications both internally and externally wherever possible.

- As initiatives are developed, communication plans will be developed to address the specific details.

Key Messages

Internal

- Lakeridge Health is committed to the continuous improvement of access to our facilities, programs, practices and services for patients and their family members, members of the community with disabilities and our colleagues.
- Improving access goes beyond removing architectural or physical barriers – signage, forms, websites, our services and the ways in which we communicate – all provide opportunities to improve access to Lakeridge Health.
- Our initial Annual Accessibility Plans focused on raising awareness. Lakeridge Health has now, and will continue to identify and consult on barriers, and barrier removal/remediation. This plan continues to highlight awareness and directs attention on developing a long-term plan for removing barriers.
- By improving access for persons with disabilities, we improve access for everyone.

External

- We're continuing to make Lakeridge Health more accessible.


Our initial Annual Accessibility Plans focused on raising awareness. Lakeridge Health has now, and will continue to identify and consult on barriers, and barrier removal/remediation. This plan continues to highlight awareness and directs attention on developing a long-term plan for removing barriers.

Communication Rollout

Lakeridge Health website will contain the complete Annual Accessibility Plan for external parties and on the corporate intranet 'Wave' for employees.

Month	Communications		Product/Activity	Responsibility
	Internal	External		
Sept. 11	✓	✓	<ul style="list-style-type: none"> Approved Annual Accessibility Plan to be posted on website 	<ul style="list-style-type: none"> Communications
On-going	<ul style="list-style-type: none"> ✓ ✓ ✓ 	✓	<ul style="list-style-type: none"> Website & Wave updates Include accessibility messages in announcements and news releases where appropriate Community Connections (public) and The Pulse (internal) articles focussing on awareness, communication and supports for reducing barriers. Corporate Screensaver 	<ul style="list-style-type: none"> Communications <p>(See appendix E)</p>
On-going	✓	✓	<ul style="list-style-type: none"> Ongoing consultation with AACs on specific projects and their design. 	<ul style="list-style-type: none"> Communications and Accessibility, Diversity & Service Excellence Committee
On-going		✓	<ul style="list-style-type: none"> Ongoing planning and issues identification (and solutions) with Community Living and the Canadian Hearing Society 	<ul style="list-style-type: none"> Communications and Accessibility, Diversity & Service Excellence Committee

Appendix A – Policy – Accessibility Planning

	Accessibility Planning; Addressing Barriers Faced by Persons with Disabilities	
	Manual: Administration	Document No.:
	Section: Administration	Original Date: Mar 2003
	Developed by: Accessibility Working Group	Revision Date(s): April 2007
	Approved by: Accessibility Working Group	Review Date:
	Cross Reference to:	
Document Applies to: All Staff and Physicians		
A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'The Wave.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.		

Preamble

The Ontarians with Disabilities Act (ODA) was proclaimed in September 2002. The intent of the Act is to increase overall awareness with respect to the needs of individuals with disabilities and society's obligations to ensure that the "environment" is free from barriers/accessible. The legislation is broad in nature but does involve specific references to the obligations of hospitals. According to Section 15 of the Act, every year hospitals must prepare an accessibility plan and in the process consult with persons with disabilities in preparation of the plan. The accessibility plan shall address the identification, removal and prevention of barriers to persons with disabilities.

Policy:

Lakeridge Health will endeavour to remove barriers for people with disabilities through increased awareness, understanding and identification of their needs for accessibility planning, implementation and evaluation.

Definitions:

Section 2 of the ODA defines "disability" as:

- (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; ("handicap").

Barrier- A "barrier" is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

Guiding Principles:

- 1) Lakeridge Health supports the rights of all persons to access, participate in and utilize our services. As such Lakeridge Health will:
 - a) Continue to improve and evaluate the access to facilities, programs, and services for patients and their family members, staff, health care practitioners, volunteers and members of the community. respond to identified barriers for people with disabilities
 - b) Adopt a collaborative approach to planning for a barrier free environment through the participation of people with disabilities in the development and review of Lakeridge Health's accessibility plans. These accessibility plans will be available to staff and public in a format accessible to people with disabilities.
 - c) Ensure the hospital by-laws and policies are consistent with the principles of accessibility.
 - d) Establish an Accessibility Working Group at the hospital.

2) Physical and Architectural Accessibility:

Lakeridge Health is responsible to work towards:

- a) Developing a barrier-free design guidelines for buildings, structures and premises;
- b) Considering the needs of the persons with disabilities when purchasing, constructing or renovating buildings, or structures;
- c) Reviewing the design of a leased premises to ensure it complies with the needs of persons with disabilities when entering into a lease for a building, structure or premises, or part of a building, structure or premises, for regular use by patients or employees;
- d) conduct regular audits of existing barriers within internal and external built environments.

3) Information and Communication Accessibility:

- a) Lakeridge Health's internet site, publications and patient brochures, signage and communication systems will be in a format that is accessible to person(s) with disabilities, if requested and where feasible.

4) Goods and Services Accessibility:


- a) When purchasing or providing goods or services to employees, patients and the public, Lakeridge Health will consider the accessibility for person(s) with disabilities

- 5) Employment Practices and Staff Education:**
 - a) Lakeridge Health where feasible will:
 - I. Accommodate the accessibility needs of its employees.
 - II. Ensure that employees receive training/education related to disability awareness and sensitivity.

- 6) Policies and Practices:**
 - a) Policies and Processes (procedures) will be developed with a barrier free language.
 - b) The language used in policy or other documents will reflect the personhood of individuals with disabilities and place the disability into the context of the whole person.

Reference(s)

Blind Persons' Rights Act
Canada Health Act
Canadian Charter of Rights and Freedom
Occupational Health and Safety Act
Ontario with Disabilities Act, 2001
Workplace Safety and Insurance Board

	Accessibility Customer Service Policy and Procedures	
	Manual: Human Resources	Document No.:
	Section: Human Resources	Original Date: January 27, 2010
	Developed by: Accessibility, Diversity and Service Excellence Sub-Committee	Revision Date(s):
	Approved by: Human Resources Committee	Review Date:
	Cross Reference to: Management of Complaints and Compliments Policy and Procedures, Accessibility – Training Procedures	
	Document Applies to: All staff, physicians, volunteers, agents, students, contracted service staff	
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Introduction

The purpose of this policy is to establish procedures and practices that will facilitate the implementation of the Accessibility for Ontarians with Disabilities Act 2005 (AODA). This policy establishes the accessibility standards for customer service for the organization, in accordance with Ontario Regulation 429/07. This policy applies to all employees of Lakeridge Health (LH), agents, volunteers, physicians, students and contracted service staff.

Policy

Lakeridge Health is committed to providing exceptional and accessible service for its customers. Goods and services will be provided in a manner that respects the dignity and independence to all customers. The provision of services to persons with disabilities will be integrated wherever possible. Persons with disabilities will be given an opportunity equal to that given to others, to obtain, use or benefit from the goods and services provided by and on behalf of the organization.

Definition(s)

Accessible means customer 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.

Disability means:

- a) Any degree of physical 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 impairment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a

guide dog, or other service 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,
- 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*

The definition includes disabilities of different severity, visible as well as non-visible disabilities and disabilities the effects of which may come and go.

Example: A person with arthritis has a disability that over time may increase in severity.

Example: A person with a brain injury has a disability that is not visible.

Example: A person with multiple sclerosis has a disability that causes extended periods when the condition does not have an effect on daily routine and other times when it does.

It is important to understand that information about a disability is personal, private and must be treated confidentially.

Service Animal – an animal for a person with a disability, if

1. if it is readily apparent that the animal is used by the person for reasons related to his or her disability; or
2. if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

Guide Dog – a dog trained as a guide for a blind person and having the qualifications prescribed by the regulations. R.S.O. 1990, c. B.7, s. 1(1). Blind Persons Rights Act, a guide dog is a dog that has been trained at one of the facilities listed in Ontario Register 58 under the *Blind Persons' Rights Act* to act as a guide dog for people who are blind.

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

The support person could be a paid personal support worker, a volunteer, a friend or family member. He or she does not necessarily need to have special training or qualifications. (AODA January 2008)

Procedures

1) Use of Service Animals and Support Persons

- a. If a person with a disability is accompanied by a guide dog or other service animal, the organization will ensure that the person is permitted to enter any facility with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law. Where a service animal is excluded by law, the organization will ensure that other measures are available to enable the person with a disability to obtain, use and benefit from the organization's goods and services.
- b. If a person with a disability is accompanied by a support person, the organization will ensure that both persons are permitted to enter any facility, and that the person with a disability is not prevented from having access to the support person. The Organization may require a person with a disability to be accompanied by a support person when in an organization facility, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others in the facility. Where fees for goods and services are advertised or promoted, LH will include the amount payable in respect of the support person.

2) Notice of Temporary Disruptions

The organization will provide notice of temporary disruptions. The notice will include information about the reason for the disruption, its anticipated duration, and a description of any available, alternative facilities or services. This information will be posted in a conspicuous place in the premises and/or by other methods considered reasonable. If the disruption is expected, a reasonable amount of advanced notice of the disruption will be given.

3) Feedback Process

The organization has a feedback process for the public to provide information and feedback about the goods and services they receive. Feedback can be given in a variety of ways, in person, by mail, email or by telephone. The feedback process is promoted on the website and through other printed outreach methods.

4) Assistive Devices

If a person with a disability requires assistive devices to access the goods or services of LH, they will be allowed to use such devices. LH provides assistive devices at some facilities, such as wheelchairs, walkers, TTY's and PocketTalkers. These devices are indicated in the Annual Accessibility Plan, Staff Guide to Accessibility and on the website.

Personal assistive devices may include, and are not limited to: wheelchairs, walkers, white canes, personal oxygen tanks, note-taking devices, electronic communication devices, hearing aids, etc.

5) Accessibility Training

- a. Every person who deals with members of the public or who participates in developing the organization's policies, practices and procedures governing the provision of goods and services to the public; including organization staff, volunteers, agents, students, contractors and others who provide service on behalf of LH will receive training regarding the provision of goods and services to persons with disabilities.
- b. The training will include the following information:
 - i. the purposes of the Accessibility for Ontarians with Disabilities Act and the requirements of the Customer Service regulation,
 - ii. information on all LH policies and procedures in regards to Bill 118 (AODA),
 - iii. how to interact and communicate with persons with various types of disabilities,
 - iv. how to interact with persons with disabilities who use an assistive device, or require the assistance of a service animal or support person,
 - v. how to use equipment made available by LH to help people with disabilities to access goods and services,
 - vi. what to do if a person with a disability is having difficulty accessing LH goods and services.
- c. Training will be provided to each person according to staff needs and duties and as soon as is practicable after staff is assigned the applicable duties. Training will be provided on an ongoing basis in connection with changes to policies, practices and procedures governing the provision of goods or services to persons with disabilities. A record of the dates on which training is provided and the number of individuals to whom it is provided will be kept.

All third party representatives, on behalf of LH, who deal with members of the public, shall provide proof of accessibility awareness training that meets the requirements of Ontario Regulation 429/07.

6) Notice of Availability of Documents

LH will provide the public notice of the availability of the documents, required by the Accessibility Standards for Customer Service, (O. Reg 429/07) upon request. Notice of availability will be provided on the website and through other printed methods.

7) Format of Documents

If LH is required, by the Accessibility for Ontarians with Disabilities Act, 2005, to give a copy of a document to a person with a disability, LH will take into account the persons' ability to access the information and will provide the document or information contained in the document in a format that meets those needs as agreed upon with the person.


8) Related Documents

Management of Complaints and Compliments (Administrative Policy, Sept 2008)

Reference

Accessibility for Ontarian's with Disabilities Act (AODA) 2005.

Mount Sinai Hospital, Policy Number I-d-65-73

 <p>LAKERIDGE HEALTH Better Together</p>	Accessibility Training Procedures	
	Manual: Human Resources	Document No.:
	Section: Human Resources	Original Date: March 31, 2010
	Developed by: Accessibility, Diversity and Service Excellence Sub-Committee	Revision Date(s):
	Approved by: Human Resources Committee	Review Date:
	Cross Reference to: Accessibility – Customer Service Policy and Procedures	
	Document Applies to: Staff, Physicians, Students, Volunteers, Contracted Services	
<p><i>A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'The Wave.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.</i></p>		

Introduction

Lakeridge Health (LH) will provide Accessibility training that meets the requirements of Ontario Regulation 429/07 to all employees, volunteers, physicians, agents, students and others who deal with the public or other third parties on their behalf, and all those who are involved in the development and approvals of customer service policies, practices, and procedures.

Procedure(s)

Training will be provided to each person according to his or her needs and duties and as soon as is practicable after he or she is assigned the applicable duties. Training will be provided on an ongoing basis in connection with changes to policies, practices and procedures governing the provision of goods or services to persons with disabilities.

Training will include the following:

- The purposes of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard
- How to interact and communicate with people with various types of disabilities
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or support person

- How to use/access assistive devices available on premises i.e. wheelchairs, lifts, TTY, walkers
- What to do if a person with a disability is having difficulty in accessing Lakeridge Health goods and services.
- LH policies, practices, and procedures relating to the customer service standard

Applicable staff will be trained on policies, practices and procedures that affect the way goods and services are provided to people with disabilities. Staff will also be trained on an ongoing basis when changes are made to these policies, practices and procedures.

Continuous Training

All new staff will receive training at Lakeridge Health General Orientation sessions. Accessibility training is included in Volunteer Orientation and Medical/Clinical Student orientation information packages. New physicians will receive accessibility information packages from the Medical Staff Office. Further training will be provided as applicable.

All third party representatives, on behalf of Lakeridge Health, who deal with members of the public, shall provide proof of accessibility awareness training that meets the requirements of Ontario Regulation 429/07.

Training

Training will be provided in the following formats:

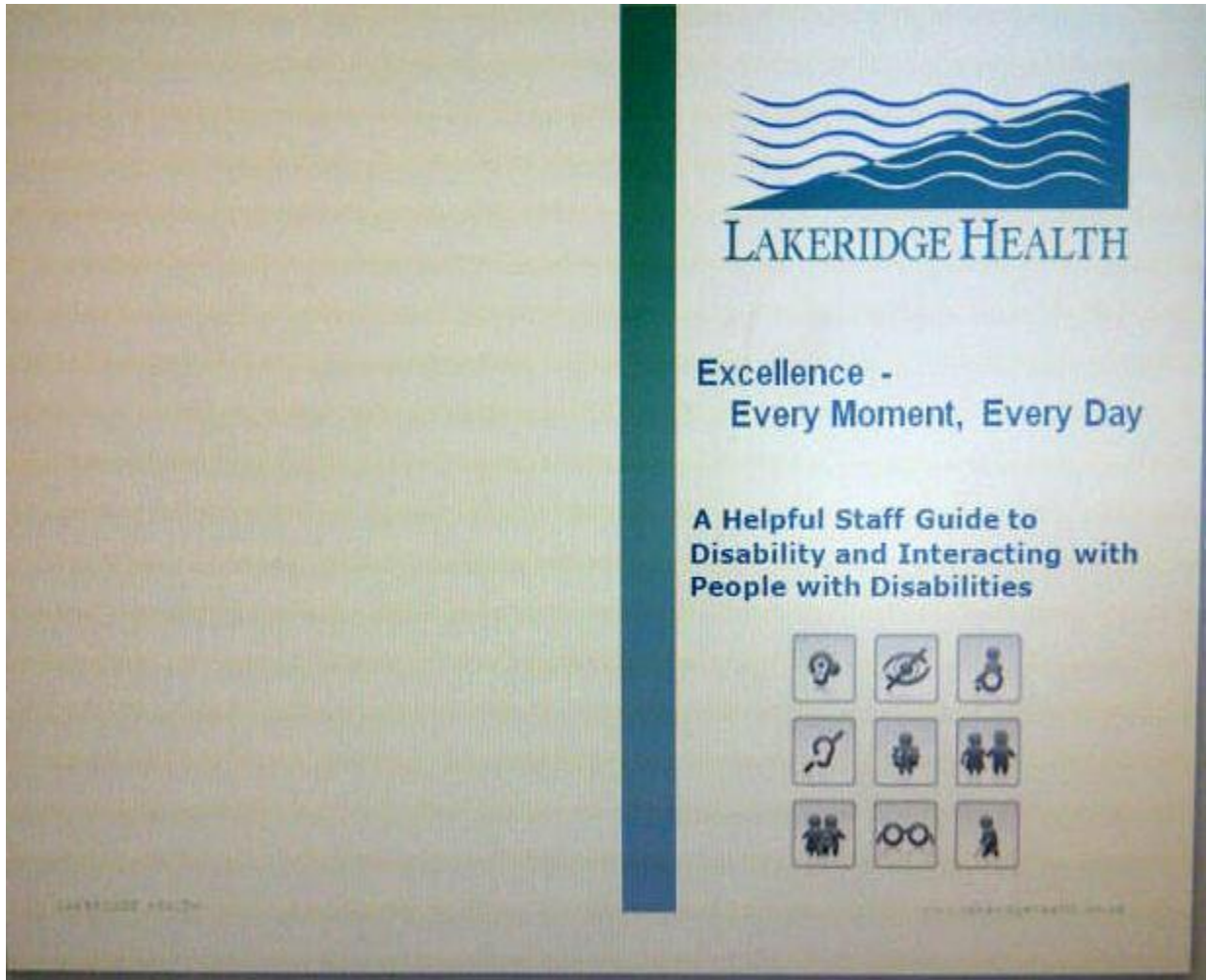
- In class training
- Self-learning packages
- Computer-based training
- Continuous learning campaign.

A record of course outlines and content will be kept.

Reference(s)

Accessibility for Ontarian's with Disabilities Act (AODA) 2005

Twelve page Customer Service Handbook



Article featured in “The Human Resources *Script* for Employees” – Winter 2010

Accessibility for Ontarians with Disabilities Act (AODA) - Customer Service Standard – by Petra Bingley

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) O. Reg. 429/07 became law on June 13, 2005. Under this legislation, the Government of Ontario have developed mandatory accessibility standards that identify, remove and prevent barriers for people with disabilities in key areas of daily living. These standards are developed to achieve results in stages. The standards set milestones that must be reached every five years or less. The first standard implemented is the Customer Service Standard in which designated public sector organizations were required to comply with by January 2010. The goal of the AODA is to have a fully accessible Ontario by 2025.

Disability impacts the lives of many Ontarians and the number of people with disabilities is increasing as the population ages. Improving accessibility is the ‘*right thing to do*’. When we make Lakeridge Health accessible to people with disabilities, everyone benefits.

When we think of disabilities, we tend to think of people in wheelchairs or people with physical disabilities – disabilities that are visible and apparent. But disabilities can also be non-visible. We can’t always tell who has a disability. The broad range of disabilities includes vision disabilities, deafness or hard of hearing, intellectual or developmental, learning, and mental health disabilities.

Assistive Devices:

At Lakeridge Health we have many assistive devices:

- Wheelchairs
- Walkers
- Canes
- Crutches
- patient lifts
- TTY machines
- PocketTalkers

Please speak with your manager on how to access the above equipment. A photocopier is another great assistive device for our customers who require larger print.

Lakeridge Health customers may also bring in their own assistive devices. Please ensure our customers have access to their own devices while on the premises.

Everyone deserves excellent customer service and that starts with direct personal communication. Words can influence and reinforce perceptions of people with disabilities. Choose the right words:

- Use “disability” not “handicap.”
- Put people first. “Person with a disability” puts the focus on the person instead of the disability.
- For specific disabilities, say “person with epilepsy” or “person who uses a wheelchair.”
- Avoid statements that make it seem like a person with a disability should be pitied such as “victim of,” “suffers with,” or “stricken with” a particular illness or disability.
- If you’re not familiar with the disability, wait until the individual describes their situation to you, instead of making assumptions. Many types of disabilities have similar characteristics and your assumptions could be wrong.

Service Animals:

A person with a disability that is accompanied by a guide dog or other service animal is allowed on the premises and anywhere the public is allowed to go unless excluded by another law. If excluded by law, Lakeridge Health must ensure that other measures are available to enable the person with a disability to obtain, use or benefit from our services.

A “guide dog” means a guide dog as defined in the *Blind Persons Rights’ Act*. A “service animal” means an animal described below:

- It is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
- The person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.



Never touch or address a guide dog or other service animal without permission from its’ owner. Service animals are working and have to pay attention.

Support Persons:

If a person with a disability is accompanied by a support person, Lakeridge Health must ensure that both persons are permitted to enter the premises together and the person with a disability is not prevented from having access to the support person while on the premises.

A support person is someone who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to services. A support person can be a family member, friend, spouse or a trained personal support worker.



Before speaking confidentially with your customer always ask permission to speak in front of the support person.

Here are some other ways you can provide good customer service to our customers with disabilities:

- Treat people with disabilities with the same respect and consideration as anyone else.
- Have patience, and a willingness to find a way to communicate.
- Smile, relax, and keep in mind that people with disabilities are just people.
- If you’re not sure what to do, ask your customer, “How may I help you?”
- Ask before you offer to help – don’t just jump in. Your customers with disabilities know if they need help and how you can provide it.
- Look at your customer. Speak directly to a person with a disability, not the interpreter or support person.
- Use plain language and speak in short sentences.
- Ask permission before touching a wheelchair or a piece of equipment.
- Find a good way to communicate. A good start is to listen carefully.

Customers with disabilities have the same preferences, perceptions, attitudes, habits, and needs as customers without disabilities, and they are looking for the same quality of services. Treating all of our customers with individual respect and courtesy is excellent customer service.

Thank you to all who have completed either the computer based training module or an in-class education session.

Training numbers as of January 21, 2010:

- 1,877 - computer-based training
- 522 - in-class sessions

All Lakeridge Health staff must be educated on the AODA in order to be in compliance with the act. The on-line module is still available and further in-class sessions will be scheduled as needed.

How to access the on-line learning module:

The following link and instructions can be found on the home page of the Wave or accessed from the Internet:

<http://lakeridgehealth.discoverycampus.com/en/index.html>

You must register on the site before completing the learning module. You must have an email address in order to register. If you don't have one, enter a dummy email address that ends with @lakeridgehealth.on.ca. You can stop and go back to the module at any time and continue where you left off. You must complete all modules in sequence in order to receive your certificate at the end. Print off the certificate for your records.

Please contact Petra Bingley if you have any questions or concerns at pbingley@lakeridgehealth.on.ca or via MOX, or ext. 4274.


References:

AODA, O. Reg. 429/07

Government of Ontario, Ministry of Community and Social Services



Interpreter and Translation Services Policy

	Interpreter and Translation Services	
	Manual: Administration	Document No.:
	Section: Patient/Visitor Information	Original Date: Feb. 2006
	Developed by: Patient Relations	Revision Date(s): Jan 2007
	Approved by: Senior Management Team	Review Date:
	Cross Reference to: Accessibility Planning; Addressing Barriers Faced by Persons with Disabilities Policy	
Document Applies to: All Staff and Physicians		
A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'The Wave.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.		

Policy

Lakeridge Health will strive to facilitate language interpretation/translation to enhance and promote quality patient care for non English speaking patients and their families. A roster of volunteer staff or physician interpreters/translators will be maintained by Patient Relations and will be accessible to all staff when additional interpretation or translations support is required.

Definition(s)

In-house Interpreter/Translator: Staff or physicians who complete the Lakeridge Health (LH) interpreter/translator request annual renewal form (Appendix A) are acknowledging that they are volunteering themselves, to provide interpreter or translation services. Staff or physicians who volunteer will not receive any remuneration of monetary value or lieu-time from LH. Staff or Physicians who agree to volunteer will have their name added to the in-house interpreter/translator list.

Requesting Area: The patient care area requiring an interpreter/translator.

Sponsor Area: The area where the in-house interpreter/translator is currently working and is requested to leave to facilitate an urgent interpreter request.

To access an Interpreter for the Hearing Impaired: Refer to Section H

Procedure

- A. Volunteering as a Lakeridge Health Interpreter/Translator:
1. Staff / physicians will complete an annual application form (refer to Appendix A) indicating the language(s) in which they are able to interpret/translate.
 2. The Patient Relations Representative will receive the annual application form and will add the staff / physicians name to the in-house interpreter/translator list.

3. The Patient Relations Representative will ensure that the in-house interpreter/translator list is updated annually and maintained or revised as required.
4. A volunteer interpreter/translator who wishes to remove their name from the list prior to the annual renewal is responsible to advise the Patient Relations Representative.

B. When providing interpreter/translation services the volunteer interpreter will:

1. obtain verbal consent from the patient or Substitute Decision Maker (SDM) and relay this information to the health care provider to document (refer to C1).
2. interpret everything that is said, not impose own values and opinions and will refrain from giving advice, expressing opinions, solving problems, mediating and / or advocating.
3. not disclose information that was learned and/ or transmitted during the performance of interpretation to another party unless he / she has the express approval of all parties or when required by law.
4. demonstrate respect towards all persons involved and show no preference or bias towards either party involved in the interpretation.
5. interpret only in the language for which he or she has volunteered.
6. will disclose to all parties any actual or apparent conflict of interest that potentially may interfere with the unbiased objectivity of an interpreter (i.e. if the interpreter/translator is acquainted with or related to any party or has an interest in the outcome of the interpreting situation).
7. maintain professional competencies based on current Privacy Legislation.
8. provide information to the healthcare provider regarding their credentials as appropriate.

C. When requesting an In-House Interpreter the healthcare provider will:

1. access the current "Interpreter List" in the MOX Library of Shared Files or Via the Lakeridge Health Intranet "the WAVE" as required.
2. provide the interpreter/translator with an overview of situation, identifying any specific concerns or issues; including the expected duration and ensure that isolation precautions are followed (if required).
3. introduce all personnel involved.
4. ensure that the patient or SDM has provided verbal consent to the volunteer in-house interpreter.
5. document on the health record that verbal consent has been obtained (as per B1), and include time, place, date, name of interpreter, specifics of discussion, and the patient's reply.
6. contact the Patient Relations Representative if assistance is required.
7. request needs for an interpreter/translator in advance (a minimum of 24 hours).
8. ensure the interpreter is aware if request is for a family meeting and provide the date, time and location of the meeting.
9. notify the Patient Relations Representative via MOX of the interpreter/translator requirement so that the request data base can be maintained.

D. It is the responsibility of the Manager/Leader in the requesting area to:

1. assist staff as required to coordinate arrangements with an in-house interpreter or translator.
2. ensure that if the volunteer interpreter/translator is currently working, to arrange a mutually convenient date and time with the interpreter.
3. ensure that arrangements for immediate and urgent requests are made with the Manager/Leader of the “sponsor area” for that time period.

E. When an In-house interpreter/translator is not available:

1. the requesting area may submit an electronic request across all LH sites.
2. the Patient Relations Representative will assist the requesting area by providing the name of an external Interpreter/Translation company to be contacted if there is no successful response to the electronic request. It is the responsibility of the requesting area to negotiate and assume all costs associated with the external Interpreter/Translation company.

F. When the Patient Relations Representative is unavailable:

1. The requesting area may access the interpreter list on the intranet, the Wave, under Programs/Departments – Administration- Corporate Planning – Patient Relations page or type in the following link, <http://LH-portal/sites/cpn/pages/Patient%20Relations.aspx>
2. Alternatively, contact the Leader of Quality, Patient Relations and Policy or the Administrator on call.

G. Translation Requests for written documents:

1. Any requests for written translation should be submitted to the Community and Public Relations Department who will endeavour to coordinate the request.

H. Accessing an Interpreter for the Hearing Impaired:

1. Lakeridge Health is committed to ensuring that deaf patients have access to sign language interpreters as required by the Ontario Disability Act (2001) to ensure safe medical services:
 - a. the patient must be asked if they wish to have an interpreter.
 - b. the patient must be asked who they want to act as their interpreter (an assumption that a family member/significant other will work in the best interests of the hearing impaired client is not sufficient or appropriate).
 - c. if the patient requests an interpreter service be contacted versus using a family member, the hospital is required by law to provide interpreter services (interpreter services will be charged to the requesting patient care unit).

- d. the Canadian Hearing Society offers local Interpreter Services during the day and after hours. To contact the Ontario Interpreter Services, Provincial Office for a sign language interpreter, use any of the following numbers:

DAY TIME

Local number: 905-404-8490
Toll free phone: 1- 888-363-0373
Toll free TTY: 1-888-697-3617

5pm - 9am on evenings as well 24 hours on weekends/ holidays

Phone 1 -866-256-5142
TTY 1-866-831-4657
Email ois@answerplus.ca

References:

Eldridge v. British Columbia (Attorney General), [1997] 3 S.C.R. 624
Ontario with Disabilities Act, 2001

Appendix G – Education Plan

Education Plan

Ontarians With Disabilities Act (ODA)

The Ontarians with Disabilities Act was proclaimed in September 2002. The intent of the Act is to increase overall awareness with respect to the needs of individuals with disabilities and society's obligations to ensure that the "environment" is accessible and free from barriers. The legislation is broad in nature but does involve specific references to the obligations of hospitals. In order for staff to meet the needs of our patients they require the knowledge and skills to carry out the care their patients require.

Purpose of Training

- To enhance staff understanding of disabilities.
 - Emphasis will be placed on review of Ontarians Disability Act and LH policy. Staff will also be introduced to strategies and methods which will enhance their ability to interact respectfully with persons with developmental and other disabilities.
 - Assess current education programs for suitability to address learning needs.
 - Provide information on frequently asked questions
 - Self Assessment tools for professionals
 - In service training and workshops
 - Assess the need for training; assistive devices, telecommunications, workplace accommodations / environment, disabilities
 - **Training of staff on Customer Service Standards** – organizations must train their customer service staff, volunteers, and people responsible for developing the organization's policies, practices & procedures in the provision of accessible customer service
- Evaluation of outcomes
 - patient satisfaction surveys / staff surveys
- Sustainability of Ongoing Programming

ONTARIO REGULATION 429/07

made under the

ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005

Made: July 25, 2007

Filed: July 27, 2007

Published on e-Laws: July 31, 2007

Printed in *The Ontario Gazette*: August 11, 2007

ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE

Purpose and application

1. (1) This Regulation establishes accessibility standards for customer service and it applies to every designated public sector organization and to every other person or organization that provides goods or services to members of the public or other third parties and that has at least one employee in Ontario.

(2) In this Regulation,

“designated public sector organization” means the Legislative Assembly and the offices of persons appointed on the address of the Assembly, every ministry of the Government of Ontario, every municipality and every person or organization listed in Schedule 1 or described in Schedule 2 to this Regulation; (“organisation désignée du secteur public”)

“provider of goods or services” means a person or organization to whom this Regulation applies. (“fournisseur de biens ou de services”)

Effective dates

2. The accessibility standards for customer service apply to the designated public sector organizations on and after January 1, 2010 and to other providers of goods or services on and after January 1, 2012.

Establishment of policies, practices and procedures

3. (1) Every provider of goods or services shall establish policies, practices and procedures governing the provision of its goods or services to persons with disabilities.

(2) The provider shall use reasonable efforts to ensure that its policies, practices and procedures are consistent with the following principles:

1. The goods or services must be provided in a manner that respects the dignity and independence of persons with disabilities.
2. The provision of goods or services to persons with disabilities and others must be integrated unless an alternate measure is necessary, whether temporarily or on a permanent basis, to enable a person with a disability to obtain, use or benefit from the goods or services.

3. Persons with disabilities must be given an opportunity equal to that given to others to obtain, use and benefit from the goods or services.

(3) Without limiting subsections (1) and (2), the policies must deal with the use of assistive devices by persons with disabilities to obtain, use or benefit from the provider's goods or services or the availability, if any, of other measures which enable them to do so.

(4) When communicating with a person with a disability, a provider shall do so in a manner that takes into account the person's disability.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures and, upon request, shall give a copy of a document to any person.

Use of service animals and support persons

4. (1) This section applies if goods or services are provided to members of the public or other third parties at premises owned or operated by the provider of the goods or services and if the public or third parties have access to the premises.

(2) If a person with a disability is accompanied by a guide dog or other service animal, the provider of goods or services shall ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law from the premises.

(3) If a service animal is excluded by law from the premises, the provider of goods or services shall ensure that other measures are available to enable the person with a disability to obtain, use or benefit from the provider's goods or services.

(4) If a person with a disability is accompanied by a support person, the provider of goods or services shall 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.

(5) The provider of goods or services may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

(6) If an amount is payable by a person for admission to the premises or in connection with a person's presence at the premises, the provider of goods or services shall ensure that notice is given in advance about the amount, if any, payable in respect of the support person.

(7) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures with respect to the matters governed by this section and, upon request, shall give a copy of a document to any person.

(8) In this section,

“guide dog” means a guide dog as defined in section 1 of the *Blind Persons Rights’ Act*; (“chien-guide”)

“service animal” means an animal described in subsection (9); (“animal d’assistance”)

“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. (“personne de soutien”)

(9) For the purposes of this section, an animal is a service animal for a person with a disability,

- (a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
- (b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

Notice of temporary disruptions

5. (1) If, in order to obtain, use or benefit from a provider’s goods or services, persons with disabilities usually use particular facilities or services of the provider and if there is a temporary disruption in those facilities or services in whole or in part, the provider shall give notice of the disruption to the public.

(2) Notice of the disruption must include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available.

(3) Notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider of goods or services, by posting it on the provider’s website, if any, or by such other method as is reasonable in the circumstances.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document that sets out the steps to be taken in connection with a temporary disruption and, upon request, shall give a copy of the document to any person.

Training for staff, etc.

6. (1) Every provider of goods or services shall ensure that the following persons receive training about the provision of its goods or services to persons with disabilities:

1. Every person who deals with members of the public or other third parties on behalf of the provider, whether the person does so as an employee, agent, volunteer or otherwise.
2. Every person who participates in developing the provider’s policies, practices and procedures governing the provision of goods or services to members of the public or other third parties.

(2) The training must include a review of the purposes of the Act and the requirements of this Regulation and instruction about the following matters:

1. How to interact and communicate with persons with various types of disability.
2. How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person.
3. How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods or services to a person with a disability.
4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.

(3) The training must be provided to each person as soon as practicable after he or she is assigned the applicable duties.

(4) Training must also be provided on an ongoing basis in connection with changes to the policies, practices and procedures governing the provision of goods or services to persons with disabilities.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its training policy, and the document must include a summary of the contents of the training and details of when the training is to be provided.

(6) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall keep records of the training provided under this section, including the dates on which the training is provided and the number of individuals to whom it is provided.

Feedback process for providers of goods or services

7. (1) Every provider of goods or services shall establish a process for receiving and responding to feedback about the manner in which it provides goods or services to persons with disabilities and shall make information about the process readily available to the public.

(2) The feedback process must permit persons to provide their feedback in person, by telephone, in writing, or by delivering an electronic text by email or on diskette or otherwise.

(3) The feedback process must specify the actions that the provider of goods or services is required to take if a complaint is received.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its feedback process and, upon request, shall give a copy of the document to any person.

Notice of availability of documents

8. (1) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall notify persons to whom it provides goods or services that the documents required by this Regulation are available upon request.

(2) The notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.

Format of documents

9. (1) If a provider of goods or services is required by this Regulation to give a copy of a document to a person with a disability, the provider shall give the person the document, or the information contained in the document, in a format that takes into account the person's disability.

(2) The provider of goods or services and the person with a disability may agree upon the format to be used for the document or information.

Commencement

10. This Regulation comes into force on January 1, 2008.

Appendix I – Interpreter Services Memo



Date: January 4, 2010
From: Darrell Sewell, Joint VP, Human Resources
To: All Staff, Physicians and Volunteers
Re: Interpreter Services for the Hearing Impaired

This memo is to highlight issues and obligations for health care providers involved with a patient who may have a hearing impairment:

The Supreme Court of Canada Ruled in the Eldridge Decision that "effective communication is an indispensable component of the delivery of medical services." As professionals involved in medical service to our community, Lakeridge Health is committed to ensuring that deaf patients have access to sign language interpreters as required to ensure safe medical services.

It is important that you be aware of the following when involved with a hearing impaired patient:

- the patient must be asked if they wish to have an interpreter
- the patient must be asked who they want to act as their interpreter (an assumption that a family member/significant other will work in the best interests of the hearing impaired client is not sufficient or appropriate)
- if the patient requests an interpreter service be contacted versus using a family member, the hospital is required by law to provide interpreter services (interpreter services will be charged to the hospital)
- the Canadian Hearing Society offers local Interpreter Services during the day & after hours

DAY TIME

Local number; 905-404-8490
Toll free phone: 1- 888-363-0373
Toll free TTY: 1-888-697-3617

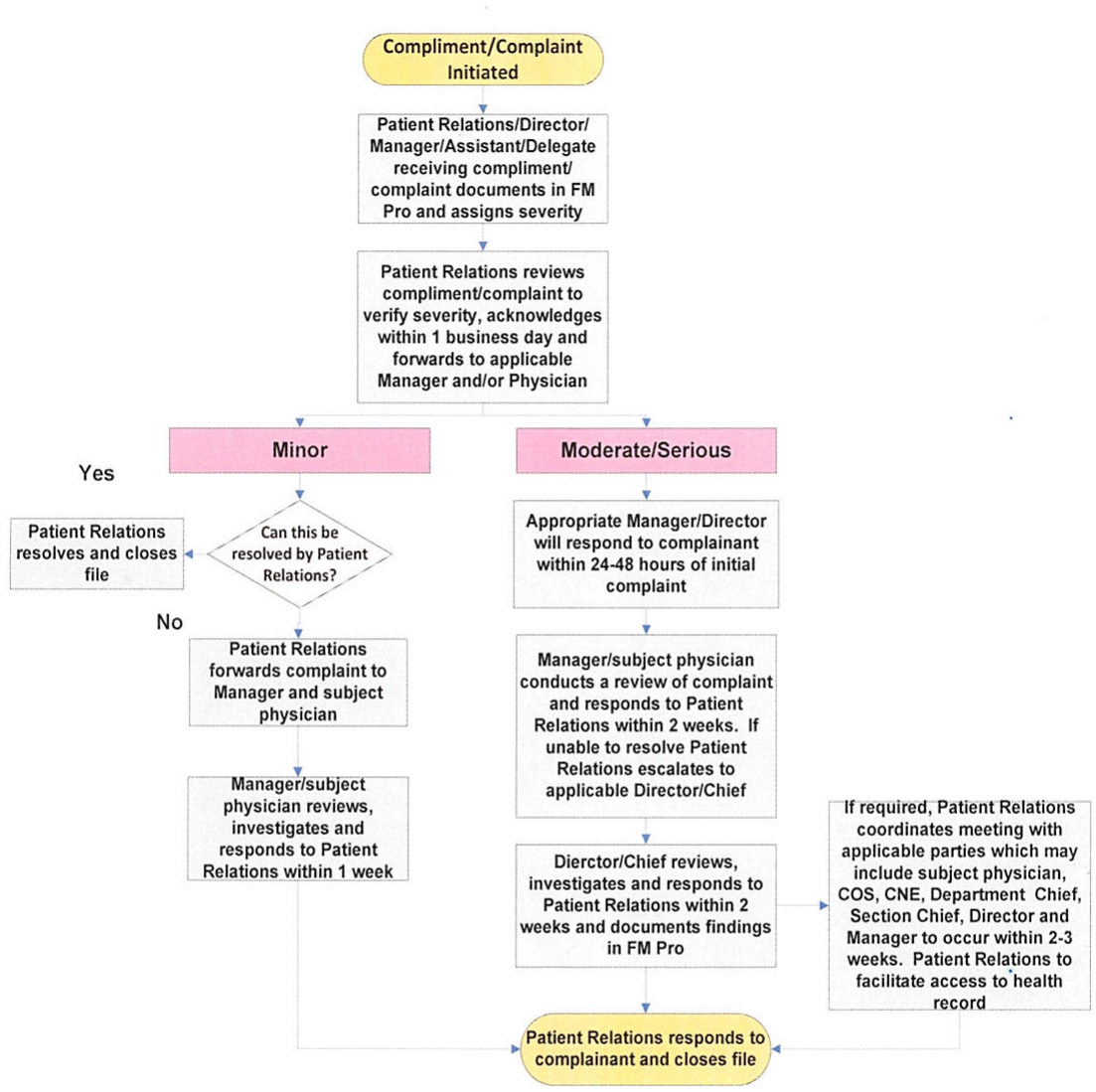
5pm 9pm on evenings
& 24hrs on weekends/holidays

Phone: 1 -866-256-5142
TTY: 1-866-831-4657
Email ois@answerplus.ca

For further information about all Interpreter Services at LH, please refer to the Interpreter and Translation Policy available on the WAVE.

Thank you for your cooperation.

Patient Compliment/Complaint Intake Process



- Family meetings may be requested at any time during the process
- Patient Relations will provide an update to the complainant every 2 weeks until the complaint is resolved
- Compliments/complaints are received by phone, email and “We Care” comment card. Patient Relations only acknowledges complainants who provide contact information.
- Applicable Chief and Medical Affairs to be copied on any communication related to Physicians
- Communication method with Physicians – to be discussed/reviewed

The following public articles appeared in local media (Oshawa, Whitby, Port Perry and Clarington)

Community Connection

Better Together: Renovations Make LH Hospitals More Accessible

A Message from the Chair of the Board

Lakeridge Health Is Listening

Pocket Talkers

Patent Lifts

Port Perry ER Wait Time Below Provincial Average

CE LHM Clinical Services Plan Coming

Transforming Challenges into Opportunities at Lakeridge Health

Portable TTYs

Lakeridge Health Welcomes Nursing Externs

The Doctor Is In

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Better Together: Online with Ontario Stroke Experts

New technologies Enhance Patient Experiences

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SCREEN SAVER – ON ALL COMPUTERS



Did you Know?

Sign Language Interpretation for Deaf patients is not only right it's the LAW

- ✓ the patient *must* be asked if they wish to have a sign language interpreter
- ✓ the patient *must* be asked who they want to act as their interpreter (an assumption that a family member/significant other will work in the best interests of the patient is not sufficient or appropriate)
- ✓ if the patient requests an interpreter service be contacted versus using a family member, the hospital is *required* by law to provide interpreter services (interpreter services will be charged to the hospital)
- ✓ hospital staff that know some sign language avoid interpreting for patients unless they are certified

1



Did you know?

TTY (telephone):

- Call Telecommunications at ext **2077**

Pocket Talker:

- LH Bowmanville: Sue Klein (ext 1155)
- LH Port Perry: Joyce Gibson (ext 4976)
- LH Oshawa: Cheryl Bogaert (ext 1350)




TTY
Pocket Talker

4



Did you know?

How Can I obtain the services of a Sign Language Interpreter?

The Canadian Hearing Society offers Interpreter Services during the day & after hours

DAY SERVICE:

- Local number 905-404-8490
- Toll free phone 1-888-363-0373
- Toll free TTY 1-888-697-3617

- oisdurham@chs.ca (email)

AFTER HOURS:

- 5pm - 9am on evenings as well 24 hours on weekends/ holidays
- Phone 1-866-256-5142
- TTY 1-866-831-4657
- Email ois@answerplus.ca

- ois@answerplus.ca (email)

2




Did you know?



To Access Customer Service training please visit the WAVE



5



Did you know?

Helpful Hints

When making an appointment for an interpreter, please:

- Call to book an interpreter as soon as you know one is needed by the patient and be as flexible as possible.

When working with a Sign Language Interpreter, remember to

- Turn on the lights in a quiet location.
- Face the Deaf patient when speaking, not the interpreter. Make and maintain eye contact with the Deaf patient. Speak directly to the Deaf person and avoid saying "tell him/her". Converse as you would with any hearing individual.
- Avoid using acronyms or jargon wherever possible.
- Interpreters provide interpretation only - they will not give advice or opinion on anything discussed.

3



Lakeridge Health Bowmanville



Four TTY machines purchased (Oshawa (2), Bowmanville (1), Port Perry (1)).



Replacement of fixed separations (with curtains) and door enlargement in Diagnostic Imaging change rooms to allow for wheelchairs and attendant assistance.



Replaced toilets with higher units, toilets and move other dispensers and garbage receptacles to allow for improved wheelchair space.



High visibility, anti-slip nosings (assists visually challenged).



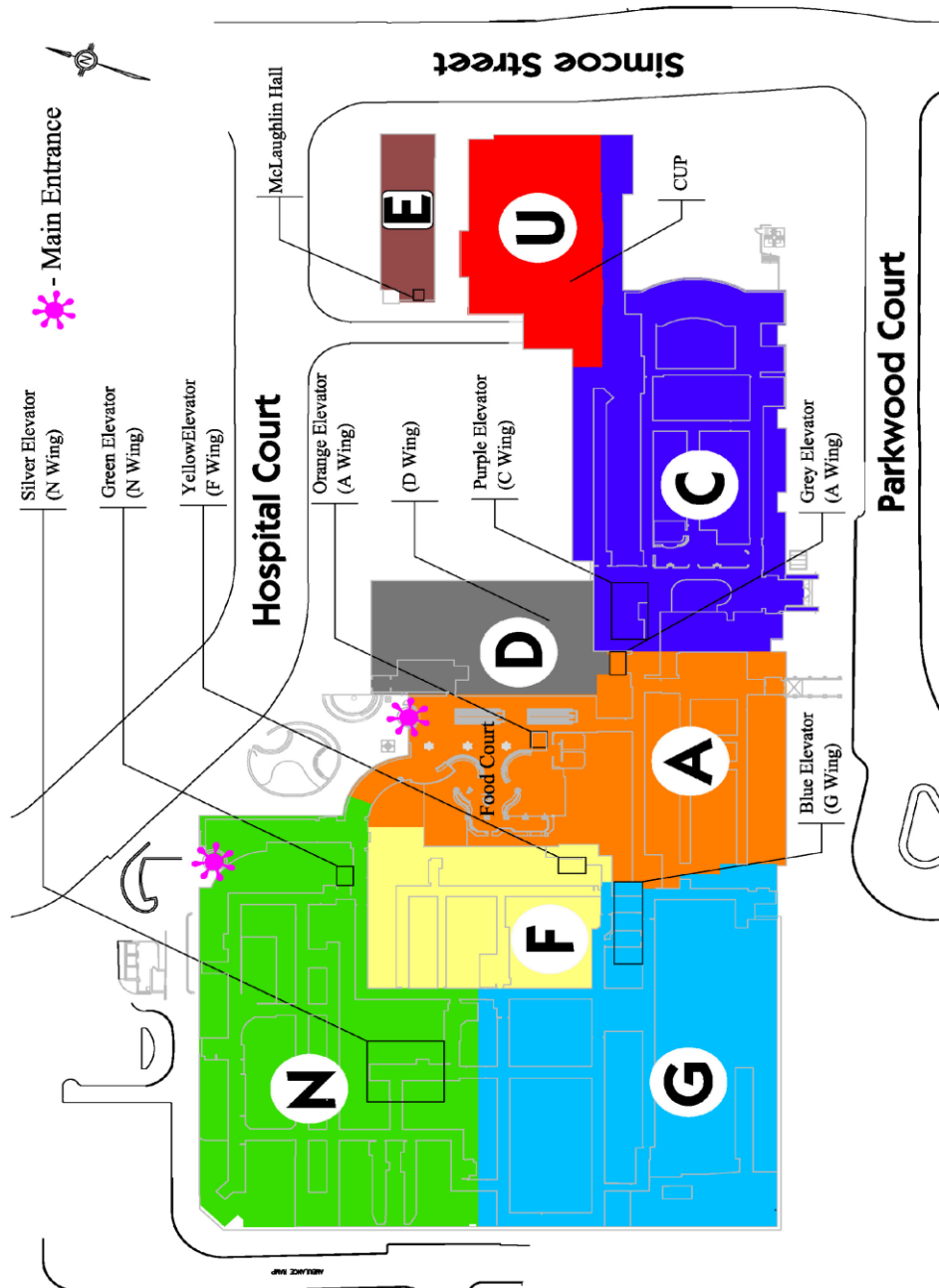
Lakeridge Health



Floor mats in LHEARN Centre

Eliminate 2 small, single male/female restrooms and replace with one large, unisex, accessible restroom with new fixtures.

New floor map of Lakeridge Health Oshawa





New signage in Lakeridge Health Oshawa parking Garage



New signage in Lakeridge Health Oshawa main lobby washroom



Payphone in Lakeridge Health Oshawa main lobby





Lakeridge Health Port Perry



Purchased and installed new, high efficiency lighting fixtures in main hallway to improve visibility



Four TTY machines purchased (Oshawa (2), Bowmanville (1), Port Perry (1))