



Accessible Customer Service Standards Policy

1. Purpose:

This document was created to demonstrate compliance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the new Accessibility Standards for Customer Service, Ontario Regulation 429/07 as well as obligations under the Ontario Human Rights Code respecting non-discrimination.

2. Scope:

This policy applies to all services and facilities of St. Mary's General Hospital, including all off site locations.

3. Policy Statement:

It is the policy of St. Mary's General Hospital that all employees, volunteers, physicians, contractors, and students will follow this policy. ST. MARY'S will use reasonable efforts to ensure that all patients with disabilities will receive care consistent with the following principles:

- Dignity
- Independence
- Integration
- Equity

St. Mary's General Hospital is committed to meet the accessibility needs of persons with disabilities in a timely manner.

4. Definitions:

- **Assistive Device**

Assistive device refers to devices or technologies such as wheelchairs, prostheses, mobility aides, hearing aids, visual aids, and specialized computer software and hardware to increase mobility, hearing, vision and communication capacities. With the aid of these technologies, people with a loss in functioning are able to enhance their abilities and are hence better able to live independently and participate in their societies.

o **Barrier**

A barrier is anything that keeps someone with a disability from participating fully in society because of his or her disability.

o **Disability**

A disability includes any or all of the following:

- 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.

o **Principle of Dignity**

Policies, procedures, and practices that respect the dignity of a person with a disability are those that treat them as customers and clients who are as valued and as deserving of effective and full service as any other customer. They do not treat people with disabilities as an afterthought or force them to accept lesser service, quality, or convenience. Service delivery needs to consider how people with disabilities can effectively access and use services and ensure that supports are in place.

o **Principle of Independence**

In some instances, independence means freedom from control or influence of others – freedom to make your own choices. In other situations, it may mean the freedom to do things in your own way. People who may move or speak more slowly should not be denied an opportunity to participate in a program or service because of this factor. A staff person should not hurry

them or take over a task for them if they prefer to do it themselves in their own way.

- o **Principle of Integration**

Integrated services are those that allow people with disabilities to fully benefit from the same services, in the same place and in the same or similar way as other customers. Integration means that policies, practices, and procedures are designed to be accessible to everyone including people with disabilities.

Sometimes integration does not serve the needs of all people with disabilities. In these cases, it is necessary to use alternate measures to provide goods or services. Alternate measures are ways of serving people with disabilities that are not completely integrated into the regular business activities of the organization. It might be that goods or services are provided to people with disabilities in a different place or in a different way than other customers. For example, using TTYs or e-mail to communicate with customers who are Deaf or have speech impairments is one way of offering phone services to them.

Alternative measures, rather than integration, might be necessary because the person with a disability requires it or because you cannot provide another option at the time. If you are unable to remove a barrier to accessibility, you need to consider what else can be done to provide services to people with disabilities.

- o **Principle of Equity**

Equity means having the same chances, options, benefits, and results as others. In the case of services, it means that people with disabilities have the same opportunity to benefit from the way you provide goods or services as others. They should not have to make significantly more effort to access or obtain service but should have the right level of supports available to them unique to their needs to participate and benefit equitably. They should also not have to accept lesser quality or more inconvenience.

Sometimes this may mean that you must treat individuals slightly differently so that they can benefit fully from your services. Equity can best be reached by taking steps to ensure that individual needs are considered when providing goods or services. Equity does not exist if individuals cannot have full benefit from your goods or services because of barriers to their access or participation. Sometimes the principles need to

be balanced to achieve the outcome that meets the needs of the person with a disability.

- o **Self-Service Kiosks**

A Self-service kiosk is an interactive electronic terminal which is used to access products and services such as paying parking fees, obtaining cash, patient self registration.

- o **Service Animals**

Service animals are specially 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 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. 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 assist a person with a disability.

- o **Support Persons**

A “support person” means, in relation to a person with a disability, another person who accompanies them to help with communication, mobility, personal care or medical needs, or with access to goods or services. The assumption should never be made if a support person may/may not be a substitute decision maker.

5. Assistive Devices

Wherever possible we prefer that patients bring any required assistive device to hospital with them.

Any assistive device required to assist a person in accessing medical care services by supporting communications, mobility or personal or medical care will be allowed wherever reasonably possible.

In cases where the assistive device presents a significant and unavoidable health or safety concern or may not be permitted for other reasons, other measures will be used to ensure the person with a disability can access our services.

In the in-patient setting, any personal medical care or devices may

be reviewed/approved by the patient care team.

We will ensure that our staff are trained and familiar with various assistive devices we have on site or that we provide that may be used by customers with disabilities while accessing our goods, services, or facilities.

6. Disruptions in Service

In the event of a planned or unexpected disruption to services or facilities, we will notify customers promptly. This notice shall be provided on the hospital's website (www.smgh.ca) and posted at the location and will include information about the reason for the disruption, its anticipated length of time, and a description of alternative facilities or services, if available.

Notice may be provided to patients in one of the following ways:

- o in newspaper, or
- o on patient trays.

7. Feedback

St. Mary's General Hospital is committed to providing high quality services to all members of the public it serves. Feedback from the public is welcomed as it may identify areas that require change and encourage continuous service improvements.

Feedback from a member of the public about the delivery of services to persons with disabilities or the hospital's facilities may be given by telephone, in person, in writing, in electronic format or through other methods. We will make sure our feedback process is accessible to people with disabilities by providing or arranging for accessible formats and communications supports, on request. All feedback brought to the attention of the Patient Experience Office will be tracked through an electronic database to allow for trending and analysis.

Information about the feedback process is available to the public on the hospital's website (www.smgh.ca).

All questions and concerns received shall be acknowledged promptly. Response time to submissions will be dependent on the complexity of the issue, but will not exceed 5 business days, unless there are extenuating circumstances that have been communicated to the submitter.

8. Service Animals

Responsibilities

Program Manager or Designate

- Inform the 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 (including Physicians and Volunteers)

- 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 make prolonged eye contact with the dog (note: For a dog, prolonged and direct eye contact be seen as a challenge, threat, or something to make them uneasy).
- Are not to provide care for the service animal while performing their professional health related responsibilities.

Accessibility

Service animals may accompany people with disabilities in all areas of the hospital except where excluded by law or where there is a significant risk to a staff person or member of the public (identified risk of severe allergic reaction).

Infection Control must be considered by staff when a service animal accompanies a person with a disability throughout the hospital.

Service animals are not permitted where sterile procedures occur in accordance with the Health Promotion and Protection Act including but not limited to:

- Operating Rooms;
- Minor Procedure Rooms or Rooms where sterile interventional procedures are occurring;
- In any room where radiation exposure occurs (X-ray, CT);

- and
- o Rooms in which transmission-based precautions are in place (Isolated rooms).

All reasonable efforts are to be made to accommodate the patient with a service animal. Staff will collaborate, discuss, and develop an accessibility plan identifying necessary support arrangements.

Identification

When we cannot easily identify that an animal is a service animal, our staff may ask a person to provide documentation (template, letter, or form) from a regulated health professional that confirms the person needs the service animal for reasons relating to their disability.

A service animal can be easily identified through visual indicators, such as when it wears a harness or a vest, or when it helps the person perform certain tasks.

A regulated health professional is defined as a member of one of the following colleges:

- College of Audiologists and Speech-Language Pathologists of Ontario
- College of Chiropractors of Ontario
- College of Nurses of Ontario
- College of Occupational Therapists of Ontario
- College of Optometrists of Ontario
- College of Physicians and Surgeons of Ontario
- College of Physiotherapists of Ontario
- College of Psychologists of Ontario
- College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario

If in doubt, consult with the Manager of the department and/or Accessibility Coordinator.

Control and Stewardship

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

Conflict

If any organizational policies on accessibility conflict with the needs of the patient, the one less restrictive for the service animal is to

prevail unless clear safety issues are present. There must always be documentation in the patient's health record of any circumstances and rationale where a service animal is prohibited or separated from its owner.

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 likely to behave based on the experience with other service animal 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 demeanour 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 Patient Relations is recommended in difficult situations.

A service animal may only be evicted, excluded, or separated from its owner if the animal's actual behaviour poses a direct threat to the health or safety of others, if contraindicated by the attending physician for sound medical reasons. These circumstances and rationale must be documented in the patient's health record.

Elective Patient Admissions

- There is pre-planning and documentation with the owner and healthcare provider;
- The owner is responsible for pre-planning with an animal support person if necessary;
- All reasonable efforts are to be made to accommodate the patient and service animal with no advanced notification;
- The service animal may be brought to the hospital to visit and to resume its duty as soon as possible.

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 may 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. In an emergency situation the Human Society does provide emergency temporary shelter.

- If the patient arrives without their service animal it may be brought to the hospital to visit and to resume its duty as soon as possible.

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 will contact their supervisor to ensure that an alternate care provider will be assigned.

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 affect others adversely/put others at risk.

9. Support Persons

St. Mary's welcomes support persons who accompany patients with disabilities to hospital premises. Reasonable efforts will be made to ensure that people with disabilities have access to their support persons except where the safety of a person is a risk. If the support person cannot accompany the person with the disability, staff ensures measures are available for the person to obtain, use and benefit from care and services.

10. Procurement Process

St. Mary's has incorporated accessibility criteria and features into the Purchasing Request for Proposal Document when procuring or acquiring goods, services, or facilities, except where it is not practicable to do so.

11. Self Service Kiosks

New or updated self-service kiosks that are introduced at St. Mary's General Hospital must consider accessibility in the RFP process. Accessibility features to be considered may include:

Technical features:

- Colour contrast on the display screen
- Extra time for people to complete tasks
- Voice-activated equipment

Structural features:

- Height and stability of the kiosk
- Headset jacks with volume control
- Specialized keypads or keyboards

Another key accessibility feature is the path to the kiosk, ensuring that people with mobility aids can easily access the kiosk.

12. Training

All staff and every person who deals with members of the public or other third parties on behalf of St. Mary's, whether the person does so as an employee, agent, volunteer or otherwise, will receive training on the Accessibility for Ontarians with Disabilities Act, 2005. New staff will receive training during their orientation period. Training will address the following topics (as outlined in the Guide Accessibility Standards for Customer Service, Ontario Regulation 429/07):

- Review of the purpose of the Accessibility for Ontarians with Disabilities Act, 2005
- Review of the requirements of the customer service standard
- Instruction on how to interact and communicate with people who have various types of disabilities
- Instruction on how to use equipment or assistive devices available on our premises or that we otherwise provide that may help with the provision of goods and services to people with disabilities
- Instruction about how to interact with people with disabilities who have a guide dog or other service animal
- Instruction on how to interact with people with disabilities who are accompanied by a support person when we are providing service to them
- Instructions on what to do if a person with a disability is having difficulty accessing our services
- Training on our policies and procedures relating to the customer service standard

Training will 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.

13. Emergency Planning and Accessibility

In the event of an evacuation (Code Green) or other emergency response, persons with disabilities will be supported based on their individualized needs understanding the procedures required for a safe and timely evacuation/emergency response.

14. Access to Documentation

Customer Service Standard documents are available upon request through our Communications Department, in the policy and procedure manual, and on our website. Documents will be provided in accessible format, upon request.

15. References

- The Ontario Human Rights Code
- Accessibility for Ontarians with Disabilities Act, 2005
- Accessibility for Ontarians with Disabilities Act. 2005 Customer Service Standard 429/07
- Blind Persons' Rights Act. R.S., c. 40,s. 1.s. 2
- Hamilton Health Sciences Clinical Manual: Corp-Service Animals in the Hospital Policy
- Centre of 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.

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Where relying upon any St. Mary's General Hospital policy and/or procedure, users are requested to consult the online policy and procedure manual to ensure access to, and use of the most current, up-to-date and accurate policy. St. Mary's General Hospital cannot guarantee the currency or accuracy of any printed policy and/or procedure.

Appendix A: List of on-site Assistive Devices and Contact Persons

Type of Assistive Device	Information	How to Access
OT equipment	<p>Reacher, sock aide, shoe horn, uplift cushions, magnifying glass.</p> <p>Flat call bell, raised toilet seat, sturdipole</p> <p>E-Z Call Nurse Cords (2).</p> <p>Sip/puff call bell</p>	<p>For inpatient areas, contact your designated Occupational Therapist.</p> <p>For areas without a designated OT, contact the Lead Occupational therapist at x5638.</p> <p>Contact Engineering Services x6405 or submit a Maintenance Request.</p>
Wheelchairs and wheelchair equipment	Wheelchairs, amp boards (R/L and Bilateral), trays, hemi trays, pressure reduction seating.	<p>For inpatient areas, contact your designated Occupational Therapist.</p> <p>For areas without a designated OT, contact the Lead Occupational therapist at x5638.</p>
Bariatric Equipment	Please see the Bariatric /Special Equipment	
IT	TTY phone	Sign out from Switchboard
Communication	<p>Electronic voice box, communication board, Specialized Services (Communication Technology Clinic – CTC)</p> <p>Pocket Talkers</p>	<p>Contact the Speech Language Pathologist x5672</p> <p>500 and Outpatient Geriatrics</p>

Type of Assistive Device	Information	How to Access
	Language "Voyce" Interpretation System	Available on all inpatient and outpatient units.
Mobility/Gait Aides	Rollator, quad cane, 2 wheeled walker, 4 wheeled walker, lift walker, sliding board	For inpatients areas, contact your designated physiotherapist. For areas without a designated PT, contact the Lead Physiotherapist at x5636.
Small Stature Equipment	Please see the Bariatric /Special Equipment	