

# **Accessibility for Ontarians with Disabilities Act**

## **Part 1 – The Customer Service Standard**

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This training manual was written by E. Cochrane of Maple Family Health Team using information from the Ministry of Community and Social Services AODA training resource. It is made available to employees and physicians of Maple Family Health Team only. Please do not copy or distribute this document without first contacting the author ([HR@maplefht.ca](mailto:HR@maplefht.ca) or 613-531-5888 ext. 101) for permission.

## 1. Accessibility for Ontarians with Disabilities Act, 2005

The Accessibility for Ontarians with Disabilities Act, 2005 requires people or organizations to identify, remove and prevent barriers for people with disabilities in key areas of daily living. There are five standards under the AODA:

- Customer Service
- Transportation
- Information and Communications
- Built Environment
- Employment

The goal of the AODA is to develop, implement and enforce accessibility standards in order to achieve accessibility for Ontarians with disabilities on or before January 1, 2025. The Act applies to private and public sector organizations across Ontario.

### **Disabilities:**

When asked to describe a disability, most would think of a physical disability that is visible and obvious. But disabilities can also be invisible. The AODA uses the same definition of disability as the Human Rights Code. A disability is:

- 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,
- 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 WSIB, 1997.

### **Different types of barriers:**

A barrier is anything that keeps someone with a disability from fully participating in all aspects of society because of their disability. There are many different types of barriers:

- **Attitude** – an individual’s lack of knowledge or desire to learn about how to accommodate a person with a disability. This includes making assumptions about people based on incomplete

information. For example, not offering to help a person in a wheelchair because you don't want to offend him, or speaking to a translator rather than the person with a disability.

- **Architectural or structural barriers** – barrier resulting from design elements such as stairs, doorways, the width of hallways and room layouts.
- **Information and communication** – Barriers that make it difficult for people to receive or convey information, for example, a person who is Deaf who cannot communicate via a standard telephone. Small print size, low colour contrast between text and background and confusing graphics can all cause difficulty.
- **Technology** – computers, telephones and other aids can all present barriers if they are not set up or designed with accessibility in mind.
- **Systemic barriers** – result from an organization's policies, practices and procedures if they restrict people with disabilities, often unintentionally. For example, stating that a patient may only refer to a particular program via telephone provides a barrier to Deaf people.

## The Customer Service Standard

The Customer Service Standard is the first of five standards that will help to make Ontario accessible to people with disabilities by 2025. To comply with the AODA legislation, people, businesses and other organizations that provide goods or services to the public in Ontario have obligations to provide accessible customer service. Specifically, they must:

- Establish policies, practices and procedures on providing goods or services to people with disabilities. The policies must be consistent with the principles of independence, dignity, integration and equality of opportunity and should address the following:
  - How to communicate with a person with a disability in a way that takes into account their disability
  - How to accommodate a person who is using an assistive device
  - How to accommodate a person who uses a service animal
  - How to accommodate a person who is accompanied by a support person
- Make our policies available to members of the public on demand
- Provide notice if a service that people with disabilities usually use is temporarily disrupted (i.e. if an elevator is out of service)
- Provide training for any person who interacts with the public on how to provide goods or services to people with disabilities
- Establish a process for receiving and responding to feedback from the public about the way the organization provides goods or services to people with disabilities

In addition, organizations with 20 or more employees (like CKLFHT) must:

- Document all policies, practices and procedures created under this legislation in writing

- Let patients know that the documents are available upon request, and
- If the individual requesting the documents has a disability, provide the documents in a format that takes into account their disability.

## **2. How to interact with people who have various types of disabilities**

CKLFHT employees should become familiar with the ways in which they can interact with people with various disabilities, including (but not limited to):

- People who have vision loss
- People who are deaf, deafened, oral deaf or hard of hearing
- People who are deafblind
- People who have physical disabilities
- People who have mental health disabilities
- People who have intellectual or developmental disabilities
- People who have learning disabilities
- People who have speech or language impairments

General tips:

- If you are unsure about how to assist your patients, ask “May I help you?” Your patients will know if they need help, and how you can provide it.
- Speak directly to a person with a disability, not to his or her support person or companion.
- Avoid stereotypes and make no assumptions about a person’s ability or inability to perform a task or understand information.
- Be patient. Some people with disabilities may take a little longer to understand and respond.
- If you cannot understand what your patient is saying, politely ask them to repeat themselves. You may also ask your patient if they would like to communicate via writing.

### **People with vision loss:**

Vision loss reduces a person’s ability to see clearly. Few people with vision loss are totally blind; many can see blurry images or can see only certain areas of their visual field. Vision loss may restrict our patients’ ability to read signs or see hazards. Some may use a guide dog or a white cane, but others may not.

We can help our patients with vision loss by helping them to fill out forms, guiding them to a chair in the waiting room or to an exam room, making their support person feel welcome, providing documents in large font, or directing them to our website where they can view documents in larger font.

#### More tips:

- Don't assume your patient can't see you.
- Use your name as many voices sound alike "Hi Mr. Jones, it's Kelly".
- Use your voice to direct a person, rather than pointing "the washroom is to your right".
- When guiding, offer your elbow, allow them to accept it, and walk slowly.
- Don't leave your patient in the middle of the room. Show him or her to a chair or an appropriate spot to stand.
- If you leave your patient, let him or her know that you are leaving.
- Be clear and precise when giving directions, e.g., two steps in front of you rather than 'over there'.
- Don't be embarrassed to use words such as 'see', 'read' and 'look'.
- When providing printed information, offer to read or summarize it.

#### People with hearing loss:

People with profound deafness may identify themselves as culturally deaf or oral deaf. Oral deaf is a term describing a person who was born deaf or became deaf before learning to speak, but is taught to speak and may not typically use American Sign Language (ASL). The term 'deafened' describes a person who has lost their hearing slowly or suddenly in adulthood. The term 'hard of hearing' describes a person who uses their residual hearing and speech to communicate. To communicate, people with hearing loss may use speech reading, sign language, hearing aids, note taking, teletypewriter (TTY), hearing ear dog, a support person, a phone amplifier or a personal amplification device.

#### More tips:

- Attract the patient's attention before speaking. You can do this by touching them on the shoulder or a gentle wave of your hand.
- Speak, don't shout.
- Move to a well-lit area, if available, where the patient can see your face.
- Don't put your hands or another object in front of your face when speaking.
- If necessary, ask if another form of communication would be easier, such as using a pen and paper.
- Be patient if using pen and paper. If your patient's first language is ASL, the grammatical rules and sentence structure are different from oral speech.
- Address your patient; not the support person.
- Be clear and precise when giving directions.
- If the person uses a hearing aid, you may offer to move to a quieter area to reduce background noise.
- Don't assume the person knows ASL or can read lips.

**People who are deafblind:**

A person who is deafblind can neither see nor hear to some degree. Many people who are deafblind will be accompanied by an intervenor, a professional who helps with communicating. People who are deafblind may use braille, large print, communication boards, hearing aid, magnification equipment, TTY, white cane, service animal, and/or a support person.

More tips:

- Don't assume what a person can or cannot do. Some people who are deafblind have some sight or hearing, while others have neither.
- A patient who is deafblind may give you an assistance card or a note explaining how to communicate with him or her.
- Identify yourself to the intervenor when you approach the patient who is deafblind, but then speak directly to your patient as you normally would.
- Don't suddenly touch a person who is deafblind or touch them without permission.

**People who have physical disabilities:**

There are many types and degrees of physical disabilities, and not all require a wheelchair. People who have arthritis, heart or lung conditions or amputations may also have difficulty with moving, standing or sitting. It may be difficult to identify a person with a physical disability.

More tips:

- If you have a lengthy conversation with someone in a wheelchair or scooter, consider sitting so that you can make eye contact.
- Ask before you help. Like everyone, people with physical disabilities often have their own way of doing things.
- Respect your patient's personal space. Don't lean over him or her or on his or her assistive device.
- Don't move items or equipment, such as canes and walkers, out of the person's reach.
- Don't touch assistive devices without permission. If you do have permission, remember to:
  - Wait for and follow the person's instructions
  - Confirm that your patient is ready to move
  - Describe what you're going to do before you do it
  - Avoid uneven ground and objects
  - Don't leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.
- Let your patient know about accessible features in the immediate area (i.e. automatic doors, accessible washrooms, ramps, etc.)

### **People who have mental health disabilities:**

Mental health disabilities are not as visible as many other types of disabilities. You may not know that a person has a mental health disability unless you're informed of it. Examples of mental health disabilities include schizophrenia, depression, phobias, as well as bipolar, anxiety and mood disorders. A person with a mental health disability may have difficulty with one, several or none of these:

- Inability to think clearly
- Hallucinations (e.g. hearing voices, seeing or feeling things that aren't there)
- Depression or acute mood swings
- Poor concentration
- Difficulty remembering
- Apparent lack of motivation
- A person with a mental health disability may be accompanied by a service animal or a support person.

More tips:

- Treat a person with a mental health disability with the same respect and consideration you have for everyone else.
- Be patient.
- Be confident and reassuring. Listen carefully and work with the individual to try to meet their needs.
- If someone appears to be in crisis, ask him or her to tell you the best way to help.

### **People who have intellectual or developmental disabilities:**

People with intellectual or developmental disabilities may have difficulty doing many things most of us take for granted. These disabilities can mildly or profoundly limit the person's ability to learn, communicate, socialize and take care of their everyday needs. You may not know that someone has this type of disability unless you are told.

As much as possible, treat your patients with an intellectual or developmental disability like anyone else. They may understand more than you think, and they will appreciate that you treat them with respect. People with intellectual or developmental disabilities may use a communication board, a speech generating device, a service animal, and/or a support person.

More tips:

- Don't assume what a person can or cannot do.
- Use plain language and speak in short sentences.
- To confirm if your patient understands what you have said, consider asking the person to repeat the message back to you in his or her own words.

- If you cannot understand what is being said, simply ask again.
- Provide one piece of information at a time.
- Be supportive and patient.
- Speak directly to the individual, not to their companion or support person.

### **People with learning disabilities:**

The term ‘learning disability’ describes a range of information processing disorders that can affect how a person acquires, organizes, retains, understands or uses verbal or non-verbal information. Examples include dyslexia (problems in reading and related language-based learning), dyscalculia (problems in mathematics) and dysgraphia (problems in writing fine motor skills). It is important to know that having a learning disability does not mean a person is incapable of learning. Rather, it means they learn in a different way.

Learning disabilities can result in different communication difficulties for people. They can be subtle, such as difficulty reading, or more pronounced. They can interfere with your patient’s ability to receive, express or process information. Your patient with a learning disability may use alternative technology for writing, a calculator, scanning or reading technology, and/or digital records.

More tips:

- Speak naturally, clearly and directly to your patient.
- Allow extra time if necessary – people may take a little longer to understand and respond.
- Remember to communicate in a way that takes into account the patient’s disability.
- Be patient and willing to explain something again, if needed.

### **People who have speech or language impairments:**

Some people have problems communicating because of their disability. Cerebral palsy, hearing loss or other conditions may make it difficult to pronounce words or may cause slurring or stuttering. They also may prevent the person from expressing themselves or prevent them from understanding written or spoken language. Some people who have severe difficulties may use communication boards or other assistive devices.

More tips:

- Don’t assume that because a person has one disability, they also have another. For example, if a patient has difficulty speaking, it doesn’t mean that they have an intellectual or developmental disability as well.
- Ask your patient to repeat the information if you don’t understand.
- Ask questions that can be answered ‘yes’ or ‘no’ if possible.
- Try to allow enough time to communicate with your patient as they may speak more slowly.
- Don’t interrupt or finish your patient’s sentence. Wait for them to finish.

## Talking over the phone with people with hearing disabilities or speech impairments:

- Speak naturally, clearly and directly.
- Don't worry about how the person's voice sounds. Concentrate on what they are saying.
- Don't interrupt or finish the person's sentences. Give the person time to explain or respond.
- If you don't understand, simply ask again, or repeat or rephrase what you heard and ask if you have understood correctly.
- If a patient is using an interpreter or a relay service, speak naturally to the individual, not to the interpreter.
- If you encounter a situation where, after numerous attempts, you and the individual cannot communicate with each other due to the disability, consider making alternate arrangements.

### 3. Assistive devices

An assistive device is a tool, technology or other mechanism that enables a person with a disability to do everyday tasks and activities such as moving, communicating or lifting. It helps the person to maintain their independence.

The type of assistive device used depends on the disability. Many will be personal assistive devices, meaning they are owned and brought along by the individual, while others may be provided by the clinic. The following are some that you may come across when interacting with your patients with disabilities:

- People who have vision loss:
  - Digital audio player – enables people to listen to books, directions, etc.
  - Magnifier – makes print and images larger and easier to read
  - Portable global positioning system (GPS) – helps orient people to get specific directions
  - White cane – helps people find their way around obstacles
- People who are deaf, deafened, oral deaf, hard of hearing:
  - FM transmitter system or other amplification devices – boosts sound closest to the listener while reducing background noise
  - Hearing aid – makes sound louder and clearer
  - Teletypewriter (TTY) – helps people who are unable to speak or hear to communicate by phone. The person types their messages on the TTY keyboard and messages are sent using telephone lines to someone who has a TTY, or to an operator (Bell Relay Service) who passes the message to someone who doesn't have a TTY
- People who have physical disabilities:
  - Mobility device (e.g., a wheelchair, scooter, walker, cane, crutches) – helps people who have difficulty walking
  - Personal oxygen tank – helps people who have shortness of breath on exertion

- People who have learning disabilities:
  - Electronic notebook or laptop computer – used to take notes and communicate
  - Personal data managers – stores, organizes and retrieves personal information
  - Mini pocket recorders – records information for future playback
- People who have intellectual / developmental disabilities:
  - Communication boards (e.g., a Bliss board) – used to pass on a message by pointing to symbols, words or pictures
  - Speech generating devices – used to pass on a message using a device that ‘speaks’ when a symbol, word or picture is pressed

**More information about people using wheelchairs:**

Before moving a wheelchair, ask permission first. If you have permission, remember to wait and follow the person’s instructions, confirm that the person is ready to move and describe what you are going to do before you do it. When moving, try to avoid uneven ground and objects. Don’t leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.

**4. How to interact with people with disabilities who have a guide dog or other service animal**

The customer service standard requires us to let people with disabilities use their service animals on the parts of our premises that are open to the public. Under the standard, an animal is a service animal if it is readily apparent that it is used by the person for reasons relating to his or her disability, or if the person has a letter from a physician or nurse verifying that the animal is a service animal.

The following are some types of service animals that you may encounter:

Service Animal	Key Tasks	Users
Autism assistance or service dog	May keep a child from running into danger and provides assistance when sensory stimulus is heightened	People with autism or other developmental / intellectual disabilities
Guide dog, dog guide or seeing eye dog	Follows directions of owner, alerts owner to changes in elevation (i.e. curbs, stairs) and obstacles	People with vision loss
Hearing ear, hearing, sound alert or hearing alert dog, cat or animal	Alerts owner to sounds and leads him/her to the source of the sound	People who are deaf, oral deaf, deafened or hard of hearing
Psychiatric service dog	Retrieves and prompts the person to take medicine, retrieves or activates medical alert, leads person out of crowds, etc.	People with mental health disabilities
Service or mobility dog or animal, special skills dog or animal	May pull wheelchairs, carry objects, pull items, turn handles or push buttons. Larger dogs may provide balance support	People with physical disabilities
Seizure alert or seizure response dog or animal	Steers owner from danger during a seizure, activates medical alert. Can alert owner to an oncoming seizure	People who have epilepsy or other seizure disorder

### **More tips about service animals:**

- Remember that a service animal is not a pet; it is a working animal.
- Avoid touching or addressing service animals.
- If you're not sure if an animal is a pet or a service animal, ask the owner.
- Remember that the owner is responsible for the care and supervision of their service animal. You are not expected to provide care or food for the animal however, you could provide water for the animal if the owner requests it.
- Cats need not be on a leash when in public.
- Dogs must be on a leash when in public.
- Every dog shall be under the control of its owner at all times when on any property that is not owned or occupied by its owner.
- Every owner and other person who is in charge of a dog shall immediately remove any faeces left by his or her dog.

### **Some animals are excluded because of another law:**

- Dog Owner's Liability Act, 2009 (Ontario)
  - No person shall own a pit bull that was born after November 29, 2005
- Ontario Regulation 562 – Health Protection and Promotion Act
  - A location where food is manufactured, prepared, served, processed, handled, displayed, stored, sold or offered for sale is to be kept free from live birds and animals.
- Occupational Health and Safety Act
  - If a worker experiences an allergic reaction from exposure to a service animal, the worker will be removed from the immediate area and first aid will be given if necessary. An alternate worker will be asked to care for the patient instead.

## **5. Support persons**

A support person is an individual hired or chosen to accompany a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or access to goods or services. Personal care needs may include assistance with eating or using the washroom. Medical needs may include monitoring someone's health condition, providing injections and providing support when someone has moderate to severe seizures.

If a support person accompanies a patient into the exam room where personal health information will be divulged, the health care provider should receive consent from the patient. Verbal consent is fine, but should be documented in the patient record.

When interacting with a person with a disability who is accompanied by a support person, remember to direct your attention to your patient rather than to the support person.

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## **6. What to do if a person with a disability is having difficulty accessing our services**

All individuals have their own specific needs or preferences. Being positive, flexible and open to suggestions will help to create a good experience for our patients. A good starting point is to ask your patient how you can help them.

Often, good customer service for people with disabilities can be achieved through simple and effective solutions to challenges. For example:

- Your patient is in a wheelchair and cannot enter the building because the door threshold is raised. You can approach the individual and offer to help them through the door.
- Your patient is Deaf and does not have a sign language interpreter with him. You can ask him, in writing, if using a pen and paper to communicate would be a good way to serve him.
- You have given your patient a form to fill out. He indicates that he cannot read it. You can offer to sit with him to help him fill out the form.
- Your patient is having difficulty following instructions for the home FOBT test you have given him. You can provide plain, simple instructions in writing.

Remember, your patients are your best source for information about their needs. Ask them what you can do to help them. They will likely appreciate your attention and consideration for their needs.

## **7. What to do if there is a disruption in service**

Under the customer service standard, CKLFHT is required to provide notice to the public when there is a temporary disruption to facilities or services that are usually used by people with disabilities to access our services. This applies whether the disruption is planned or unexpected.

The notice should include information about the reason for the disruption, its expected duration and a description of alternate facilities or services, if available. The notice should be placed in an obvious location, such as on our website or some other reasonable method.

## 8. Feedback Process

Organizations are required to establish and implement a process for receiving and responding to feedback about the way in which they provide goods or services to people with disabilities. The feedback process should allow people to provide feedback in person, by telephone, in writing, by e-mail, on disk or by another method. Members of the public should be made aware of the actions CKLFHT will take if a complaint is received.

If you should receive feedback from a patient or another member of the public about the way in which we provide services to people with disabilities, you may make them aware of the many ways in which they can formally submit their comments to our organization, by giving them the AODA Statement of Commitment Regarding Persons with Disabilities.

## 9. CKLFHT's policies, practices and procedures relating to the provision of services to people with disabilities

The following documents have been created for CKLFHT to achieve compliance with the customer service standard of the AODA:

- AODA Customer Service Standard Policy
- AODA Statement of Commitment Regarding Persons with Disabilities
- AODA Maple FHT training guidelines
- AODA Employee Training Manual (this document)
- AODA Jeopardy Power Point Presentation
- AODA Employee Post-training Employee Commitment

Some of the above documents will be available to members of the public on our website. The AODA Statement of Commitment Regarding Persons with Disabilities will be posted in clinics. Any of the above documents may be given to members of the public upon request. When the requestor is a person with a disability, employees should ensure that the format is appropriate given the person's disability.

Alternate formats (larger font, lower grade reading level) of some of the above documents will be available for print-out and circulation to patients upon request.

Once you have finished reading this manual, you may wish to play AODA Jeopardy (available as a separate email attachment). You should read and complete the AODA Post-training Employee Commitment and give the form to the Finance/Human Resources Manager.

This training manual was written by E. Cochrane of Maple Family Health Team using information from the Ministry of Community and Social Services AODA training resource. It is made available to employees and physicians of Maple Family Health Team only. Please do not copy or distribute this document without first contacting the author ([HR@maplefht.ca](mailto:HR@maplefht.ca)) for permission.