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Accessibility Training Instructions

Welcome to Brockville General Hospital Accessibility Training. In order to comply with the Accessibility for Ontarians with Disabilities Act, all staff, volunteers, contractors and decision makers are to be trained on Accessibility. Please follow these instructions to ensure proper compliance:

1. On a piece of scrap paper, write down your true or false answers to the **Accessibility-Self Awareness pre-Quiz**.
2. Turn page over to see how many you answered correctly.
3. Print off and answer the **Post Quiz**. Put in an inter-office envelope and send to Organizational Development.
4. If you are a decision maker (Manager, Senior Leader, Board Member, Accessibility Committee Member) please read the document "**Additional Information for Decision Makers**".

Completed quizzes will be compiled into a report that is to be sent to the government for compliance regulations.

Thank you for completing this program.

Committee Members and Extensions

Should you have any questions or suggestions regarding accessibility, please contact a member of the Accessibility Committee.

Member	Telephone Extension
Rene Melchers – Chair	2360
Lea Hamblett -	1022
Jessica Gerritsen	1335
Bev Sloan	1171
Penny Raabe	2333
Dixie O'Reilly	1196
Paul Gray	1726
Catherine Swan	1150
Mary Kellam	1282

Any questions or comments can be emailed to:
<mailto:accessibility@css.gov.on.ca>

Pre-Quiz Answers

1. **True** – Barriers are broken down in part through open, positive attitudes – when people are accepted for themselves.
2. **True** – A disability is just one of the characteristics of the individual, but the disability is often seen before the person.
3. **False** – It is important to look directly at someone who is hard of hearing and speak clearly. Shouting may only create sound distortions when amplified through the hearing aid.
4. **False** – People who have vision loss may prefer to take your arm when you are guiding them. Ask if they need your assistance first.
5. **False** – People with disabilities may need some special attention, but it should not be assumed in every case. Your customers want to be treated with dignity, so consider discreetly asking each one if help is needed. You don't always know who has the disability and who doesn't.
6. **False** – Try to respect the person's independence by asking if your assistance is needed first.
7. **True** – According to the Participation and Activity Limitation Survey (PALS) 2006 from Statistics Canada, about 1.85 million Ontarians (one in seven) have a disability.
8. **False** – Many types of mental health disabilities are treatable and not necessarily permanent.
9. **False** – Unlike a mental health disability, intellectual disability is a limitation affecting intellectual capacity, not emotional equilibrium. Moreover, an intellectual disability is a permanent condition that cannot be medically treated or cured.
10. **False** – Many people develop ways to work with, or around, their particular type of learning disability. Repeated practice can help a person with a learning disability to perform some tasks with less difficulty.

Accessibility and the Customer Service Standard



The Accessibility for Ontarians with Disabilities Act, 2005 is a provincial law that allows the government to develop specific standards of accessibility and to enforce them. The goal is to make Ontario Accessible by 2025.

As a requirement of the Accessibility for Ontarians with disabilities act, all staff are to review the purpose and application of the act.

These standards address barriers to people with disabilities in these areas. The standards are developed by committees that include people with disabilities, the provincial government, and representatives of various industries and sectors.

Recognizing the history of discrimination against persons with disabilities in Ontario, the purpose of this Act is to benefit all Ontarians by, developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025...

The Customer Service Standard requires BGH to:

- 1) Establish policies, practices and procedures governing how we provide goods or services to **PWD (Person with Disabilities)**
- 2) Use reasonable efforts to ensure that the policies, practices and procedures are consistent with the core principles of **dignity, independence, integration, and equality of opportunity.**
- 3) Develop a policy on allowing PWD to use their own personal assistive devices, service animals & support persons to access our goods and use our services in all public places.
- 4) Communicate with PWD in a manner that takes into account the customer's disability (providing, sending, receiving & understanding information using alternative formats).
- 5) Train all staff, volunteers dealing with the public as well as those people responsible for developing our policies, practices and procedures in the provision of accessible customer service.

6) Provide notice when accessibility to services or facilities for PWD is temporarily disrupted and indicate alternative routes/methods to access service.

7) Establish a process for people to provide feedback re: how we provide goods or services to PWD and how we will respond to any feedback & take action on the complaints.

8) Make the information re: our feedback process readily available to the public – in user-friendly formats accessible to them.

Customer Service

Did you know?

1.85 million Ontarians have a disability. That's one in seven people.

Think about it.....You've been a customer before, right?

Can you remember an experience that sticks out above the rest? Was it a good experience? Was it a bad experience?

Remember that a CUSTOMER is ANYONE you provide a GOOD or SERVICE to.

Internal/External...What's the Difference?

There are two types of customers, internal and external. Our internal customers are the staff, Doctors, students and volunteers that we work with each day at BGH. Our external customers are the people who come to BGH to receive a service. They are mostly our patients and our patients' family members, but could also include guests to our facility such as repair persons, ambulance attendants, etc.

Did you know...?

That as a staff member, Doctor, volunteer, student or board member you're a spokesperson for our organization. It's up to you to make sure BGH is thought of highly and only spoken of in the best regard.

How do we commit to serving our customers with Excellence?

By living our vision *Healthy People – Outstanding Care* with **H.E.A.R.T.**

What can you do if a person is having difficulty accessing the services at BGH?

If you become aware that a person with a disability is having difficulty accessing the services at BGH...

Their difficulty = your opportunity to improve service and better demonstrate BGH vision and values! If you see someone having difficulty accessing services, stop and try to find out how you can best help them.

Here's an example for you:

You are working in central registration and you have a customer enter who is deaf but does not have an interpreter with them. You do not know sign language so what could you do to better help serve this person?

Take out a pen and paper and write to the customer asking them if communicating by paper would work for them. Remember that if you're dealing with confidential information to give the paper to the customer when you are finished.

No matter how you end up communicating with someone always remember to follow H.E.A.R.T.

H – Say hello and introduce yourself

E – Empathize with your customer, you can see that they're having difficulty

A – Ask the right questions (Do you need help? What can I do to help you?)

R – Respond by communicating effectively (perhaps you need to get a pocket talker to assist with communication, perhaps you need to change the way you're asking questions or talk more slowly to help your customer understand better)

T – Everyone needs to work together to achieve customer satisfaction and create positive moments of truth in our organization.

“Working together ordinary people can reach extraordinary heights”

Barriers in our Facility

The following is a list that the AODA has recognized as barriers for accessibility. While as staff we can not change architectural barriers, there are many barriers

that we can change i.e. physical or attitudinal barriers. Please note that if you see a barrier in your area that you can change yourself do so. If there is a barrier that you can not change, talk to your manager or a member of the accessibility committee.

Barriers = Exclusion

Workplace Accessibility Barriers

What is a barrier?

A barrier is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability.

Attitudinal barriers (refer to persons who do not know how to communicate with people with disabilities, or persons who display discriminatory behaviours)

Here are some tips to help make your communication and interaction more successful:

- Remember to put **people** first. It is proper to say “a **person with a disability**” rather than a disabled person.
- Use *disability* or *disabled*, not *handicap* or *handicapped*.
- If you don't know someone or if you are not familiar with the disability, it's better to wait until the individual describes his/her situation to you, rather than to make your own assumptions. Many types of disabilities have similar characteristics and your assumptions may be wrong.
- Never use terms such as *psycho*, *moron*, *dumb* or *crippled*. They are very demeaning and disrespectful.

Remember that a person with a disability is still a person and to refer to them as Mr. or Mrs until they instruct you otherwise. Everyone is entitled to be known for who they are and should not be defined by what disables them. Never refer to a disabled person as the blind person or the deaf person etc.

Remember our Code of Conduct requires that each person who enters our facility be treated with respect and dignity.

For a list of preferred words and phrases that will help you choose language that is neither demeaning nor hurtful please click [here](#).

Information or Communication barriers (make it difficult for people to receive or send information. For example, a person with a visual disability may not be able to read printed materials, read signs, locate landmarks or see a hazard. A person with an intellectual disability may not understand information that is not expressed in plain language)

Technology barriers (refer to devices such as computers, telephones or inadequate or inappropriate assistive technologies)

Architectural barriers (may result from the design of the building, shape of rooms, size of doorways, or width of hallways, for example)

Physical barriers (refers to objects added to the environment, such as windows, doors, elevators, furniture, bathroom hardware, counters etc)

Systemic barriers (can result from an organization's policies, practices and protocols if they restrict persons with disabilities)

Providing Goods and Services to People with Disabilities Policy

A copy of Brockville General Hospital's Customer Service Policy Providing Goods and Services to People with Disabilities can be found at Switchboard. To view the policy click [here](#).

Knowledge is Power!

By being aware of what the barriers in our organization are, we can make our facility more accessible to our clients. For example: Perhaps there is a cart in the middle of the hall. This is a physical barrier that we can change by moving the cart out of the way. The patient bathrooms on 1 East however are architectural barriers that while we can be aware of them, we are unable at this time to change them.

Take a moment to look at the following examples of barriers that may be in **your department**. Please don't ever assume that just because you see a barrier someone else has seen it as well. If you recognize any of the following as a barrier in your department, let your manager or a member of the accessibility committee know. Also, if you have an idea for fixing the barrier i.e. signage, let your manager or the Accessibility Committee know.

Exteriors

- Are accessible pedestrian routes or paths wide enough to accommodate wheelchairs, scooters, or other mobility devices?
- Are curb cuts or ramps wide enough for wheelchairs and scooters, have a non slip finish and are kept clear of snow and ice in winter weather?
- Are routes obstructed by poles, plants, bicycle racks, etc?

- Are accessible entrances clearly marked with the International symbol of Accessibility?
- Is building and route signage provided in large, high contrast lettering?
- Can accessible passenger loading zones accommodate persons with wheelchairs, walkers, scooters etc.

Parking Areas

- Are accessible symbols clearly marked with the International Symbol of Accessibility?
- Is there a safe, clearly marked accessible pedestrian route from the designated parking area to an accessible building entrance or elevator lobby?
- Is an accessible pedestrian route made of firm, level material?
- Steps – if you have to take steps to get to your area of work, is there an alternate route?
- Floor – Are mats and carpets flat to the floor to avoid a trip hazard?
- Floor – Are accessible routes marked by bright colour or contextual changes at floor level, to provide directional cues for people with vision disabilities?

Fire and Life Safety (In your department)

- Is a fire policy and are fire safety plans in place for evacuating people with disabilities?
- Are main exit routes and exit doors easily accessed and used by people using mobility aids?
- Are exit instructions printed in large text, and mounted in an accessible, highly visible location?
- Do fire alarms have both visual and audible signals?

Doorways (In your department)

- Doorway – can a wheelchair, scooter or walker fit through?
- Doorway – is there a power assisted door operator for entrances/exits in your department?

Elevators (In your department)

- Do audible sounds announce floors and up/down direction of elevator cars?
- In accessible elevators can Braille signage and controls be easily reached and is there a two way emergency call system provided?

Signage (In your department)

- Are accessible entrances clearly marked with the international signage for accessibility?
- Is building and route signage provided in large, high contrast lettering?
- Are universal hearing disability symbols displayed where equipment is available?
- Are areas outside of elevators clearly marked to show what departments can be located on the particular level?
- Is signage to all area's clear and easy to follow?

- Is signage mounted at a convenient height for both wheelchair users and people with vision disabilities

Interiors (In your department)

- Do floor finishes have non-slip surfaces under wet and dry conditions?
- Are thresholds bevelled to accommodate different floor materials?
- Are walls in busy areas, corridors, ramps or staircases finished in smooth, non-glossy, non-abrasive finishes?
- Do the colour of doors or door frames in hallways contrast with surrounding wall colours?
- Are fire exits consistently coloured throughout the building so that they are easily distinguished from other doors?
- Are fire hose cabinets and fire extinguishers in a highly contrasting colour?

Attitudinal (In your department)

- Do staff know what assistive devices BGH has and where to find them?
- Are staff trained to use assistive devices to help communicate with a person with a hearing disability or;
- Do staff know Alternative formats to help make information more accessible to persons with disabilities?
- Are staff trained to effectively communicate with a person with a disability?
- Do staff know where to find information on accessibility for their facility?

Public Washrooms (In your department)

Is an accessible stall provided for each sex when integrated into regular washrooms or is an accessible unisex stand-alone washroom located near by with the following:

- grab bars
- coat hooks
- flush controls
- wash basins
- toilet paper dispenser
- call button for emergencies
- mounted automatic hand-dryers or paper towel holders
- call button for emergencies
- lever handled faucets or automatic faucets

Alternative Formats

Alternative formats are other ways of publishing information beyond traditional printing. Some of these formats can be used by everyone while others are designed to address specific user needs. Providing an alternative format isn't only good for business, it's required by law.

While the large print format is the easiest for us to make available if there is documentation in your department that you feel needs to be available in another alternative format, please let your manager or a member of the accessibility committee know.

For a list of Alternative Formats please click on the following link: [alternative formats](#)

Notice of Temporary Disruption

In case of a temporary disruption at BGH signage must be placed at the parking entrance and the entrance of the building as well as at the point of disruption to let patients and customers know of the disruption.

Feedback

Your organization must accept feedback about the manner in which it provides goods or services to people with disabilities. The Customer Service Standard requires Service Providers to have a feedback process to receive comments on the way they provide goods or services to people with disabilities. The feedback process must allow people to provide feedback in person, in writing, by telephone, by e-mail, or by other electronic means.

Serving People with Disabilities

General Tips for Serving People with Disabilities

- Ask “May I help you?” Your clients with disabilities know if they need help and how you can provide it
- Speak directly to your client
- Not everybody with the same disability experiences the same things. Don’t make assumptions. People are not required to tell you about their disabilities.
- Take time to get to know your clients needs and focus on meeting those needs just like you would with any other client. Some disabilities are not visible
- All customers have a range of needs and preferences and so do your customers with disabilities
- If you can’t understand what a person is saying, politely ask him or her to repeat it
- You may want to ask if the information you are conveying needs to be repeated. Ask “Do you understand this?”
- Exercise patience

Deaf, oral deaf, deafened, and hard of hearing

- Attract your clients attention before speaking. For example, try a gentle touch on the shoulder or a wave of your hand
- Don’t shout
- Make sure you are in a well lit area where your client can see your face
- If the person uses a hearing aid, reduce background noise or move to a quieter area

Deafblind

- A client who is deafblind may or may not have an intervener with them
- Speak directly to your client, not to their intervener
- Identify yourself to the intervener when you approach your customer who is deafblind
- A customer who is deafblind without an intervener is likely to explain to you how best to communicate with them
- Communication methods can include print on palm, inside arm or up on left shoulder, white board, black pen on white paper

Intellectual and/or Developmental Disabilities

- Don't assume what a person can or cannot do
- Use plain language
- Make sure your customer understands what you've said. You can be direct and ask: "Do you understand this?"
- Provide one piece of information at a time. You can break down the information into simpler concepts, without exaggerating speech or gestures or being patronizing
- You may want to ask if the information needs to be repeated

Learning Disabilities

- Take some time – people with some kinds of learning disabilities may take a little longer to process, understand and respond
- Provide information in a way that works for your customer. For example, keep a pen and paper handy. That way, you can explain, and then review and repeat the information using any additional notes
- Be prepared to explain any materials you provide for you customers

Mental Health Disabilities

- Be confident and reassuring. As with all customers, listen carefully and focus on meeting the customers needs
- If the person appears to be in a crisis, ask them to tell you the best way to help
- If a customer appears to show signs of a mental health disability, it may be helpful to keep in mind that the customer's reactions are not connected to you personally as a service provider or a service agent. The customer is simply showing symptoms of a mental illness

Did you know that one in five people in Ontario will experience a mental health issue at some point in their lives?

Speech or Language Impairments

- Don't assume that just because a person has this disability, they also have another
- Give your customer whatever time they need to get their point across
- Ask questions that can be answered with "yes" or "no" if possible
- Don't interrupt or finish your customer's sentences. Wait for them to finish

Physical or Disabilities affecting mobility

- Ask before you help. People with physical disabilities often have their own way of doing things
- Respect your customer's personal space. Don't lean over them or on an assistive device
- Don't move items such as canes and walkers, out of the person's reach
- If you have permission to move a person in a wheelchair remember to make sure your customer is ready to be moved and that you describe what you're going to do before hand. Don't leave the individual in a awkward, dangerous or undignified position such as facing the wall or in the path of opening doors
- In some situations, inform your customer about accessible features in the immediate environment (automatic doors, accessible washrooms, elevators, ramps, etc.)

Customers with Vision Loss

- Don't assume the individual can't see you
- Identify yourself when you approach your customer and speak directly to him or her
- Offer your elbow to guide the person. If they accept, walk slowly, but wait for permission before doing so
- Identify landmarks or other details to orient your customer to the environment around them
- Don't leave your customer in the middle of a room. Guide them to a chair or a comfortable location. Don't leave them without saying goodbye
- Did you know? Nine out of ten people who come to CNIB have some degree of vision. Three million Canadians have trouble reading conventional text

Customers with Service Animals

Service animals are allowed anywhere customers normally have access
Do not touch, talk to, or make contact with a service animal: they are working animals and need to stay focused.

Service animals and their roles:

Service Animal	Key Tasks	Users
Autism assistance or service dog	<ul style="list-style-type: none"> ▪ Keeps a child from running into danger and provides assistance when sensory stimulus is heightened. Dog is attached to the child's waist by a belt and a leash held by an adult. 	People with autism or other developmental/intellectual disabilities.
Guide dog, dog guide, or seeing eye dog	<ul style="list-style-type: none"> ▪ Follows directions of owner and alerts owner to changes in elevation (e.g. curbs, stairs) and obstacles. 	People with blindness
Hearing ear, hearing, sound alert or hearing alert dog, cat, or animal.	<ul style="list-style-type: none"> ▪ Alerts owner to sounds often by a nudge or pawing and leads him/her to the source of the sound. ▪ May use a special signal to alert owner to fire alarm. 	People who are deaf, oral deaf, deafened, or hard of hearing.
Psychiatric service dog	<ul style="list-style-type: none"> ▪ 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. (Small ponies or miniature horses are used, but are not as common.)	<ul style="list-style-type: none"> ▪ May pull wheelchairs, carry objects, pull items, turn handles, or push buttons such a door openers. Larger dogs may provide balance support. 	People with physical disabilities.
Seizure, seizure alert, seizure assist, or seizure response dog or animal.	<ul style="list-style-type: none"> ▪ Steers owner from danger during a seizure, activates medical alert ▪ Can alert owner to an oncoming seizure 	People who have epilepsy or other seizure disorders.

Customers with Support Persons

Support Persons could be:

- Personal Support Worker
- Volunteer
- Family member
- Friend

A customer with a disability might not introduce their support person. If you're not sure which person is the customer, you could take your lead from the person using or requesting your goods or services, or simply ask. Once you've determined who your customer is, then speak directly to him or her and not to the support person.

Personal Assistive Devices

- Assistive devices are part of people's personal space
- Respect personal space
- Know how to operate any assistive devices your organization provides

Assistive Technologies

People with disabilities may use one or more of the following assistive technologies in communicating with others or in getting information:

- Walkers, wheelchairs, canes
- Speech input and synthesized speech output;
- Screen readers, screen magnifiers, screen projectors;
- Audio recorded information;
- Text telephones;
- Adjustable signal level and tone on audio devices;
- Volume control;
- Hands-free data entry and response selection;
- Intelligent word prediction software
- Alternative pointing devices such as mouth sticks
- Keyboarding controllers
- Book holders and page turners
- Touch screens and standardized icons
- Keyboard
- Pen and Paper
- Pointing device
- Information in Braille
- Automatic door opener
- Hearing and Amplification devices
- Elevator

Patients are encouraged and supported to bring in to the hospital whatever assistive devices they require. A patient's assistive device will remain with the patient at **ALL** times except where there is a requirement of exclusion for the devices due to an infection control risk or risk of harm to the device and/or individuals.

If you have to remove an assisted device for a period of time, please be sure to inform the patient why it has to be removed and when they can have it back.

Charles Street currently has the following Assistive Devices for the hearing impaired located at Admitting you can get a key for the cupboard from Switchboard.

- Talking Phone (Voice Carryover)
- Pocket Talker
- TTY

There is a payphone TTY located beside the security office at the main entrance of the Charles Street Site

Bell Canada Relay Service (BCRS) lets TTY users and hearing people talk to one another by phone with the help of specially trained BCRS operators. Users dictate to the operator the conversation, which is then relayed to the TTY phone. TTY conversation is then relayed to the regular phone user. This service is confidential and the only cost is any long-distance charges that would regularly apply. Local calls using this service are free.

If an assistive device is unavailable to you, it is important to try to find some other form of communication. An example could be to use pencil and paper or ask for assistance with the help of a family member to act as a support person.

Devices that Help People with Disabilities Access your Services

TTY – Teletypewriter
Sends typed messages across phone lines
(Located beside Security Office at Main Entrance)

Relay Service: 1-800-855-0511
(Operator is intermediary, free for local calls, standard long distance charges apply.)

The next page is a post quiz. Completion of this quiz is optional. Taking this post-quiz will help you review the material and discover how much information you have learned and retained.



Accessibility Post Quiz

Name: _____

Date: _____

___ Employee (Specify Department) _____

___ Volunteer

___ Student

___ Board Member

___ Medical Staff

___ Other (please specify) _____

- 1) What is the goal date to make Ontario Accessible by?
- 2) A Customer is anyone you provide a _____ or _____ to.
- 3) **True or False** Avoiding someone because of their disability is a barrier in attitude.
- 4) **True or False** Your organization must accept feedback about the manner in which it provides goods or services to people with disabilities.
- 5) Please check which statement about patients with disabilities is **true**?
 - Their disability might affect how they interact with you and it might not.
 - They all use assistive devices like a wheelchair or hearing aid.
 - Their disability affects them with the same severity at all times.
 - All people with the same disability are affected the same way.
- 6) Name the six (6) workplace barriers:
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____
- 7) When communicating with a customer with a support person, should you communicate with the patient or the support person?

8) What objects could be classified as physical barriers?

9) **TRUE** or **FALSE**

One in seven or 1.85 million people in Ontario have a disability?

10) Circle which of the following statements is **always true**?

Older People are all hard of hearing.

Do not touch or talk to a service animal without permission.

Support people are paid employees of customers with disabilities.

People who are blind cannot see anything.

Thank you for taking the time to complete this MANDATORY program

What have I learned about serving people with disabilities?

What will I do differently from now on?

Please submit your quiz to Organizational Development.

Additional Section for Decision Makers

Decision makers are:

- Owners
- Senior Management
- Board Members
- People who advise decision makers on the development of policies, practices and procedures

In addition to the General Accessibility training decision makers must also cover the following topics:

- Policies, practices and procedures
- Service Animals
- Support Persons
- Notices on service disruptions
- Alternate formats for materials and publications
- Documentation

Policies, practices and procedures:

Under the standard decision makers are responsible for establishing policies, practices and procedures on serving customers with disabilities. These must be written in a way that includes the following principles of:

- Dignity
- Independence
- Integration
- Equal Opportunity
- Personal assistive devices

What do the principles of Dignity, Independence, Integration and Equal Opportunity mean?

Dignity: a person with a disability is valued and deserving of effective and full service.

Independence: freedom from control or influence of others – freedom to make one's own choice or to do things in one's own way.

Integration: people with disabilities fully benefit from the same services, in the same place and in the same or similar way as other patients.

Equal Opportunity: each person receives the same options, opportunities, benefits and results as others.

People with disabilities should not have to make significantly more effort to obtain service. They should also not have to accept lesser quality or more

inconvenience. Think of what you already do to provide your customers with dignity, independence, integration and equal opportunity. Evaluate how you could do things differently if needed.

Notice of Temporary Disruption

People must be notified in a reasonable time in advance for all planned service disruptions. You must provide notice for all disruptions, even those that are unexpected.

Notifications must be posted where they are visible and include the following:

- Why the service isn't available
- Anticipated duration
- Alternate facilities or services available

Alternate options:

- A map with the directions to another elevator or accessible washroom
- Information and a map to the nearest alternate location
- Information on other service delivery modes, (i.e. online, telephone, mail)

Post notices:

- In advance on a website, in a window or at a door
- Pre-recorded information on telephone systems
- Inserts sent in the mail with regular correspondence

Documentation:

It is important to remember that when serving a person with a disability, we must take into account their disability to better serve them. The same applies for documentation. If a person with a disability wishes to see documentation regarding the policies and procedures at BGH, we must be able to supply our customers with an alternate format that has been agreed upon by the customer and BGH.

Document formats should be able to be made available upon request in the following:

- Large Print
- Audiocassette
- Braille
- CD-ROM
- E-mail
- DVD
- Electronic text on diskette

It is important to be clear with the customer what works for them. For example, if someone requests large print, we need to ask what large print font works for

them. To some people large print may be a font of 18, but others may require a larger font.

Don't make assumptions. Alternate formats can vary widely.

For example, did you know that only 3 to 5% of people with vision loss use Braille?

Decision Makers are responsible for the following:

The following list of documents must be available to the public under the AODA Standard. Documents should be kept handy for our front line workers since they will probably be the group that will be asked for them the most.

1. Documents describing policies, practices and procedures for providing **accessible customer service**, including the use of **personal assistive devices and other assistive measures**.
2. Documents that describe policies, practices and procedures in relation to **service animals and support persons**.
3. A document that sets out the steps you will take in connection with a **temporary service disruption**.
4. A document that describes your **training** policy on providing goods or services to people with disabilities including a **summary of the contents of training and the details of when the training will be provided**.
5. A document describing your **feedback process** including the actions to be taken on any complaints received.

Feedback Process

The Customer Service Standard requires Service Providers to have a feedback process to receive comments on the way they provide goods or services to people with disabilities. The feedback process must allow people to provide feedback in person, in writing, by telephone, by e-mail, or by other electronic means.

When we respond to the customer, we must take into account the person's disability so that we're communicating with the customer in a way that's accessible to him or her. At BGH our process is as follows:

The ultimate goal of Brockville General Hospital is to meet and surpass customer expectations while serving customers with disabilities. Comments on our services regarding how well those expectations are being met are welcome and appreciated.

Feedback regarding the way Brockville General Hospital provides goods and services to people with disabilities can be made by completing a BGH patient satisfaction survey available by hard copy in each patient area and on the BGH website, www.bgh-on.ca. General comments from all individuals can also be

sent to the CEO by direct mail, fax or on the BGH website under Contact Us. All feedback will be directed to Manager of Quality and Risk Management Services. Customers can expect to hear back within 7 days.

Complaints will be addressed according to complaint categories already established in our hospital's complaint management procedures.

Thank you for reviewing this additional material in the training.

Sources:

“Serve-Ability: Transforming Ontario's Customer Service”