



Accessible Customer Service Standards Policy

St. Mary's General Hospital, Kitchener

November, 2013

1.0 Purpose:

This document was created in order 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.

2.0 Scope:

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

3.0 Policy Statement:

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

- Dignity
- Independence
- Integration
- Equal Opportunity

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

4.0 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.
- **Barrier**
A barrier is anything that keeps someone with a disability from participating fully in society because of his or her disability
- **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;
- **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 take into account how people with disabilities can effectively access and use services and show respect for these methods.
- **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.
- **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.

- **Principle of Equal Opportunity**

Equal opportunity 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. They should also not have to accept lesser quality or more inconvenience.

Sometimes this may mean that you have to treat individuals slightly differently so that they can benefit fully from your services. Equal opportunity can best be reached by taking steps to ensure that individual needs are taken into account when providing goods or services. Individuals do not have equal opportunity if they cannot have full benefit from your goods or services because of barriers to their access or participation.

Sometimes the principles need to be balanced in order to achieve the outcome that meets the needs of the person with a disability.

- **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.

- **Service Animals**

Service animals individually trained to assist people with disabilities in the activities of normal daily living, to enhance quality of life and mitigate their disabilities. These animals provide persons living with disabilities a variety of services, including but not limited to, guiding 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 help a person overcome the limitations of their disability. For more information on Service Animals at SMGH, refer to the Infection Control Pet Visiting and Service Animal Policy.

- **Support Persons**

A "support person" means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services. A support person may/may not be a substitute decision maker.

5.0 Assistive Devices

Procedure:

1. Wherever possible we prefer that patients bring any required support person, service animal or assistive device to hospital with them.
2. Any support person, animal or assistive device required to assist a person in accessing medical care services by supporting communications, mobility or personal or medical care will be allowed where reasonably possible.
 - a. In the in-patient setting, any personal medical care or devices may be reviewed/approved by the patient care team.
3. If the assistive devices brought into the facility are electric they will need to be reviewed by the Engineering department by contacting x 6405 or by submitting a work order.
4. If the assistive device is an IT product i.e. computer or phone type, it will need to be approved by our IT department by contacting the Helpdesk at x5617. The Helpdesk staff will acknowledge the request as an accessibility issue and it will be prioritized in the queue.
5. If the patient requires an assistive device to be provided, they may request from the list (see Appendix A). Motorized scooters and powered wheelchairs are not available.

Equipment:

See Appendix A for list of on site Assistive Devices and contact persons.

6.0 Disruptions in Service**Procedure:**

In the event of a planned elevator service disruption at any of the hospital's facilities or to the delivery of services, notice shall be provided on the hospital's website (www.smgh.ca) and posted at the location.

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

- o in newspaper, or
- o on patient trays, or
- o in the Grapevine

The contact person shall be provided notice about the reason for the disruption, its anticipated duration and a description of alternative facilities or services that may be available.

In the event of an unexpected disruption, where possible, notice shall be posted at the facility or service location in a noticeable place, or posted on the hospital's website (www.smgh.ca) or by such other method as is reasonable under the circumstances.

7.0 Feedback**Procedure:**

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.

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 15 business days, unless there are extenuating circumstances that have been communicated to the submitter.

8.0 Service Animals and Support Persons

8.1 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 eye contact with the dog
- Are not to provide care for the service animal while performing their professional health related responsibilities.

8.2 Accessibility

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

Where requested, patients will be supported in their right to have a **support person** except where safety may be compromised or another patient may be unreasonably infringed upon.

Staff are to communicate directly with the patient and not through the support person.

8.3 Identification

The service animal is required to have or be accompanied by identification of the training school it attended or able to be clearly identified/recognized as a service animal (e.g. identification card, harness or jacket with markings of the training school). If in doubt, consult with the Manager and/or Accessibility Coordinator.

8.4 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.

8.5 Conflict

If any policies on accessibility conflict, 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.

8.6 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 past 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 a 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.

If a **support person** is causing disruption to the treatment of the patient in such a way that the professional is unable to provide appropriate treatment or the staff feel unsafe, the support person may be asked to leave.

8.7 Elective Patient Admissions

- There is pre-planning and documentation with the owner and health-care 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.

8.8 Outpatient Procedures or Clinic Appointments

All reasonable efforts are to be made to accommodate a patient with a service animal &/or **support person** if no advanced notification occurs.

8.9 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.
- 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.

8.10 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.

8.11 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.

9.0 Procurement Process

SMGH 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.

10.0 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.

11.0 Training

All staff and every person who deals with members of the public or other third parties on behalf of SMGH, 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.

12.0 Emergency Planning and Accessibility

Staff members who may need assistance during an evacuation should contact Occupational Health. A questionnaire will be completed in order to assist with determining individual accommodations for staff during an evacuation.

Concerns regarding accessibility and emergency planning will be flagged on both the pre-employment questionnaire and the modified work documents utilized by Occupational Health for new and current staff.

13.0 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.

14.0 Documentation

See Also:

- Personal electrical/electronic equipment (engineering)
- SMGH Interpreter Policy
- SMGH Cell Phone Policy
- Pet Visiting and Service Animals Policy (infection control)
- Request for Proposal document (purchasing)

External References

- 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.
- Human Rights Code
- Ontarians with Disabilities Act
- Ontario Blind Person's Rights Act

Origin

: April 9, 2009

Date Approved: June 16, 2009 (Senior Team)

Date Reviewed: November 2010; June 2012; November 2013

Effective Date:

Superseded Date:

Responsibility: Accessibility Working Group

References: SMGH Infection Control Policy – Pet Visiting & Service Animal Policy

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, splints (custom and prefab options), uplift cushions, magnifying glass.</p> <p>Flat call bell, raised toilet seat, sturdipole</p> <p>E-Z Call Nurse Cords (2).</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 Cabinet in Meditech.	
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 Line Phones	Available on all inpatient and outpatient units. See also "Use of Interpreters" policy
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 Cabinet in Meditech.	