

Integrity
Compassion
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Respect
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Annual Accessibility Plan

Multi-Year Plan

2016 - 2018



ANNUAL ACCESSIBILITY PLAN

2016 - 2018

Submitted by:

Accessibility Advisory Committee (AAC)

The Scarborough Hospital

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Additional formats are available upon request.

Note: This document has been prepared in Arial 14 pt.

The 2016 Accessibility Plan is also available on our website.

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The Scarborough Hospital (TSH)

Situated in one of the most diverse communities in Canada, The Scarborough Hospital (TSH) is Canada's largest urban community hospital, delivering innovative, high quality patient care at two hospital campuses and six satellite sites. TSH advocates for our community's health and wellness, and is a leader in research, teaching and learning. Serving a community of close to one million people or approximately one-third of the GTA, TSH has 3,143 staff, more than 750 physicians, and 883 volunteers.

TSH serves the Scarborough Community with:

- Catchment Area: 686,300
- Budget: \$392M
- 27,147 inpatient admissions
- 4,278 deliveries
- 41,395 surgeries
- 119,031 emergency visits
- 432,421 outpatient visits

Executive Summary

The Scarborough Hospital's Vision is - *to be recognized as Canada's leader in providing the best healthcare for a global community*. This 'community' includes people with disabilities.

With the introduction of the Accessibility for Ontarians with Disabilities Act, 2005, the Hospital has been examining ways in which we can better serve our population. We are committed to creating a welcoming, barrier-free environment for patients, staff and the community. We are also committed to increasing awareness on accessibility issues and providing accessibility supports to those with disabilities.

The Hospital will support its community by supporting persons with disabilities: 1) to enter and exit the hospital without encountering barriers, 2) to receive hospital services they require without encountering barriers and 3) to work in an inclusive environment without barriers.

The AODA sets-out to improve opportunities for persons with disabilities by providing for their involvement in the identification, removal and prevention of perceived barriers to accessibility. The AODA has the long-term goal of a barrier-free Ontario for people with disabilities by 2025 through the implementation of accessibility standards for the private and public sectors.

The AODA has identified five accessibility standards which the hospital must comply with related to: 1) Customer Service, 2) Transportation, 3) Information and Communication, 4) Built Environment and 5) Employment. The Customer Service standard was the first to be implemented in January 2010.

The AODA also mandates that all hospitals prepare a multi-year accessibility plan. The goal of the plan is to remove existing barriers and prevent new ones. The Plan is to be developed: 1) in consultation with persons of disabilities, either from the community, internal parties or an accessibility advisory committee; 2) the plan must be made public and in accessible format(s) upon request, and (3) the hospital must review and update the accessibility plan yearly.

The Scarborough Hospital's Annual Accessibility Plan, was prepared by the Accessibility Advisory Committee (AAC), and it summarizes the measures that TSH has taken in the past, along with the measures the Hospital will take between 2016-2018 to identify, remove and prevent barriers for persons with disabilities.

Accessibility Advisory Committee (AAC)

Accessibility issues are addressed by the Accessibility Advisory Committee (AAC) which was established in February 2003 and is comprised of hospital staff, patients and community partners. The Committee is chaired by the Executive Director, Patient Relations, Risk & Legal Affairs.

Review Process

The AAC identifies, removes and prevents barriers to people with both visible and invisible disabilities, including patients, staff and community. The Committee will:

- Review by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities and make recommendations for improvement
- Monitor the implementation and ongoing compliance with the five standards outlined in the Accessibility for Ontarians with Disabilities Act, 2005
- Identify, review, prioritize and remove barriers to accessibility
- Review feedback received internally and externally regarding barriers and respond accordingly
- Disseminate information to appropriate groups in order to prevent the inclusion of accessibility barriers in remodelled/new construction
- Raise organizational awareness and education on accessibility issues, barriers and government legislation
- Develop communications designed to promote staff understanding and sensitivity to the accessibility issues of people with disabilities
- Prepare the Accessibility Plan and ensure available to internal and external stakeholders
- Promote the work of the Accessibility Advisory Committee (AAC)

Accessibility of Ontarians with Disabilities Act (AODA)

In 2005, the Ontario Government passed a law called the *Accessibility for Ontarians with Disabilities Act* (AODA) to ensure a more accessible province for people with disabilities. The goal of the AODA is for all of Ontario to be fully accessible by 2025 and all public sector organizations, including hospitals, must be in compliance by 2021.

The purpose of the AODA is to develop, implement and enforce standards of accessibility for all Ontarians. The standards will ensure that there are established measures, policies, practices or other requirements for the identification and removal of barriers to accessibility.

Several accessibility standards are contained in one regulation under the AODA, called the Integrated Accessibility Standards Regulation (IASR) which was released and became law in July 2011.

Five key areas in the IASR have been developed:

Customer Service: Service delivery to the public, business practices and employee training.

Information and Communication: Information and communications provided to the client or end-user through print, telephone, electronic devices, and in-person. This includes publications and software applications.

Employment: Hiring and retaining employees, including employment practices, policies and processes such as job advertisements and interviewing.

Transportation: Reflects a variety of environments, financial capabilities of users/providers and the differing modes of travel including conventional and specialized modes, and on-demand taxi services.

The Built Environment: Access to, from and within buildings and outdoor spaces. This also includes counter heights, aisles, door widths, parking, signage, pedestrian access routes and signal systems.

Definitions

Accessible - Accessible means that customer service is provided in a way that is capable of being easily understood or appreciated, that is easy to get at, be reached, or entered. It is equally obtainable to all.

Disability - As defined in Section 2 of the *Act*, Disability means:

- 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 impairment, 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; and/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.

This definition includes disabilities of different severity, visible as well as non-visible disabilities, and disabilities the effects of which may come and go.

Barrier - A barrier is anything that stops a person with a disability from fully participating in society. Barriers are classified by the following types:

- physical,
- architectural,
- information or communications,
- attitudinal,
- technological and
- policy or practice

Initiatives Completed and Ongoing in 2013 – 2015

Initiative	Standard	Description
Accessibility Advisory Committee	Overall Corporate	Completed and Ongoing: The AAC has appropriate TSH members across various clinical and administrative areas. Representation also includes members from CNIB and the Canadian Hearing Society.
Budgets	Overall Corporate	Completed and Ongoing: Budget is identified on an ad-hoc basis based on Accessibility needs and requirements.
Taxi Phones	Customer Service	Completed: A courtesy phone (not for hearing impaired) has been installed at the Birchmount campus. This phone is also accessible for those who are in a wheelchair.
Interpreter Assistance	Customer Service	Completed: Interpreter phone has been installed at the Information Booth in the West Wing of the General Campus, to allow volunteers to assist patients and their families.
Patient Assistance Program	Customer Service	Completed: Call Ahead for Volunteer Assistance program is available across both sites and is also available to all individuals, not only those with an accessibility need. Patients

Initiative	Standard	Description
		can call a dedicated phone extension prior to arrival to have a volunteer assist them navigate the hospital. This initiative was identified by Accreditation Canada as a Leading Practice in December 2016.
Information Technology Devices	Information and Communication	Completed: Rollout of Win7 is now complete, allowing for increased accessibility options for all computers. Mobile devices are included on carts for the e-documentation project.
Communications Plan	Information and Communication	Completed and Ongoing: Communications Plan developed and will be updated on a regular basis as initiatives are completed based on the Accessibility Multi-Year plan. Goal of Communications Plan is to promote awareness and to inform patients, family members, visitors and staff on available accessibility services.
Internet Website	Information and Communication	Completed: Updated TSH website reflects provincially mandated accessibility criteria as set out by legislation (WCAG Level AA).

Initiative	Standard	Description
Format of Communication Materials	Information and Communication	Completed and Ongoing: Communications materials (printed and online) are appropriately designed to meet accessibility standards, including colour, fonts, language, etc. TSH will also provide accessible documents, materials or information in alternate formats to our patients, upon request.
Exit Plans for Emergencies	Employment	Completed and Ongoing: Exit plans for emergencies are in place/ongoing and is modified based on employee needs and requests.
Exit Plans for Accommodation Review Process	Employment	Completed and Ongoing: Exit plans for accommodations are in place/ongoing and is modified based on employee needs and requests.
Wayfinding	Built Environment	Completed and Ongoing: Wayfinding has been improved across both sites with new signage installed.

Proposed Initiatives for 2016 – 2018

Initiative	Standard	Description
Accessibility Advisory Committee	Overall Corporate	Include patient and family representation by inviting members from the Community and Patient Advisory Council.
Communications Plan	Information and Communication	<p>Develop communications plan to support and promote awareness to staff around accessibility issues, AAC committee activities and create channel for feedback from stakeholders.</p> <p>Re-design the TSH intranet (iConnect) to ensure accessibility criteria is being met.</p>
Accessible Washrooms	Built Environment	<p>One set of the washrooms at the General Campus (main floor) are renovated and are fully accessible.</p> <p>Accessible washrooms will be built at the General Campus on the Ground Floor Tower Wing, as part of the plumbing infrastructure renewal project.</p> <p>An accessible public washroom and a universal access washroom, in compliance with Ontario Building Code 2015 and Accessibility for Ontarians with</p>

Initiative	Standard	Description
		<p>Disabilities Act requirements will be completed at the Birchmount campus main floor in the first quarter of 2015/16 fiscal year.</p> <p>Automatic door operators have been added to the Birchmount campus, and existing ones have been replaced.</p> <p>Continue to improve accessibility of washrooms by installing L type grab bars.</p>
Staxi Chairs	Built Environment	Increase the number of staxi chairs at the General and Birchmount Campus.
Rest Area	Built Environment	Install lobby/seating area at the General Campus main entrance.
Accessible Entrance	Built Environment	<p>Ensure the cafeteria tables at the Birchmount Campus do not obstruct wheelchair accessibility.</p> <p>Appropriate signage to be developed and managed to ensure patients who are in wheelchairs need to enter the Birchmount campus near the ED.</p>

Appendix 1

ACCESSIBILITY ADVISORY COMMITTEE (AAC)

TERMS OF REFERENCE

1.0 Mission:

The Scarborough Hospital (TSH) Accessibility Advisory Committee shall monitor, create awareness, evaluate and report to the organization through its annual accessibility plan, on its policies programs and services in order to facilitate a barrier-free environment for patients, visitors, volunteers, physicians, and staff of all levels of abilities. This shall be achieved by ensuring that TSH meets and potentially exceeds its legal obligation under Ontarians with Disabilities Act, 2001 (ODA) and Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

2.0 Objectives:

The Accessibility Advisory Committee (AAC) shall report to the executive sponsor - the Vice-President of Human Resources and Patient Relations through the Executive Director of Patient Relations, Risk & Legal Affairs.

The Committee will:

- 1) Participate in the development of TSH's accessibility plan in accordance with ODA and AODA.
- 2) Monitor and report on compliance with relevant legislation and provide quarterly updates.
- 3) Report to the Hospital on barriers faced by persons with disabilities and the means by which the hospital may work towards the elimination of these barriers, this includes the sharing of information on emerging standards/legislations.
- 4) Represent key areas within TSH to ensure departments are informed and are in compliance of legislative requirements, including providing updates to AAC on implementation initiatives.
- 5) Advocate on behalf of AAC by raising awareness on accessibility issues and seek opportunities for enhanced access, communication and accountability across TSH for people with disabilities.

- 6) Support, encourage and be an ongoing resource to the hospital by building awareness about measures taken by TSH for improving the quality of life and access to persons with disabilities through the removal of barriers and education.
- 7) Provide an annual update on Accessibility Plan to Senior Team at TSH and Medical Advisory Committee.
- 8) Participate on sub-committees as required.

3.0 Membership:

The Executive Sponsor of the AAC is the Vice-President of Human Resources and Patient Relations with leadership from the Executive Director, Patient Relations, Risk & Legal Affairs, or as delegated by the Executive Sponsor. Membership will be comprised of representatives from all relevant departments and will report to the Chair of the Accessibility Advisory Committee. Membership will include, but not limited to:

- Capital Planning
- Community Agency(ies) – CNIB/CHS
- Community Representative(s)
- Corporate Communications
- Facilities
- Geriatrics
- Human Resources
- Information Technology and Telecommunications
- Medicine
- Mental Health
- Nephrology
- Occupational Health
- Patient Registration
- Physiotherapy
- Purchasing
- Risk Management and Compliance
- Spiritual Care
- Surgery
- Volunteer Services

4.0 Responsibilities of Committee Members:

- If a staff committee member wishes to resign from the committee, he/she will discuss replacement with their director/supervisor and suggest a replacement to the committee for approval.
- Hospital members unable to attend a scheduled meeting must make arrangements for a designate from their department/area of expertise to attend on their behalf and should notify the Chair of the AAC.
- Review, provide input and approve distributed documentation prior to and/or during meetings.
- Actively participate in committee and carry-out assigned or accepted activities related to committee objectives.
- Assist with preparation of relevant reports and presentations as required.
- Identify AODA departmental initiatives to the committee.
- Communicate back to department relevant compliance legislation.
- Actively promote the activities of the AAC.

5.0 Responsibilities of Chair:

- The Chair is appointed by the Executive Sponsor.
- Encourage and guide the activities of the AAC towards achieving the committee's objectives.
- Ensure that agendas, minutes and supporting materials are distributed prior to each meeting.
- Meet with Executive Sponsor, VP of Human Resources and Patient Relations, quarterly to provide updates.

6.0 Quorum (A minimum number of members necessary to conduct the business of the AAC)

The quorum shall be 51 percent of the members on the AAC.

7.0 Meetings:

The Advisory Accessibility Committee will meet quarterly (minimum) and as required at the discretion of the Chair. Meeting notification will be sent via email two weeks prior to meeting. Meeting discussion points and action items will be distributed prior to next meeting.

8.0 Costs:

The committee has no designated resources aside from staff time, however, implementation costs for the accessibility plans are to be determined by the relevant departments and portfolios responsible for compliance as new standards are enforced.

Accessibility Advisory Committee

Terms of Reference

Revised: 2016

Appendix 2: The Scarborough Hospital

Policy & Procedure Manual

Corporate – Accessibility for People with Disabilities

Policy

In fulfilling its mission *to provide an outstanding care experience that meets the unique needs of each and every patient*, The Scarborough Hospital (TSH) strives at all times to provide its services in a way that respects the dignity and independence of people with disabilities.

TSH is dedicated to excellence in serving all patients, families and visitors. We are committed to providing a barrier-free environment where people with disabilities have the same opportunities to access our care and services.

This policy establishes accessibility standards at TSH in accordance with the Ontario Human Rights Code and the Integrated Accessibility Standards Regulation (IASR) created under the Accessibility for Ontarians with Disabilities Act (2005).

TSH is committed to becoming fully accessible by 2021 by ensuring full compliance of accessibility standards in five areas: customer service, information and communication; employment, transportation and built environment.

Definitions

Accessibility: Giving people of all abilities opportunities to participate fully in everyday life.

Assistive Device: An assistive device is any device that is designed and/or adapted to assist a person to perform a particular task. Assistive devices include specialized aids and devices that enable people with disabilities to carry out their everyday activities. These include, but are not limited to, wheelchairs, hearing aids, adaptive computer technologies, ventilators, walkers, crutches and personal sound amplification devices.

An assistive device may be their own personal devices, or one supplied by TSH.

Barrier: As defined by the Accessibility for 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.

Disability: As defined in Section 2 of the AODA Act, Disability means:

- 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 impairment, 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; and/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.
- The definition includes disabilities of different severity, visible as well as non-visible disabilities, and disabilities the effects of which may come and go.

Guide Dog: A dog trained as a guide for a blind person and having the qualifications prescribed by the regulations: R.S.O. 1990, c. B.7, s. 1(1). Additionally, the Blind Persons Rights Act, defines a guide dog as a dog that has been trained at one of the facilities listed in Ontario Register 58 under the *Blind Persons' Rights Act* to act as a guide dog for people who are blind.

Integrated Accessibility Standards Regulation (IASR): Standards that build upon the Accessibility for Ontarians with Disabilities Act (2005) and contain four new areas of focus to make Ontario accessible by 2025: Information & Communication; Employment; Transportation; Built Environment. As defined by the Ministry of Economic Development, Trade and Employment, the IASR establishes the compliance framework for obligated organizations. The IASR applies to all public, private and not-for-profit organizations, with at least one employee.

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

Procedure

Section 1: Providing Goods & Services to People with Disabilities

TSH will ensure people with disabilities will be provided with equitable access to goods, services facilities and/or employment provided by TSH taking into account the person's disability.

Section 2: Procurement

TSH will incorporate accessibility criteria and features when procuring or acquiring goods, services or facilities through a variety of methods including asking potential suppliers about accessible options they offer and incorporating accessibility criteria in all sourcing documents where applicable e.g. Request for Proposals, Request for Quotations.

Section 3: Kiosks

TSH will incorporate accessibility features when designing, procuring or acquiring self-service kiosks.

Section 4: Communication

TSH will communicate with persons with disabilities in ways that take into account their specific needs. Staff will be trained on how to interact and communicate with people at all levels of disabilities. Upon request, an individual can request communication provided in, but not limited to, large print, braille and sign language interpreter. Assistive devices are also available upon request.

Section 5: Format of Documents

Upon request, TSH will provide accessible documents, materials or information in alternate formats.

Section 6: Notice of Availability of Documents

TSH will provide the public notice of the availability of the documents, required by the Accessibility Standards for Customer Service, (Ontario Regulation 429/07) upon request. Notice of availability will be provided on the website and through other printed methods.

Section 7: Internet Websites

TSH's internet websites and web content will conform with the World Wide Web Consortium Web Content Accessibility Guidelines in accordance with the schedule set out in the integrated accessibility standard.

Section 8: Notice of Temporary Disruptions

TSH will provide notice to the public in the event of planned or unexpected disruptions in the facilities or services usually used by people with disabilities. These notices will include information about:

- the reason for the disruption
- how long the disruption is expected to last

- a description of any available alternative facilities, services or resources

All disruptions to accessibility services must be reported to the Facilities Department so that a notice of temporary disruption can be issued. Disruptions of a serious or prolonged nature must be reported to the Communications and Community Relations Department. Notices of Temporary Disruption may be:

- Posted in large print in key areas of the hospital, such as at public entrances and on service counters, as determined by Corporate Communications.
- Posted on The Scarborough Hospital's public website (if public disruption) or communicated via intranet or email (if internal disruption) so TSH staff are aware and can appropriately guide individuals with disabilities to alternative services, if available.
- Issued to the local media through news releases in the case of serious and longer term disruptions in accessibility services.
- Notices communicating a temporary disruption to TSH service will be in:
 - a. plain language
 - b. suggested use of Arial font style
 - c. at least 24-font size
 - d. high contrast colours such as black and white and easy to read

Section 9: Inclusive Meetings

TSH will strive to ensure all meetings are organized, co-ordinated, and planned to accommodate persons with disabilities and will arrange for appropriate requests based on the individual's disability.

Section 10: Telephone Services

TSH will provide accessible telephone service, including, but not limited to, TTY and relay services and will train all applicable employees, volunteers and others working with the public on how to communicate over the telephone in clear and plain language.

Section 11: Assistive Devices

TSH will ensure that relevant staff members know how to access and use the assistive devices that are available at TSH and that there are instructions available for these devices. These include, but are not limited to:

- Staxi Chairs are available at both main campuses.

- Accessible washrooms are available at all of our locations.
- TTY and access to sign language are available for deaf, deafened, and hard of hearing patients.
- Assistive devices are located in Patient Registration and on the following units/departments across both campuses:

Location	Type of Device	Quantity
Emergency Department – General Campus and Birchmount Campus	<ul style="list-style-type: none"> • Uniphone 1000 TTY (for patient’s room) • Hearing Stickers • Pocket Talker • Pros/Stetoclip Headsets with adapters • Call Alert 100 • Neck Loop 	<ul style="list-style-type: none"> • 1 phone at each site • Several rolls of stickers • 2 Pocket Talkers with adapters at each site • 1 Call Alert at each site • 2 Neck Loops at each site
Medicine – CP4 (General Campus) and 4D (Birchmount Campus)	<ul style="list-style-type: none"> • Uniphone 1000 TTY (for patient’s room) • Pocket Talker • Pros/Stetoclip Headsets with adapters • Neck loop for Pocket Talker • Extension cord for Pocket Talker • Call Alert 100 • In-Line Phone Amplifier • Alert Master 6000 (for labour and delivery) 	<ul style="list-style-type: none"> • 1 phone at each site • 1 Pocket Talker with adapters at each site • 1 Neck Loop at General Campus • 1 Extension Cord at General Campus • 1 Call Alert at each site • 1 In-Line Phone Amplifier at each site • 1 Alert Master at each site

- If units/departments require assistive devices, the Canadian Hearing Society (www.chs.ca) can be contacted at 416-964-9595 to place an order. Units/departments will be responsible for any charges/fees related to ordering any assistive devices.

Section 12: Use of Service Animals, Safety and Support Persons

12.1 Service Animals

We are committed to welcoming people with disabilities who are accompanied by service animals to all areas of the hospital unless excluded by law or public health concern. Exclusions at TSH include: the Intensive Care Unit (ICU), Operating Room (OR), Coronary Care Unit (CCU), Acute Medical Unit (AMU), Acute Surgical Unit (ASU), Hospital laboratories, dialysis, burn units, kitchens, isolation rooms for infectious illness and colonization with an antibiotic resistant organism, labour and delivery, medication preparation areas, nurseries, sterilization areas (SPD) and clean or sterile supply storage areas.

When people with disabilities are accompanied by a service animal, the following must be noted:

- The service animal must have current vaccinations and the owner of the animal may be asked to provide a certificate of vaccination.
- The service animal must be free of any parasites, fleas/ticks, diarrhea and exposed skin lesions.
- The service animal must have recently been bathed.
- Patients with service animals cannot be placed in a room with another patient who has an allergy to the service animal.
- Persons who object to a service animal being in close proximity will be provided with alternative arrangements so as not to negatively impact access to services requested.
- Service animals may be evicted or excluded from TSH from its owner **only** for the following reasons:
 - if the animal's behavior poses a direct threat to safety towards other patients or staff members
 - if contraindicated by the attending physician for sound medical and/or safety reasons
- If a patient must be removed from his/her service animal while in the Hospital, the health care provider must contact the owner's next of kin, support person or emergency contact to come to the Hospital and assume responsibility of the service animal. Appropriate arrangements must be made to address the patient's needs in the absence of the service animal.
- If a person with a disability is prevented from accessing their support animal, the hospital will, where appropriate and available, arrange an alternate service to allow that person to access hospital services.

12.1.1 Responsibilities

- **Owner:**
 - a. People accompanied by service animals are responsible for the care and supervision of their service animals.
 - b. TSH will not accept responsibility for service animals' care while the animal is on the premises. It is the owner's responsibility to make arrangements for their animals' care.

- **Area Charge Person:**
 - a. Charge persons are responsible to ensure they inform staff of the role of the service animal, and how to interact with the patient and animal.
 - b. Patients, visitors and other staff and volunteers working on the unit should be notified of the service animal's presence and address any concerns (e.g. allergies).
 - c. Instructions as to how the service animal should be fed, cared for and handled should be discussed with the owner and staff members.

- **Staff (including physicians):**
 - a. Staff members are obligated to allow the service animal to accompany the patient at all times except where noted otherwise (see above).
 - b. Actions such as talking, toileting, interacting, feeding, touching or making eye contact with a service animal should be avoided at all times as animals are working and need to stay focused.
 - c. Staff members should remember to never separate the patient from the service animal. If uncomfortable providing care to the patient with an animal support, finding an alternative professional who will provide that care and document this in the patient's health record is advised.

12.2 Safety

If a staff member is reportedly bitten, scratched or injured by a service animal, a safety report must be completed in the Safety and Accountability for Everyone (SAFE) system detailing the name of the injured, circumstances and nature of the injury. The Occupational Health and Safety Department must be

notified and if necessary, staff should be assessed in the Emergency Department.

If a patient is reportedly bitten, scratched or injured by a service animal, the primary care physician must be notified. Additionally, a SAFE report must be completed and Patient Relations notified.

If a visitor is reportedly bitten, scratched or injured by a service animal, they should be referred to the Hospital's Emergency Department for assessment and Patient Relations notified.

All bites should also be reported to the nearest Animal Services Centre or by calling: 416-338-PAWS (7297).

12.3 Support Persons

People with disabilities who are accompanied by a support person have the right to have access to that support person while receiving care and services at TSH.

The hospital may, however, limit a support person's access to their charge on the basis of medical or safety considerations. For example, if a designated 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 hospital. Support persons may be denied accompanying the patient in areas such as surgical suites, procedure rooms, xrays, PACU and recovery rooms if this poses a risk to being present in these areas.

If a person with a disability is deprived of access to their support person for this reason, the hospital will assume responsibility for the basic care of the individual with a disability. If possible, situations requiring the separation of the individual and support person will be discussed with the individual in advance and appropriate measures taken.

The hospital may also require the presence of a support person, if it is deemed by staff that a significant amount of risk is incurred by an individual with a disability who is attempting to access hospital services without assistance.

When people with disabilities are accompanied by a support person, the following must be noted:

- All health care providers are to ask the patient directly if he/she requests the support person to be present when personal health issues are being discussed and to document in the patient's health record.
- A support person may be requested to leave the building premises or separated from the patient if his/her actual behavior poses a threat to the patient or healthcare provider or the attending physician has sound medical reasons. These circumstances must be documented in the patient's health record.

12.3.1 Responsibilities

- **Charge Person:** Inform staff about the role of the support person and appropriate interaction with the patient and the support person.
- **Staff and Physicians:**
 - a. Should not remove a patient from his/her support person without the patient's permission and consent unless there are medical reasons for the separation.
 - b. If a health care provider refuses to provide care to the patient with the support person present, alternative arrangements will be made for the patient to receive care and this will be documented in the patient's health record.

Section 13: Emergency Procedures, Plans or Public Safety Information

TSH will make information about emergency procedures, plans or public safety information available to the public in an accessible format upon request.

Section 14: Workplace Emergency Response

TSH will provide individualized workplace emergency response information to employees who have self-identified a disability.

Section 15: Employment

TSH will meet the requirements as set in the schedule of the Integrated Accessibility Standard Regulation for all areas of employment.

Section 16: Multi-Year Accessibility Plan

TSH will establish, implement, maintain and document a multi-year accessibility plan outlining TSH's strategy under AODA and the supporting standards to meet its requirements in preventing and removing barriers for persons with disabilities.

Section 17: Accessibility Training

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

Training will be provided based on individuals' needs and duties within the Hospital and as soon as is practical after they are assigned the applicable duties. Training may be in the form of a group session, a brochure, web-based training modules and/or as a component of the New Hire Orientation agenda. Training records will be kept for all participants.

Training will include:

- the purposes of the Accessibility for Ontarians with Disabilities Act (AODA) and the requirements of the Customer Service Standard;
- the requirements of the Accessibility Standards as outlined in the Integrated Accessibility Standards Regulation and the Ontario Human Rights Code;
- how to interact and communicate with people with various types of disabilities;
- how to interact with people with disabilities who use assistive devices, or who require the assistance of a service animal or support person;
- how to access equipment made available by the Hospital to help people with disabilities access care and services;
- what to do if a person with a disability is having difficulty accessing the Hospital's care and services;
- the process to receive feedback on the provision of goods and services provided to people with disabilities accessing service at TSH; and

- the Hospital’s policies, practices and procedures relating to the customer service standards.

Section 18: Feedback Process

Feedback and comments on the quality of care and services The Scarborough Hospital provides to people with disabilities are welcome and appreciated. All feedback will be reviewed and responded to. Feedback can be provided to the Hospital by:

- Speaking directly to a hospital employee
- Contacting a Patient Relations Facilitator:
 - o Birchmount Campus: 416-495-2400 ext. 5424
 - o General Campus: 416-431-8200 ext. 6140
- Completing the online **Patient Feedback Form** on our website: Go to www.tsh.to and under the “Contact” section, click on the link to the “Patient Feedback Form.”
- Mailing comments to the Hospital, addressed to “Patient Relations”. This feedback process is promoted on the website and through other printed outreach methods.

References

1. Accessibility for People with Disabilities, Policy Number 1.20.011 (2010). University Health Network, Toronto.
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3. Assistive Devices and Services Policy – AODA 09-001 (2009). Mental Health Centre, Penetanguishene
4. Accessibility Customer Service Policy and Procedures (2010). Lakeridge Health, Oshawa
5. Accessibility for Ontarians with Disabilities Act, 2005:
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm