



Fostering Accessibility

A helpful guide to disability and
assisting those with disabilities

Accessibility information for staff,
physicians, volunteers and
community members

Table of contents

Thank you!.....	2
What is Accessibility?.....	2
Ontario Regulation 429/07.....	3
Does Quinte Health Care have an Accessibility Plan?	4
Accessibility at Quinte Health Care.....	4
What is a disability?.....	4
Did you know?.....	4
General communication tips.....	5
People who are deaf or culturally deaf.....	6
People who stutter or have trouble speaking.....	7
People who are blind or have low vision.....	8
People who have physical or mobility disabilities.....	9
People with developmental disabilities.....	10
People who are anxious or agitated	11
Services/Accommodation available at QHC	12-13

Thank you!

The Accessibility Working Group would like to thank you in advance for taking the time to review this brochure. We hope the information is helpful in explaining accessibility and its related standards. We also hope it provides you with some helpful tips as you assist members of our community who may be blind, culturally deaf, have physical, mobility or developmental disabilities or who may appear anxious or agitated.

For more accessibility related information please visit Quinte Health Care website, www.qhc.on.ca and/or the Ministry of Community and Social Services website at mcss.gov.on.ca.

What is Accessibility?

Accessibility refers to efforts to identify, remove and prevent barriers to people with disabilities who visit, work in or use

the hospital facilities, services and properties.

In 2001, the Ministry of Community and Social Services passed a new law called the **Ontarians with Disabilities Act (ODA)**. The ODA required organizations to implement Accessibility Advisory Councils and develop annual accessibility plans.

In 2005, a second Act became law to enforce standards towards achievement of an accessible Ontario in five key areas – customer service, information and communication, employment, transportation and built environment. The goal is to achieve an accessible Ontario by 2025 in both the public and private sectors. For more information, visit the Ministry of Community and Social Services website at www.mcscs.gov.on.ca.

Ontario Regulation 429/07 Accessibility Standards for Customer Service

On January 1, 2008 Ontario Regulation 429/07 became law. This regulation is **the first of five standards** to be established under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

This regulation sets out standards for compliance specifically related to providing accessible customer service. Accessible customer service provides equal opportunity for persons with disabilities to attain the same level of service as persons without disabilities. It is expected that this service will be integrated unless alternate measures are necessary to enable a person with a disability to obtain, use or benefit from our services.

Does QHC have an Accessibility Plan?

Yes, the Accessibility Working Group in conjunction with the Accessibility Advisory Committee completes annual accessibility plans. Current annual plans can be found on QHC website, www.qhc.on.ca.

Accessibility at Quinte Health Care

QHC has been actively identifying, removing and preventing barriers to people with disabilities under the direction of the Accessibility Working Group in conjunction with the Accessibility Advisory Committee. Annual plans describe current activities as well as the previous year's accomplishments. The hospital offers accessible parking spots, wheelchairs, access to sign language interpreters and communication aides including accessible pay phones, TTYs, Pocket Talkers, automatic doors, Braille lettering in elevators and accessible washrooms.

What is a disability?

Disability and handicap has two very different meanings.

"Disability" refers to a restriction in a person's ability to participate in a specific activity. "Handicap" refers to an environmental or attitudinal barrier that prevents the person with a disability from participating to their maximum potential. Eg. *A disability is the restriction a person, who is deaf, has in their ability to hear spoken conversation. A handicap would be another person's reluctance to use means other than speech to communicate with this person.*

Did you know?

A 2005 survey by the Canadian Council in Social Development revealed that:

- 3.4 million Canadians report having a disability that restricts them in their daily activities (about 1 in every 10 people).

- Disability rates increase with age and of the population 65 and over—40% report having some form of disability.
- 70% of all persons with disabilities report needing support with daily activities.
- Over half a million adult Canadians report having some form of vision loss and over a million report some form of hearing loss—not corrected by eyewear or hearing aids.

General communication tips

- Focus on the person, rather than the disability.
- Approach the person from the front, where they can see you. This allows you to communicate with expressions or body language that often times speak louder than words.
- Speak directly to the person, rather than to an attendant, companion or interpreter.
- Speak in a normal voice. It can be insulting to speak loudly or slowly to a person with a disability. They will let you know if they have difficulty hearing or understanding you.
- Avoid actions and words that suggest the person should be treated differently. It is fine to invite a person in a wheelchair to “go for a walk” or to ask a person who is blind if they “see what you mean”.
- Listen to what people say. Do not assume you know what they want or what is best for them.
- Don’t hesitate to offer assistance if the situation warrants. Respect the person’s right to accept or refuse your offer.
- If you are unsure how to act or what is appropriate—ask the person.

People who are deaf, culturally deaf or have hearing loss

Accommodations for people who are culturally deaf or experience some degree of hearing loss are those of communication and language. These groups are separate and distinct.

Facts-Persons with hearing loss

- People who are hard of hearing or deafened are those who have a loss of hearing sound that can range from mild to profound and whose language is a spoken language i.e. Eng., Fr. Those that are hard of hearing can often hear some sounds but may not be able to understand speech.
- People with hearing loss may use speech, lip or speech reading, reading or a print transcriber to communicate.

Culturally deaf persons

- Culturally deaf persons are members of a cultural/linguistic minority group whose language is a signed language i.e. American Sign Language (ASL), Langues de Signes Quebecois (LSQ).
- Culturally deaf persons' first language is a signed language and signed language interpretation services are required. The printed use of a spoken language will vary depending on the individual and situation.

Tips

- Determine the language to be used and what personalized accommodations are required.
- For signed language, secure services of a professional interpreter. For spoken language, make print transcription and assistive listening devices available.
- Calmly get the person's attention before speaking and maintain eye contact.

- Speak and/or write to the person in a visually and auditorially quiet area. Speak slowly and clearly and be careful not to over-emphasize words or distort lip movements. When writing, use plain language and graphics. As required do both.
- Do not cover face with hands or masks and use gesture, body language and facial expressions.

People who stutter or have trouble speaking

Facts

- Stuttering is a pattern of speech where the speaker repeats or prolongs sounds for an unusually long time and may be aggravated by anxiety or stress.
- Pre-lingual deaf people are those who were born with insufficient hearing to enable them to acquire speech normally, or who lost their hearing prior to the age at which speech is required. Thus, they have difficulty forming the words the way they are commonly heard. Neither situation is indicative of a developmental or psychiatric disability.

Tips

- Listen patiently and do not finish the person's sentences. Listen to what they are saying, rather than how they are saying it.
- Do not interrupt the person, but ask for clarification if needed.
- Attempt to create a relaxed environment where both of you feel at ease. Do not suggest that they slow down or start over. This can call attention to the disability and increase anxiety.

People who are blind or have low vision

Facts

- Low vision denotes a level of vision that is 20/70 or worse and cannot be fully corrected with glasses—indicating you see at 20 ft. what a person with good vision sees at 70 ft.
- Low vision is not the same as blindness. A person with low vision has some residual sight and usually requires adaptations for the performance of daily activities, such as reading.
- A person is considered “legally blind” when the best corrected central acuity is 20/200 (normal acuity is 20/20) or the peripheral vision is narrowed to 20 degrees or less in the better eye.
- People who are legally blind may still have some vision. Very few people experience total loss of vision.

Tips

- Identify yourself. Do not assume the person will recognize your voice.
- Offer your arm, rather than grabbing theirs.
- Let them know of possible hazards, such as doors, steps, changes in terrain (concrete to gravel or grass) etc.
- Never interfere with a guide dog by petting or distracting it. A guide dog provides a service to the owner and when working should not be distracted. Do not pet a service dog unless you have permission.

- Let the person know when you are leaving and if possible leave them in contact with a tangible object such as a table or a wall. This will eliminate the problem of leaving them in an open space with no point of reference.

People with physical or mobility disabilities

Facts

- Physical disabilities occur widely and can range from arthritis to paralysis.
- Physical disabilities go beyond having to use a wheelchair or wear a back brace. There are many medical conditions, such as multiple sclerosis and chronic fatigue syndrome, which may affect a person's mobility.
- Physical disabilities cannot be generalized because each person will have different causes, symptoms and management strategies.
- Physical disabilities do not necessarily indicate other disabilities, such as difficulty hearing or a developmental disability.

Tips

- Try to sit or crouch, so that you are speaking at eye level.
- Respect personal space. A person's wheelchair is essentially an extension of their body. Do not lean on it or move them without their permission.
- Do not assume help is needed and accept that person's right to refuse help.
- Be aware. Take notice of what is accessible and inaccessible to people in wheelchairs.

People with developmental disabilities

Facts

- A developmental disability should not be confused with a psychiatric or mental illness. Eg. Developmental disability—Downs Syndrome; Psychiatric disability—Schizophrenia.
- A developmental disability is characterized by difficulty in understanding, communicating, mobility, controlling behaviour or a combination of each of these.
- A developmental disability does not necessarily mean the person is of low intelligence.
- People with developmental disabilities may have difficulty with both receptive and expressive language (communicating and understanding what is being communicated).
- Sensory issues (over or under stimulated senses) are a problem with many types of developmental disabilities.

Tips

- Do not be offended by inappropriate response(s) or unconventional behaviour.
- Maintain eye contact. This shows respect and that you are genuinely listening and trying to help.
- Do not use complex terminology or jargon—use simple sentences.
- Clearly identify yourself, your role and that you are trying to assist/help them.
- Offer physical assistance and direction when necessary.

- Address any inappropriate behaviour immediately—explain any rules/regulations or behaviour expectations. It can be more difficult to explain why behaviour is inappropriate if it is not dealt with the first time.

People who are anxious or agitated

Facts:

- People become anxious or agitated for a variety of reasons. Some may be under a great deal of stress; some may have experienced a loss and are grieving; others may have a mental illness and are experiencing some symptoms.

Tips

- Use clear, straightforward language—rephrase if necessary.
- Be clear about who you are and your role.
- Check to make sure they understand—do not try to talk over them.
- Recognize the individual's stress level and try to help calm them.
- Eliminate (if possible) physical or sensory barriers which may be causing a problem.
- Try to relocate (if possible) the person to an area where there are fewer onlookers if they seem agitated or uncomfortable.
- If the request is beyond your control, explain this to them and ask how you can best help them. Avoid involving too many people.

Services/Accommodation available at QHC

The following services are available at QHC:

⇒ **Printed Floor Plan**

- Available at Volunteer's desk, QHCBG

⇒ **Directory Floor Plan Signs**

- Available at all QHC sites

⇒ **Accessible Entrances**

- All entrances are accessible at ground level and without curbing and are equipped with automatic, sliding and/or revolving doors

⇒ **Accessible Parking**

- Offered at all QHC sites

⇒ **Accessible Washrooms**

- QHC has over 20 accessible washrooms and they are marked with this symbol:



⇒ **Accessible Elevators**

- All elevators are accessible and equipped with Braille buttons
- Elevators traveling more than two floors are equipped with audio messaging

⇒ **Easy Access Doors**

- Internal doors are power assisted or have lever handles
- External doors are hand waves, sliders and/or revolving

⇒ **Handrails**

- Located in all main hallways

⇒ **Wheelchairs**

- Available at Emergency Entrances

⇒ **Service Animals**

- Please refer to Pet Visitation, Service Animals & Therapy Dogs Policy and/or contact the department manager for further information

Services/Accommodation available at QHC cont'd

⇒ **Pocket Talkers**

- Allows patients who are deafened or hard-of-hearing to use headphones to hear sound/voices amplified through a mini-microphone system
- Available at QHCBG, TM, NH and PECM in Emergency Depts. and 2C at QHCTM

⇒ **Amplified Telephone**

- Available upon request from IS Helpdesk, ext. 2501

⇒ **American Sign Language (ASL) Interpreters**

- **Planned Visits:** Ontario Interpreting Services contact information is available in each department
- Services may be arranged for planned visits by calling the local CHS office at least two weeks in advance
- **Unplanned Requests:** visits to the emergency room or visits for clinical tests that happen after regular business hours are scheduled through the OIS After Hours Emergency Interpreting Service
- Contact information for the After Hours Emergency Interpreting Service's Call Centre is also located in each department

⇒ **Teletypewriter (TTY) Text Phone Devices**

- Portable devices available at Patient Registration for inpatients at QHCBG & Crisis Centre, QHCTM & QHCPECM-2 South and QHCNH
- Pay phones equipped with TTY are available in Admitting at QHCBG, QHCPECM, QHCTM & QHCNH
- Additional TTY payphones are available at QHCBG– Hastings 3 and Quinte 7



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