

Section: Accessibility

ID: AC-1.1

Name: Providing Services and Information to Patients/Clients with Disabilities Procedure

Responsibilities

The Accessibility Coordinator is responsible for the implementation of the Providing Services and Information to Patients/Clients with Disabilities procedure.

Expectations

1. Communication

- a) The GBACHC will communicate with patients/clients with disabilities in ways that consider their disability.
- b) The GBACHC will train staff who communicate with patients/clients on how to interact and communicate with patients/clients with various types of disabilities.
- c) The GBACHC will make all written information and other forms of communication accessible, upon request. If a patient/client with a disability asks for accessible information or requires communication supports, the Accessibility Coordinator, and all GBACHC staff, will work with them to determine how to meet patient/client's needs. Accessible information will be provided in a timely manner.
- d) When information comes from another organization, or is found on products or product labels, the GBACHC will provide an explanation in the format of the patient/client's choice.
- e) The GBACHC will provide the following information in an accessible format to patient/clients, visitors, the public and staff:
 - a. Emergency and public safety information:
 - b. Emergency plans and procedures
 - c. Maps, warning signs and evacuation routes
 - d. The patient/client feedback process.
 - e. Information about alarms and other emergency alerts

2. Telephone Services

- a) The GBACHC is committed to providing fully-accessible telephone service to patients/clients. The GBACHC will train staff to communicate with patients/clients over the telephone in clear and plain language and to speak clearly and slowly.

- b) The GBACHC will offer to communicate with patients/clients by email if the using the telephone is not suitable to the patient/client's communication needs.

3. Assistive Devices

- a) The GBACHC is committed to serving patients/clients with disabilities who use assistive devices to obtain, use or benefit from GBACHC services. The GBACHC staff will be trained and made familiar with various assistive devices that may be used by patients/clients with disabilities while accessing GBACHC services.
- b) The GBACHC will provide patients/clients with notice in the event of a planned or unexpected disruption in the facilities or services usually used by patients/clients with disabilities. This notice will include information about the reason for the disruption, its anticipated duration, and a description of alternative facilities or services, if available.
- c) The notice will be placed at all public entrances and service counters on the premises.

4. Training for Staff

- a) The GBACHC will provide training to all employees, volunteers, students and others who deal with the patients/clients and to all those who are involved in the development and approval of patient/client service policies, practices and procedures. Training will occur during the employee, volunteer or student orientation process.
- b) Training will include the following:
 - a. The purpose of the Accessibility for Ontarians with disabilities Act, 2005 and the requirements of the patient/client service standard.
 - b. How to interact and communicate with patients/clients with various types of disabilities.
 - c. How to interact with patients/clients with disabilities who use an assistive device or require the assistance of a service animal or support person.
 - d. How to use wheelchairs, walkers and all other devices that are relevant to the employee's, volunteer's or student's area of work.
 - e. What to do if a patient/client with a disability is having difficulty accessing GBACHC's services.
 - f. Staff, volunteers and students will be trained on an ongoing basis when changes are made to accessibility-related policies, practices and procedures.

5. Feedback Process

- a) Feedback regarding the way the GBACHC provides services to patients/clients with disabilities can be delivered in the following ways:
 - a. In writing attention to: The GBACHC Accessibility Coordinator
 - b. By email to: cbregman@gbchc.com
 - c. By phone: 519-238-1556 x210
 - d. In person by asking for the GBACHC Accessibility Coordinator or designate.
 - e. By using other methods as agreed upon by the patient/client and the GBACHC.
- b) All feedback will be directed to the GBACHC Accessibility Coordinator. Patients/clients can expect to hear back within 30 days from receipt of request.
- c) Complaints will be addressed according to complaint categories established in the GBACHC Complaints/Compliments Policy.

6. Modifications to GBACHC Policies and Procedures

- a) Any policy or procedure of the GBACHC that does not respect and promote the dignity and independence of patients/clients with disabilities will be modified or removed.

7. Questions about GBACHC Accessibility Policies and Procedures

- a) Questions about these policies and procedures as they relate to accessibility can be forwarded to the Accessibility Coordinator at 519-238-1556 x210 or email cbregman@gbchc.com.
- b) All policy and procedure documents related to accessibility are available to the patient/client upon request in a format agreed upon by the patient/client with a disability.
- c) All documentation related to accessibility will be posted on the internet and can be accessed through the GBACHC website: www.gbachc.ca/overview.

8. Use of Service Animals

- a) A patient/ client accompanied by a service animal is not required to disclose the nature of their disability.
- b) Service animals are not considered to be pets but rather an auxiliary aid like the use of a cane, crutch or wheelchair.

- b) In areas where service animals are not permitted by law, the GBACHC staff and affiliates will provide alternate means of assistance to ensure that the patient/client has access to GBACHC or affiliate services.
- c) As per the Accessibility for Ontarians with Disabilities Act, 2005 – O.Reg 429/07 Section 4 (Use of service animals or support persons), an animal is a service animal for a patient/client with a disability in the following circumstances:
 - a. If it is readily apparent that the animal is used by the patient/client for reasons relating to their disability.
 - b. If the patient/client provides a letter from a physician or nurse practitioner confirming that the patient/client requires the service animal for reasons relating to the disability.
- d) Examples of service animals include:
 - a. A guide animal trained by authorized vendors to service patients/clients who are visually impaired and/or blind.
 - b. A hearing animal, trained to alert a patient/client with significant hearing loss or who is deaf when a sound occurs, such as a knock on the door or fire alarm.
 - c. Special-skills animal trained to assist a patient/client who has a mobility or health disability. Duties may include carrying, fetching, opening doors, ringing doorbells, activating elevator buttons, steadying a patient/client while walking, helping a patient/client up after a fall, and emotional support. These animals are sometimes called assistance animals.
 - d. A seizure response animal is trained to assist a patient/client with a seizure disorder. The animal's service depends on the patient/client's needs. The animal may go for help or may stand guard over the patient/client during a seizure. Some animals have learned to predict a seizure and warn the patient/client.
 - e. A companion animal or emotional support animal is an animal that assists patients/clients with psychological disabilities. Emotional support animals can help alleviate symptoms of depression, anxiety, stress and difficulties with social interactions, allowing individuals to live independently and fully use and enjoy their living environment.
- e) Supervision
 - a. The service animal must be supervised and the handler or designate must always retain full control of the animal.
- f) Awareness Training

- a. The GBACHC staff should be aware of the following while caring for a patient/client who is accompanied by a service animal:
- b. Do not pet or touch a service animal. Petting a service animal when the animal is working distracts the animal from the task at hand.
- c. Do not feed a service animal. The service animal may have specific dietary requirements. Unusual food at an unexpected time may cause the animal to become ill.
- d. Do not deliberately startle a service animal. Do not separate or attempt to separate a patient/client from his or her service animal. Avoid making noises at the animal (e.g. whistling or clapping.)
- e. Converse with the owner/ handler, not the animal. Avoid eye contact with the animal.
- f. Avoid initiating conversation about the service animal, the patient/client's disabilities or other service animals one has known. If you are curious you may ask if the owner/handler would like to discuss it but be aware that many patients/clients with disabilities do not care to share personal details.
- g. Remember, not all disabilities are visible. The nature of the patient/client's disability is a private matter, and you are not entitled to inquire for details. Service animals may wear specialized identifiable harnesses or vests. All service animals/users have identification cards.
- h. Staff caring for the patient/client shall make provisions for the service animal to go outside and relieve itself.

9. Use of Support Person

- a) A support person may be a regulated health professional or unregulated person such as a family member, volunteer or friend.
- b) The GBACHC reserves the right to limit a support person's access to their charge based on medical or safety considerations. For example, if a support person has a communicable illness and it is likely that they will put others at risk due to their illness, they may be denied access to their charge or to areas of the GBACHC. If a patient/client with a disability is deprived of access to their support person for this reason, the GBACHC will assume responsibility for basic care of the patient/client with a disability.
- c) If possible, situations requiring the separation of the patient/client and the support person will be discussed in advance and appropriate measures will be taken.
- d) The GBACHC may also require the presence of a support person if it is deemed by staff that a significant amount of risk would be incurred by a patient/client with a disability who is attempting to access GBACHC services without assistance.

10. Notice of Service Disruption

- a) In the event of a service disruption to the GBACHC elevating device the following procedure will immediately be taken into effect:
 - a. The GBACHC maintenance staff will complete a notice of service disruption form. The notice must be completed in full and include all the following information:
 - i. The date of the disruption
 - ii. The anticipated duration of the disruption including start time and anticipated time the disruption will be resolved.
 - iii. Complete listing of alternate means of access and where they are located.
 - b. The GBACHC maintenance staff will then post copies of the completed service disruption form in all the following areas:
 - i. Elevator doors, upper and lower levels
 - ii. Front entrance of the building
 - iii. Main Reception
 - c. The GBACHC maintenance staff will communicate the notice of disruption including anticipated duration and alternate means available for accessing the building to the following staff and departments:
 - i. Main Registration: Medical Office Assistant (MOA) staff will verbally communicate that there is a disruption to patients/clients and the public who may be coming to departments that require the use of the elevator. The MOA staff will provide directions for the alternate means of access.
 - ii. All departments that may be affected by the disruption. Every attempt is to be made to notify the department in person. If staff from the respective departments are not available in person then a voicemail or email with details of the disruption is to be left on the department voicemail or email Departments including the following:
 - iii. Diabetes Education (3 extensions)
 - iv. Social Work (2 extensions)
 - v. Community Nutrition
 - vi. Health Promotion/ Partnerships

vii. One Care

- b) In the event of an extended disruption, each department will exercise at their discretion based on caseload whether patients/clients will be individually notified about the disruption and the alternate means of available for accessing the services.
- c) Upon completion of the service disruption the maintenance department will be responsible for the following:
 - a. Removing all posted notices of the service disruption.
 - b. Informing all relevant departments that the service disruption is now over as outlined in number 3 above.

11. Web Content Accessibility

In meeting the WCAG 2.0 Level AA accessibility standards, the GBACHC will ensure the following web content criteria are met:

- a) "Alt Tags" are included with any non-text content.
- b) Ctrl++ is allowed for text size increases.
- c) Downloadable documents are in Portable Document Format (PDF) format to support audio playback.
- d) "Closed Captioning" and/or "Descriptive Video" are included with original content for live synchronized media.
- e) A Site Map is available to show website navigation.
- f) Content is created with a solid background with an opposite colour assuring consistent contrast to better see and hear content.
- g) Website content is tab-able so that all functionality is available from a keyboard.
- h) Enough time to read and use content is achieved by proper transitions between changeovers on web pages.
- i) The website is designed to not induce seizures.
- j) Web pages include a breadcrumb bar appearing horizontally across the top of the page below the title bar or header. The breadcrumb bar provides links back to each previous page(s) the user navigated through to get to the current page, or in hierarchical site structures, the parent pages of the current one. Breadcrumbs provide a trail for the user to follow back to the starting or entry point.
- k) Content is easily readable and follows proper grammatical standards.

- l) Web pages appear and operate in predictable ways.
- m) Content flows error free.
- n) Content is created to be used with existing and new assistive technologies.

12. Language and Translation Resources

- a) It is essential that health care procedures, instructions, and information are clearly communicated and understood so that patients/clients can make informed health care decisions. It is important that any interpreter provides the following:
 - a. Accuracy - no opinions or advice.
 - b. Clarity - clear and concise in both languages.
 - c. Confidentiality - information remains within the circle of care.
 - d. Objectivity - impartial and objective.
 - e. Professional - punctual, courteous and respectful.
 - f. Cultural Interpretation - clarifies concepts pertaining to cultural issues if requested.
- b) A list of interpreters for languages used in the community (spoken and sign) will be generated, where possible. This list will be kept in the Primary Care Department to facilitate access at any time of the day and on weekends and updated as required.
- c) Telehealth at 1-866-797-0000 will also provide translation, in many languages, services 24 hours/day, seven days a week.
- d) Translation is also provided for a fee from Cross Cultural Learners Centre in London. The fee will be covered by GBACHC. Call 519-432-1133 to book their service.
- e) For those patients/clients who are deaf or hard of hearing:
 - a. The patient/client will be asked which of the following communication methods they would prefer to use:
 - b. Through a family member/friend
 - c. Written format
 - d. Verbal (lip reading)
 - e. The use of a language interpreter.
 - f. A qualified sign language interpreter can be arranged through the Canadian Hearing Society (London) at 1-519-667-3325, or emergency

after hours at 1-866-256-5142. Pre-booking appointments for patients/clients who require interpreters is encouraged.

- g. Note: The right to access is supported by a 1997 Supreme Court ruling, which asserts that it is the GBACHC's responsibility to provide and pay for the services of sign language interpreters.