

Title: Accessibility and Customer Service for People with Disabilities	Policy No.: AHR 3.6.15
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Reviewed by: Policy Subcommittee (PSC)	Approved by: Operations Committee

1.0 Purpose

This policy is designed to ensure that all members of the hospital community are aware of the benefits of achieving accessibility for people with disabilities, and know the rights and responsibilities of employees, volunteers, physicians, students, clients/patients and visitors with regard to accessibility and client/patient service. It also establishes accessibility standards for Customer Service at CAMH in accordance with relevant legislative requirements.

This policy applies to all activities that take place at CAMH as well as work-related activities that take place off site such as conferences, forums, client/patient work in the community and so forth.

Please see [Appendix A](#) for further details on the AODA and *Human Rights Code*.

2.0 Persons Affected

This policy applies to all CAMH employees, students, volunteers, physicians, agents, and any other people who interact with the public, clients/patients or family members on behalf of CAMH (hereafter referred to as "CAMH personnel").

3.0 Policy

3.1 CAMH believes that treating people with respect is a key guiding principle for excellent client/patient care and an effective, healthy organization. As such, CAMH is committed to eliminating differences in health status between groups, creating a diverse and inclusive workplace and meeting the accessibility needs of people with disabilities in a timely manner. In order to achieve these commitments, CAMH implements the following standards:

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- 3.1.1 All goods, services and facilities provided by CAMH will be provided in a manner that respects the dignity and independence of people with disabilities.
- 3.1.2 All providers of CAMH's goods, services and facilities will consult with people with disabilities to determine their information and communication needs E.g.: interpreter, sign language, communication board, telephone relay, printed material in large font or via email.
- 3.1.3 All goods, services and facilities provided by CAMH to people with disabilities will be integrated as fully as possible into service delivery, and allow people with disabilities to benefit from the same services as other people, delivered in a similar way.
- 3.1.4 People with disabilities will be given equal opportunity to obtain, use and benefit from the services, goods or facilities provided by CAMH.
- 3.1.5 People with disabilities have the right to use their own personal assistive devices while accessing the goods, services or facilities provided by CAMH, unless there is a defined risk associated with that use.
- 3.1.6 CAMH personnel will be familiar with the supports, assistive devices and accessible spaces available at CAMH to increase the accessibility of our services to people with disabilities. (Please see [CAMH Accessibility Resources](#))
- 3.1.7 People with disabilities who use a service animal have the right to enter CAMH with the animal and keep the animal with them, unless this is precluded by law. Where a service animal is excluded by law, the organization will ensure that other measures are available to the person with a disability to obtain, use and benefit from the services provided.
- 3.1.8 People with disabilities who are accompanied by a support person have the right to have access to that support person while accessing goods, services and facilities of CAMH. If discussing confidential information always ask the person with the disability if they prefer their support person to stay present.
- 3.1.9 CAMH will provide notice in the event of a planned or unexpected disruption in the facilities or services usually used by people with disabilities.
- 3.1.10 CAMH will provide personnel with disabilities with individualized emergency response information when necessary.
- 3.1.11 CAMH will provide accessible vehicles for client/patients with disabilities or an equivalent alternative if the accessible vehicle is not available.
- 3.1.12 CAMH considers accessibility requirements as part the process for procuring goods, services and facilities as reflected in [AF 5.2.1 Procurement of Goods and Services](#) and in the requirements of CAMH's Vendor Contractor Letter.
- 3.1.13 All CAMH personnel, 3rd party contractors/consultants, students/Interns, and any other members of your organization (paid, unpaid, full-

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time/part- time or contract positions) who interact with the public on behalf of CAMH will receive training on providing inclusive customer service to people with disabilities. This includes those that engage with the public or develop policies and procedures such as managers, senior leaders, directors, and board members. CAMH personnel will also be trained on an ongoing basis when changes are made to policies, practices and procedures. Up to date training records must be kept.

- 3.1.14 CAMH will develop a multi-year accessibility plan which outlines the organizational strategy to prevent and remove barriers and meets requirements under the *AODA*.
- 3.1.15 CAMH has a process to receive feedback on the provision of goods, services and facilities provided to people with disabilities accessing service or working at CAMH. This process is posted on our website and is available in accessible formats to people with disabilities.
- 3.1.16 All policies, practices and procedures for providing accessible customer service and meeting other requirements set out in the Standards will be documented in writing and available both internally and externally.

4.0 Definitions

Assistive Devices: Devices used to assist persons with disabilities in carrying out activities or in accessing the services of persons or organizations covered by this standard. Assistive devices include, but are not limited to, wheelchairs, reading machines, recording machines, hearing devices, devices for grasping, and canes. (*AODA*, 2005).

Barrier: Anything that prevents a person with a disability from fully participating in all aspects of society because of their disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

Disability: according to the *AODA* (2005):

- a) Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, illness, or present from birth 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,
- b) A condition of mental impairment or a developmental disability.
- c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- d) A mental disorder, or

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- e) An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.”

Disabilities can be visible as well as non-visible, of different severity, and the effects of a disability may come and go. For example:

- A person with arthritis has a disability that over time may increase in severity.
- A person with a brain injury has a disability that is not visible.
- A person with multiple sclerosis has a disability that causes her to experience periods when the condition does not have an effect on her daily routine and other periods when it does.

Service Animals: An animal—most often a dog—trained specially to help a person with a disability. Service animals may accompany people with physical (e.g. sight, hearing), cognitive or seizure-related disabilities, among others. In most cases it will be obvious that an animal is being used for reasons relating to a person’s disability. If you cannot easily identify that an animal is a service animal, you can ask the person to provide documentation from a regulated health professional including doctors, optometrists, nurses, physiotherapists, audiologists/speech language Pathologists, psychologists, chiropractors, psychotherapists/registered mental health therapists and occupational therapist. Service animals should not be confused with “pet therapy” animals, which are used to provide comfort and motivation.

Support Persons: 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 goods, services and facilities. The support person could be a paid personal support worker, a volunteer, a friend or a family member. They do not necessarily need to have special training or qualifications. Please note that CAMH can only insist a support person accompany a person with a disability for health or safety reasons, in consultation with the person with a disability and when there is no other way to protect health or safety of the person or others. Any fees or fares for service of the person with a disability must be waived for the support person.

5.0 Responsibilities

All CAMH personnel and any other person who acts on behalf of CAMH, provide client/patient care or who deal with the public, family members or community partners are required to be familiar with this policy and act in accordance with this policy, including participating in training on its implementation.

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6.0 Procedures

6.1 Notice of Disruption in Facilities or Services

- 6.1.1 Notice for disruption in services usually used by persons with disabilities will include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if available.
- 6.1.2 Notice will be provided directly to client/patients by their service provider when disruptions are known about in advance.
- 6.1.3 Planned service interruptions for elevators, driveways and parking areas will be posted by Support Services at the relevant locations and on CAMH Insite, including information on the duration of the interruption and any alternative facilities that may be available.
- 6.1.4 If there is an unexpected disruption, client/patients will be notified as soon as possible by their service provider, and via posted announcements.

6.2 Training of CAMH Personnel

- 6.2.1 A variety of methods will be used to deliver training including an information guide/booklet, an e-learning tutorial, online resources, presentation at meetings, and in-service education as appropriate to job roles and functions.
- 6.2.2 The training will include but is not limited to:
 - a. The purpose of the *Accessibility for Ontarians with Disabilities Act* and the requirements of the customer service standard, the *Integrated Accessibility Requirements* and the related but distinct disability related obligations under the *Ontario Human Rights Code*.
 - b. How to interact and communicate with people with various types of disabilities.
 - c. How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person.
 - d. How to access an in-house resource on how to use the equipment or devices available at CAMH's or otherwise that may help with the provision of goods, services and facilities to people with disabilities, e.g. bell relay, accessible washrooms, ASL interpretation.
 - e. What to do if a person with a disability is having difficulty in accessing CAMH's goods, services and facilities.
 - f. CAMH's policies, practices and procedures that affect the way goods, services and facilities are provided to people with disabilities.
- 6.2.3 The training will be disseminated as follows:

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- a. All new employees will receive an introduction to the AODA in their orientation process.
- b. Mandatory e-learning training is on CAMPUS for all employees.
- c. Contractors, volunteer, trainees and physicians will receive in person training or a link to online training prior to commencement of their work at CAMH. They will also be provided with the link to CAMH's accessibility page for further resources.
- d.

6.2.4 The training will be tracked and recorded as follows:

- a. Online learning will be recorded by the training provider and then tracked by the Human Resources.
- b. Attendance at orientation will be recorded through Human Resources.
- c. Volunteers will be recorded through Volunteer Services.

6.3 Accessibility Plan

- 6.3.1 The Accessibility plan will be developed in consultation with CAMH's Disability Accessibility Committee.
- 6.3.2 The plan is posted publicly on camh.net and is available in alternative formats upon request.
- 6.3.3 CAMH will conduct an annual status report update of the plan and post the update publicly.
- 6.3.4 CAMH will formally review and revise the overall plan at least once every 5 years.

6.4 Feedback on the Accessibility and Customer Service for People with Disabilities

6.4.1 Client/Patients, Families and the Public

6.4.1.1 Feedback will be facilitated through the Client Relations Services (see [PC 1.6.1 Client Relations](#)).

6.4.1.2 Client Relations can be contacted at:

Office Location: 101 Stokes Street, Rm 6307
Telephone: 416-535-8501 ext. 32027 or 32028
Fax: 416-583-1207
Email: client_relations@camh.net

6.4.2 CAMH Personnel

- CAMH personnel with feedback on accessibility should contact the appropriate internal resource depending upon the nature of the feedback:
 - Health Safety and Wellness Department (for individual accommodation and questions).
 - Human Resources (for questions about our Accessibility Plan and resources).
 - Facilities Planning (for building related issues).

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6.5 Provision of Information on Accessible Customer Service

- 6.5.1 The Accessibility and Customer Service for People with Disability policy is posted on CAMH's external website and can also be accessed upon request.
- 6.5.2 CAMH will take into consideration the person's ability to access information and will provide any document or information in a format that meets those needs as agreed upon with the person, to the best of our abilities (e.g., email, large font, hard copy, verbally reviewed in person or over the telephone).

7.0 References

Accessibility for Ontarians with Disabilities Act, S.O. 2005, c. 11. Available at: www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm.

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Mount Sinai Hospital. (2009). *Eliminating Barriers, Providing Support: A Helpful Staff Guide to Disability and Interacting with People with Disabilities*. Toronto: Author.

Region of Peel. (2009). *Making Way: Guidelines for Delivering Accessible Customer Service at the Region of Peel*. Brampton, ON: Author.

Thunder Bay Regional Health Sciences Centre. (2008). *People First: A Helpful Guide to Disability and Assisting those with Disabilities*. Thunder Bay, ON: Author.

8.0 Links/Related Documents

[AF 5.2.1 Procurement of Goods and Services](#)

[CAMH Accessibility Resources](#)

[PC 1.6.1 Client Relations](#)

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9.0 Review/Revision History

Date	Revision No.	Revision Type (new policy, minor edit, moderate revision, complete revision)	Reference Section(s)
November 2009	1.0	New Policy	N/A
June 2013	2.0	Minor	Move procedures in section 3.0 to section 6.0; addition of requirements from Integrated Accessibility Standard
January 2017	3.0	Minor	Requirements of accessible customer service changes in services animals and training
April 2018	4.0	Minor	Update policy to refer to goods, services and facilities so it is in compliance with current AODA legislative requirements.

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Appendix A: The Relationship of the *Accessibility of Ontarians with Disabilities Act* to the *Ontario Human Rights Code*

The *AODA* does not replace or affect existing legal obligations under the *Ontario Human Rights Code* or other laws in respect to accommodation of people with disabilities.

Organizations have to comply with both the *AODA* and the *Ontario Human Rights Code*. While both deal with accessibility, they are two very different pieces of legislation. The *Ontario Human Rights Code* is an individual, complaints based legislation that addresses discrimination. The *AODA* applies to all organizations in Ontario and will increase accessibility for all. The *Ontario Human Rights Code* requires organizations to accommodate people with disabilities to the point of undue hardship. The *AODA* does not replace or affect legal rights or obligations that arise under the *Ontario Human Rights Code* or other applicable legislation related to accommodation of people with disabilities. This means that the *Ontario Human Rights Code* or other legislation may require additional accommodation measures that go beyond or are different from the standards established by the regulations of the *AODA*.

Adapted from AccessON A Guide to the Integrated Accessibility Standards Regulation available at:
http://www.mcass.gov.on.ca/documents/en/mcass/accessibility/iasr_guidelines/complete_guidelines.pdf