

# GBFHT HUMAN RESOURCE

## POLICIES AND PROCEDURES MANUAL

<b>Policy:</b>	<b>Accessibility for Ontarians with Disabilities</b>		
<b>Scope:</b>	For All Employees		
<b>Policy #</b>	5.16	<b>Revision #</b>	1
<b>Last Reviewed Date:</b>	July 4, 2012		

### Background

The Accessibility for Ontarians with Disabilities Act 2005 builds on the Accessibility for Ontarians with Disabilities Act 2001. This provincial legislation has the purpose of developing, implementing and enforcing accessibility standards in order to achieve accessibility for persons with disabilities with respect to services, facilities, buildings employment, structures and premises and to involve persons with disabilities in the development of those standards. It applies to both the public and private sector.

The GBFHT must meet the requirements of accessibility standards established by AODA regulations. Ontario Regulation 429/07 – Accessibility Standards for Customer Service – apply to every designated public sector organization and to every other person or organization that provides services to members of the public or other third parties and that has at least one employee in Ontario. This policy establishes the accessibility standards for Customer Service for the GBFHT, in accordance with the requirements of Ontario Regulation 429/07.

### Policy Statement

The Georgian Bay Family Health Team (GBFHT) is committed to providing a respectful, welcoming, accessible, and inclusive environment in the provision of services for employees, patients/clients and visitors.

The GBFHT is committed to, and strives to ensure that, the *Accessibility for Ontarians with Disabilities Act (AODA), 2005, Ontario Regulation 429/07 Accessibility Standards for Customer Service*, and all other relevant legislation concerning accessibility are rigorously observed. The GBFHT ensures that all persons within its community are aware of their rights and responsibilities to foster an accessible and inclusive environment with and for persons who have disabilities.

This policy includes:

- Providing Services to People with Disabilities
- Communication

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- Inclusive Meetings
- Telephone Services
- Format of Documents
- Assistive Devices
- Use of Service Animals
- Support Persons
- Notice of Temporary Disruptions
- Feedback process
- Training

This policy applies to all GBFHT employees who deal with the public or other third parties as well as persons developing policies, procedures and practices pertaining to the provision of services to the public or other third parties, whether they do so as employees, agents (Service Providers) or otherwise.

### **Definitions**

#### ***Assistive Device***

Any technical aid, communication device that is designed, made, adapted or customized to assist a person with a disability to increase, maintain, or perform a particular task.

#### ***Disability***

- Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;
- a condition of mental impairment or a developmental disability;
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- a mental disorder; or,
- an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

#### ***Barrier***

As defined by the Ontarians with Disabilities Act, 2001, anything that prevents a person with a disability from fully participating in all aspects of society because of his/her disability. It includes a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier...a policy or a practice barrier.

#### ***Service Animal***

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Animals trained to assist a person with disability and not to be confused with pet visitation or pet therapy animals. E.g. Guide dog for a blind person and having the qualifications prescribed by the regulations; (Blind Persons Rights Act 1990 s1 (1)). The service animal is trained to assist people with disabilities in the activities of normal daily living, to enhance quality of life and mitigate their disabilities. The animal provides a variety of services, including but not limited to, guiding individuals with impaired vision; alerting individuals who are hearing impaired to sounds; providing companionship; pulling a wheelchair; alerting to seizures; opening/closing doors, or retrieving dropped items. A service animal may access all places open to the public when accompanying its human partner, as required by law (health and safety guidelines). Service animals may include dogs, cats, rabbits, etc.

### ***Service Equity***

A process designed to result in consistent and fair quality of service to people who have been historically excluded from receiving equitable service; and elimination of barriers to access in service.

### ***Support Person***

An individual hired or chosen by a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or with access to or services. The support person could be a paid personal support worker, a volunteer, a friend or a family member. He or she does not necessarily need to have special training or qualifications.

## **Detailed Policy**

### **1. Providing Services to People with Disabilities**

People with disabilities will be given an equal opportunity to obtain, use and benefit from GBFHT services. To achieve this, the GBFHT will make reasonable efforts to ensure that its policies, procedures and practices pertaining to the provision of services to the public and other third parties adhere to the following guidelines as set out in Ontario regulation 429/07:

- The GBFHT will provide all services respectful of the dignity and independence of people with disabilities and in a manner which takes into account the person's disability.
- The provision of 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 services."

### **2. Communication**

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GBFHT service providers will communicate with people with disabilities in ways that respectfully take into account their disabilities. The GBFHT supports an accessible Ontario where the independence and integration of those with disabilities is promoted. When communicating with a person with a disability, individuals working on behalf of GBFHT shall do so in a manner that takes into account the person's disability and will make reasonable efforts to have the person with a disability understand both the content and intent of its communications.

### **Inclusive Meetings**

The GBFHT will strive to ensure that meetings are inclusive, planned and are organized in a manner that integrates services that maximize the participation of persons with disabilities.

### **Telephone Services**

The GBFHT will provide accessible telephone service, and will train all applicable employees and others dealing with the public on how to communicate over the telephone in clear and plain language.

### **Format of Documents**

The GBFHT will provide information or documentation, as required, in a format that takes into account the person's disability and accommodates his/her need for accessible format. The GBFHT and the person with a disability will agree upon the format to be used for the document or information. When this option is not available the GBFHT will provide support to assist individuals in completing the documents.

### **3. Assistive Devices**

People with disabilities have the right to use their own assistive devices to obtain, use or benefit from GBFHT's services. GBFHT will ensure that all employees and others dealing with the public are trained and familiar with various assistive devices that may be used by persons who have disabilities while accessing GBFHT services. In the event that the assistive device appears unsafe, GBFHT will speak with the person using the assistive device to determine whether they have access to another assistive device of their choice or, with the person's consent, attempt to identify and temporarily provide a substitute assistive device.

The following assistive devices are available or can be made available on GBFHT's premises:

- paper and pens for hand written notes
- large print upon request

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### **4. Use of Service Animals**

People with disabilities who are accompanied by a service animal have the right to access the GBFHT and keep the service animal with them while accessing GBFHT's services. The GBFHT will also ensure that all employees and others dealing with the public are properly trained in how to interact with people with disabilities who are accompanied by a service animal. The service animal is to remain with the owner at all times. If the patient is unable to manage the service animal, his/her designated support person for the animal is to be notified to come to the location and assume responsibility for the animal during the transition period. If the service animal is excluded by law from GBFHT premises or is unable to accommodate a person with a disability in our facility due to situations beyond our control, such as others who have allergies to animals, the GBFHT shall ensure that measures are available to permit persons with disabilities to access our services through other means.

#### **Responsibilities**

##### **Owner:**

1. The animal's control and stewardship, i.e., the animal's behaviour, care, supervision and wellbeing.
2. Make available training school and up-to-date immunization records, if requested.
3. Make the animal clearly identifiable/recognizable (e.g., identification card, harness or jacket with markings of the training school).

##### **On site or GBFHT Admin employees:**

1. Inform employees about the role of the service animal and how to interact appropriately with the owner and the animal.
2. Notify other patients/clients of the service animal's presence and address any concerns (e.g., allergies).
3. Discuss with the owner and employees the responsibilities for handling and cleaning issues.

##### **Employees/health care providers:**

1. If uncomfortable providing care to a patient/client with a service animal, finding an alternative professional who will provide that care and document this in the patient's health record.
2. Not to separate or attempt to separate a patient from his/her service animal without the owner's consent.
3. Not to touch a service animal or the person it assists, without permission.
4. Not to pet, or make noise at, a service animal as this may distract the animal from the task at hand.
5. 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.

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6. Not to deliberately startle a service animal while performing professional health related responsibilities.
7. Not to provide care for the service animal. This care includes, but is not limited to, feeding, toileting, exercising and interacting with the animal.

**Note:** If employees volunteer to assist the patient/client to care for the service animal during his/her off-duty hours, he/she does so at his/her own risk and liability. This excludes responsibilities that are delegated by his/her supervisor in emergencies.

### Eviction or Exclusion

Eviction or exclusion of a service animal may only occur for reasons that are **demonstrable**, not speculative. Assumptions or speculations about how the animal is likely to behave, based on experience with other animals, are not valid. If another person complains about the presence of a service animal (because of allergies, fear, or other reasons not related to the animal's demeanor or health), the person with objections to the animal should be consulted and provided with alternatives that do not compromise access to service being sought. Each situation is to be considered individually and in consultation with the owner.

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

- If animal's **actual** behavior or health poses a direct threat to the health or safety of others; and/or,
- If contraindicated by the attending health care provider for **sound** medical and/or safety reasons.

These circumstances and rationale must be documented in the patient's health record.

### Safety

If any employee, visitor, or patient sustains an injury from a service animal, a safety report must be completed detailing the name of the injured, circumstances, and nature of the injury. For staff, an Employee Incident Report must be filed with Occupational Health & Safety according to the Accident/Incident Reporting policy and for patients, the Incident Report eForm according to the Incident Reporting & Review policy must be followed. Reference: <http://www.labour.gov.on.ca/english/hs/pubs/ohsa/ohsag>.

All bites should be reported, during business hours from 8:30 a.m. to 4:30 p.m., Monday to Friday, to the North Simcoe Muskoka Public Health Unit.

## 5. Support Persons

The GBFHT is committed to welcoming people with disabilities who are accompanied

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by a support person. Any person with a disability who is accompanied by a support person will be allowed to enter the GBFHT's premises with his or her support person. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his or her support person while on GBFHT premises.

***In the event that a fee is charged in relation to a support person's presence on the GBFHT premises, advanced notice of the fee will be provided. Fees may include but are not limited to: parking fees, program participation fees, etc.***

On occasion persons with disabilities require the assistance of a support person to protect their health and safety or the health and safety of others. If necessary, the GBFHT may require a person with a disability to be accompanied by a support person while on GBFHT premises for the purpose of protecting the health and safety of the person with the disability or others on the premises.

***In some cases a support person may have to agree to rules or requirements that are specific to the kinds of services GBFHT provides. A support person will be asked to sign a confidentiality agreement where confidentiality is important because of the kinds of information discussed with a patient. Before discussion confidential information with a patient in front of a support person, the provider will seek the consent of the patient with a disability.***

### **Responsibilities**

**On-site or GBFHT Admin staff:** Inform staff about the role of the support person and appropriate interaction with the patient and the support person.

### **Employees and health care providers:**

- a) not to separate, or attempt to separate, a patient from his/her support person without the patient or patient designee's consent unless there are actual sound medical reasons for the separation.
- b) if, for any reason, he/she does not agree to provide care to a patient with a support person, to find an alternative professional who will provide that care and to document this in the patient's health record.

### **Waiver of Rights**

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

Support persons may be permitted in areas where some sterile procedures occur in accordance with the Health Promotion and Protection Act.

### **Control & Stewardship**

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

### **Eviction or Exclusion**

A support person may only be evicted, excluded or separated from the patient if:

- his/her **actual** behaviour poses a direct threat to the health or safety of others,
- the attending physician has **sound** medical reasons.

These circumstances and rationale must be documented in the patient's health record.

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

### **6. Notice of Temporary Disruption**

In the event of a planned or unexpected disruption in the services used by people with disabilities, the GBFHT will post alternative format notices in conspicuous locations, including but not limited to, public entrances, information desks, and reception desks.

In accordance with the Accessibility Standards for Customer Service under the AODA, the GBFHT will provide notice to the public when there is a temporary disruption to services.

This procedure will strive to ensure that notification of planned or unexpected, temporary disruptions to services that are usually used by persons with disabilities will include information about the reason for the disruption, expected duration and a description of alternative facilities or services, if available.

Notices communicating a temporary disruption to GBFHT service will be in:

- plain language
- Arial style; at least 24-font size.
- high contrast colours such as black and white and easy to read
- conspicuous locations, including but not limited to, public entrances, information and reception desks, on the website and any other reasonable location under the specific circumstances.

Information related to temporary disruption of local services (such as washrooms, elevators) will be available in person and by telephone. Information agents located at the premises provide verbal information about suspension of such services. If requested, and where available, a staff person will guide the person to the alternative service available.



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### **7. Feedback Process**

The GBFHT has a goal to meet and surpass expectations of all patients/visitors including those with disabilities. The feedback process specifies the actions that the GBFHT will take if a patient, visitor or employee expresses a concern about access to GBFHT and services. All feedback will be reviewed and forwarded to the ED for follow-up.

#### **Availability of Accessible Customer Service Documents:**

The GBFHT shall prepare any additional documents describing its policies, practices and procedures as may be required by Ontario Regulation 429/07 and, upon request, shall give a copy of such documents to any person in a format that takes into account the person's disability.

#### **Modifications to this or other policies:**

The GBFHT is committed to developing patient/client service policies that respect and promote the dignity and independence of people with disabilities. Therefore, no changes will be made to this policy before considering the impact on people with disabilities. The GBFHT will consider the modification or removal of any policies that do not respect and promote the dignity and independence of people with disabilities on an ongoing basis.

#### **Receiving, Responding & Taking Action on any Concerns**

All feedback may be provided in person, by telephone, in writing, by e-mail, or otherwise through the GBFHT's Complaint Process. Complaint forms are available online at [www.gbfht.ca](http://www.gbfht.ca). The process is outlined below:

### **8. The Complaint Process**

If a patient has a complaint, they should try to speak with appropriate members of their healthcare team about their concern as soon as reasonably possible. If a patient is unable to resolve the problem in this way, they should take the following steps:

1. Complete a complaint form, speak directly with the ED in person or by phone, send an e-mail to the ED or use another appropriate communication method.
2. Complaint forms can be mailed to: Marie LaRose, ED GBFHT  
186 Erie Street, Suite 100  
Collingwood, Ontario  
L9Y 4T3
3. Complaint forms can also be completed electronically and sent by e-mail to: [mlarose@gbfht.ca](mailto:mlarose@gbfht.ca). A link to the complaint form can be found on the Georgian Bay Family Health Team website: [www.gbfht.ca](http://www.gbfht.ca)
4. Once received, the complaint will be reviewed by the ED, and the Physician Lead if appropriate.

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5. All complaints will be thoroughly investigated and a written response sent to the complainant within 30 days of receipt of the complaint (followed up with a phone call).

In order to address concerns, the ED may review the complaint with the appropriate healthcare team member and ask him/her to provide input to a written response. The ED may also arrange to meet with a complainant regarding the concern.

### **Safeguarding Your Privacy**

Because all medical information is confidential, consent will be obtained from complainants if patient confidential medical information is required to address the concern.

Complaints and complaint responses will not become part of a patient's electronic medical record.

The Georgian Bay Family Health Team ED will provide a summary report of complaints to the Board. This summary report will not contain patients' personal information.

### **What are the possible outcomes of a complaint?**

When all information is reviewed, the Georgian Bay Family Health Team may decide to do one of the following:

- Take no further action if the care provided was appropriate.
- Remind, counsel, or provide training for a healthcare team member if the ED believes the team member would benefit from some advice, direction, or training.
- Refer concerns to the Georgian Bay Family Health Team's Physician Lead for further review.
- Decide not to investigate because the complaint is made in bad faith or is an abuse of process.

## **9. Training**

The GBFHT will provide training to all employees and others who deal with the public or other third parties on the GBFHT's behalf, and all those who are involved in the development and approval of customer service policies, practices and procedures.

This policy applies to all members of the GBFHT community including employees, students, volunteers, patients, families, visitors, physicians, nurses, researchers, suppliers, contractors, and any other person who may interact with the public on behalf of the GBFHT. This policy also applies to GBFHT activities occurring on premises or off-site activities.

Records of the training will be maintained centrally and include the dates on which training occurred and the number of persons trained.

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Training will include the following topics:

- Purpose of the Accessibility for Ontarians with Disabilities Act, 2005.
- The requirements of the Accessibility Standards for Customer Service.
- 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 a support person.
- What to do if a person with a disability is having difficulty accessing GBFHT services.

Employees will be trained on an ongoing basis when changes are made to policies, practices and procedures dealing with the provision of services to the public and other third parties. New employees, including volunteers and students will receive training as part of the GBFHT's Orientation process.

### References

1. Accessibility for Ontarians with Disabilities Act, 2005:  
[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_05a11\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm)
2. Accessibility Standards for Customer Service (2007). Ontario Regulation 429/07 made under the Accessibility for Ontarians with Disabilities Act, 2005: [http://www.elaws.gov.on.ca/html/source/regs/english/2007/elaws\\_src\\_regs\\_r07429\\_e.htm](http://www.elaws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07429_e.htm).
3. Blind Persons' Rights Act, R.S.O. 1990, c. B.7, s. 1 (1): [http://www.elaws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90b07\\_e.htm](http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90b07_e.htm)
4. Blind Persons' Rights Act, Chapter 40 of the Revised Statues, 1989, s.1:  
<http://www.gov.ns.ca/legislature/legc/statutes/blindper.htm>
5. Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC): <http://www.cdc.gov/mmwrR/preview/mmwrhtml/rr5210a1.htm>
6. Ministry of Community and Social Services: Making Ontario accessible. Accessibility for Ontarians with disabilities:  
[http://www.mcsc.gov.on.ca/mcsc/english/pillars/accessibilityOntario/what/AODA\\_2005.htm](http://www.mcsc.gov.on.ca/mcsc/english/pillars/accessibilityOntario/what/AODA_2005.htm)
7. Accessibility for Ontarians with Disabilities; University Health Network (UHN) policy
8. Accessibility for Ontarians with Disabilities; COMMUNITY CARER ACCESS Policy

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