



ACCESSIBILITY @ TRILLIUM

**Trillium Health Centre
Annual Accessibility Plan
January 1, 2010 – December 31, 2012**



Introduction

Trillium's mission is to anticipate and respond to the changing unique and diverse health care needs of our patients and communities, delivering superior health care and positive patient experiences.

One expression of that commitment is a long-term focus on accessibility for persons with disabilities. It began nearly 10 years ago with simple curb cuts to accommodate wheelchairs and new parking spots for persons with disabilities. In the years since, Trillium has kept a close eye on serving persons with disabilities by identifying and breaking down communication, attitudinal, technological, policy and physical barriers.

Amongst all of the accessibility achievements so far, the most significant has been the development of "barrier free" facilities in the new West Wing, the new Clinical and Administration building and redeveloped areas of the Mississauga and West Toronto sites.

As we go forward, accessibility planning remains an ongoing process: barriers are identified on a continuous basis and remediation initiatives are continually planned and implemented. Our current, rolling accessibility plan focuses on the time period from 2010 to 2012, in alignment with our Strategic Plan.

Trillium and the AODA

Although Trillium has a long-standing commitment to accessibility, the Accessibility for Ontarians with Disabilities Act 2005 (AODA) and the five standards of accessibility it mandates mean that, by law, meeting the needs of persons with disabilities is now a matter of implementing defined, measurable changes by specific dates. The first standard, the Customer Service Standard, came into effect January 1, 2010.

In order to meet the January 1, 2010 requirements of the standard, Trillium initiated the AODA Implementation of Customer Service Standard project workgroup to support implementation of the standard.

The project team developed two new policies governing service with respect to persons with disabilities Accessible Customer Service at Trillium and Use of Service Animals which were passed by the Senior Team – President/Vice President Group in December 2009. (See Appendix 2, Policies)

During that period the project team updated Trillium's Web site, made recommendations for 2010 Accessibility Planning and developed training materials.

Policies on providing goods or services to people with disabilities were established and, the team developed and implemented a communications plan to create an understanding of the requirements of the Customer Service Standard.

In addition, the team

- Developed a clear process and tools to provide notice when facilities or services that people with disabilities rely on to access or use Trillium goods or services are temporarily disrupted.
- Established a process for people to provide feedback on how Trillium provides goods or services to people with disabilities and how Trillium will respond to any feedback and take action on any complaints. The information about Trillium feedback process is now readily available to the public.
- Developed a process to notify customers that documents required under the customer service standard are available upon request has been implemented.
- Documented in writing all Trillium policies, practices and procedures for providing accessible customer service and met other document requirements set out in the standard.



Accessibility 2010

Trillium has appointed an Accessibility Officer. This role will be responsible for leading the implementation of the four impending standards: transportation, communication and information, built environment and employment. As with the Customer Service Standard, each standard will be implemented using a project approach.

Trillium's Accessibility Officer will chair the Accessibility Steering Committee. The Committee is responsible for overseeing accessibility at Trillium in order to facilitate an accessible environment for patients, families, visitors, health centre employees, physicians and volunteers through the identification and elimination of barriers as well as the monitoring of our implementation of the Standards under AODA.

Going forward, the new Accessibility Steering Committee will develop an Annual Accessibility Plan, available for download from Trillium's public Web site. The plan will identify accessibility barriers and assign accountability for their remediation. (See Appendix 3 Accessibility Planning Structure 2010). The Accessibility Steering Committee is accountable to the Senior Team – President/Vice President Group.

In addition, a Community Panel will be assembled by invitation twice per year to provide community stakeholder consultation on issues related to disabilities. The panel will have the opportunity to respond to Trillium's plan and influence the ongoing elimination of barriers.

Accessibility 2010 Objective

In alignment with Trillium's vision – *Every day, we will positively impact the lives of our patients and their families by providing the best care right here in our community* – our Accessibility Objective is to continue Trillium's journey toward accessibility for all persons with disabilities by preventing, identifying and facilitating the removal of barriers to equal access among such persons including patients, their families, visitors, employees, physicians and volunteers.

Definition of a Barrier (AODA 2005)

"Barrier" means anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice; ("obstacle")

Definition of a Disability

from the Ontario Human Rights Code and AODA 2005

- (a) 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 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
- (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; ("handicap")



Barrier Identification Methodology

Barriers will be identified through

- Routine identification of potential accessibility issues as part of the concerns-resolution process, through the Patient Relations department
- Comments and trends identified in the Patient Satisfaction reporting process
- RiskPro Monitor (Concerns expressed by employees, physicians)
- Issues identified through Human Resources/Diversity
- Issues identified by members of the Accessibility Steering Committee
- Informal feedback from Volunteer Resources
- Informal feedback from Security and Parking Services
- Consultation with the invited Community Panel
- Feedback obtain through public Web site/Community Relations

Categories of Barrier

In alignment with the five standards of accessibility enabled by the AODA, barriers at Trillium will be categorized as

- Customer Service Barriers
 - Policies and procedures
 - Attitudinal barriers
 - Employee training
 - Access to services
- Information and Communication Barriers
 - Signage, print, telephone, electronic, personal communications
- Built Environment Barriers
 - Physical
 - Architectural
- Employment
- Transportation

Criteria for Inclusion of Barriers

Barriers will be ranked by the Accessibility Steering Committee for inclusion in the plan based upon

- requirement of legislation
- patient/employee/visitor/volunteer/physician risk
- number of complaints
- cost
- patient satisfaction
- best practice
- innovation



Identified Barriers

The law states that organizations are expected to “develop and implement accessibility plans within their existing planning processes and using existing resources.”

Accordingly, accessibility planning at Trillium Health Centre has been incorporated into annual capital planning, development of annual operating plans, and departmental work plans. Major criteria established by the Accessibility Steering Committee to set priorities include the following:

- Frequency with which a barrier has been mentioned by stakeholders
- Number of people affected by a barrier
- Barriers affecting patients
- Barriers faced alone (i.e. without someone who can assist in overcoming the barrier)
- Availability of a practical solution that can be readily implemented
- Availability of a way to avoid a barrier (i.e. work around it)
- Availability of resources required to remedy a barrier (timing/phasing factor)
- Magnitude of risk posed by a barrier (i.e. estimated severity of the barrier)
- Relationship to scheduled renovations and other capital projects.

In addition to setting priorities on a vertical scale from high to low, a multi-year time frame will be used to set priorities on a horizontal scale from short-term to long-term. For example, while a particular barrier may be a high priority based on the above criteria, the cost of a solution to the barrier may affect whether it can be addressed in the shorter or longer term. As a by-product of the identification of barriers, items outside the scope of accessibility planning are passed on as appropriate to those who can use the information. These include: safety factors; environmental factors; and diversity services.

Removal of barriers will be undertaken in compliance with the following guidelines:

1. Development of a project plan for management approval which includes the proposed consultation process, evaluation of alternatives, time line and budget
2. Gathering of information from authorities, including those affected by the barrier as well as internal and external experts as appropriate and
3. Obtaining final approval of the preferred solution from management prior to initiation, with notification provided to Corporate Planning.



Barriers Requiring Action or Identified Action Items

Item	Initiative	Standard	Description	Accountability	Comments
1	Accessibility Site Audit	All	Follow up on needs of individuals with disabilities. Proactively identify barriers and plan for removal initiatives.	Accessibility Officer and Chair of the Accessibility Steering Committee	Accessibility Steering Committee to plan or a site audit for 2010.
2	Accessibility Contact	All	An internal point of contact for staff and volunteers for accessibility issues, comments and concerns	Accessibility Officer and Chair of the Accessibility Steering Committee	Appointment of Accessibility Officer in 2009. Contact details for accessibility information, general inquiries and patient feedback have been detailed as part of AODA Customer Service Standard roll out and website update. This will continue to be monitored and adjusted accordingly.
3	Accessibility Review and Development of Corporate Website	Customer Service/Accessible Information and Communications	Accessibility Statement: Review and revision of internet and intranet sites for access for screen readers and expand patient information for accessible way-finding (i.e. maps to accessible entrances & washrooms)	Accessibility Officer and Chair of the Accessibility Steering Committee	Detailed review and implementation of accessible standards into the redesigned corporate website for Spring 2010.
4	Accessibility Resources	Customer Service/Accessible Information and Communications	Identify and centralize resources for all staff and volunteers to access accessibility resources from central source	Accessibility Officer and Chair of the Accessibility Steering Committee	
5	Availability of Health Resource Information and in Electronic/Digital Formats	Customer Service/Accessible Information and Communications	Reviewing current accessibility resources and introduce partnerships with external lending libraries. Make literature available in electronic format	Community Relations	Provide alternate formats as requested for Trillium materials. Awaiting detailed requirements under AODA Accessible Information and Communications Standard
6	Availability of ASL Interpretation	Customer Service/Accessible Information and Communications	Building awareness of and ensuring availability of Sign Language Interpretation for Trillium departments	Interpretation and Translation Services	
7	Emergency Preparedness	Built Environment	To look at protocols and plans for Emergency Preparedness taking into account emergency procedures to help those with disabilities.	Emergency Preparedness	Ongoing. Department evacuation plans 987are in place may need revision. Awaiting detailed requirements under AODA Built Environment Standard with respect to visual alarms.

Item	Initiative	Standard	Description	Accountability	Comments
8	Accessible Parking	Built Environment	Ongoing monitoring of accessible parking in terms of supporting equipment (pay machines) and ease of accessing different entrances (i.e. New Wing)	Parking and Security Services	Small working group reviewing options for access and communication methods around West Wing Access
9	Review of Door Access throughout units	Built Environment	Access for patients and staff is inconsistent throughout the patient units with some doors being open and others being closed	Patient Services / Redevelopment & Facilities	Awaiting detailed requirements under AODA Built Environment Standard
10	Accessible Eating Areas (Indoor & Outdoor)	Built Environment	Survey picnic, terrace and cafeteria space for designated accessible eating areas and purchase accessible picnic tables	Redevelopment & Facilities	Awaiting detailed requirements under AODA Built Environment Standard
11	Review of Accessibility of washrooms at Queensway Site	Built Environment	Follow-up on accessibility of washrooms – all sites	Redevelopment & Facilities	Awaiting detailed requirements under AODA Built Environment Standard
12	Standard Accessible Washroom Design for Trillium	Built Environment	Develop standard washroom design for Trillium based on construction J wing model.	Redevelopment & Facilities	Awaiting detailed requirements under AODA Built Environment Standard
13	Training Accommodations Support	Employment	Review and development of accommodations support for in-house training for employees with disabilities	Human Resources	Awaiting detailed requirements under AODA Employment Standard



Community Engagement

In keeping with Trillium's strategic theme "integration and partnerships", we foster relationships with others in order to deliver the services our community needs. Twice per year, the Accessibility Steering Committee will meet with a panel of invited persons from our diverse communities in order to test our barrier removal initiatives and to learn from their experiences with Trillium.

Communications

Accessibility@Trillium 2010-2012 will be posted on Trillium's external and internal Web site and circulated to formal leaders. Hard copies will be available on request; large print format is available on request.

In partnership with the Accessibility Officer and the Accessibility Steering Committee, Community Relations will develop an internal communications plan which will inform staff how to forward concerns regarding barriers to the Accessibility Officer.

For information on the accessibility planning process, please contact Leah Martuscelli, Accessibility Officer, Chair of Trillium's Accessibility Steering Committee, 905.848.7580 ext. 3162

For general inquiries about accessibility planning or the legislation, please contact Community Relations 905.848.7538 or publicrelations@thc.on.ca.

For Patient, Family and Visitor feedback and concerns, please contact Patient Relations Office at 905.848.7164 or patientrelations@thc.on.ca.

V7 2010-02-19



Appendix 1

Accessibility Initiatives 2006-2009

Please Note:

I. The priorities for the Annual Accessibility Plan, 2006-9 - identified by patients, families, staff, volunteers and external partners - have been reformatted into three categories:

- A. Enhancing Communication – this includes barriers for those with difficulties in hearing, vision, language and literacy
- B. Enhancing Accessibility – physical and architectural
- C. Enhancing Learning and Attitudinal Behaviors

II. The initiatives and priorities that have already been completed are in a separate document entitled 'Part Two: Accessibility Plan – Completed Initiatives'

A. Enhancing Communication: Including Hearing, Vision, Language, Literacy			
Priority	Accountability	2007- 8	2008 - 9
1. Feedback and concerns from patients, families, staff and volunteers re: accessibility to be captured in the 'Risk Monitor'. <i>Categories include: Access to Care, Respect for Patient Values, Preferences & Expressed Needs</i>	Patient Relations Patient Safety All Staff	✓	
2. Feedback and concerns from the Risk Monitor to be shared with the Accessibility Advisory Committee (AAC) and others	Patient Relations Public Relations	✓	
3. Appropriate data re: diversity & accessibility from the Patient Satisfaction Surveys to be shared with the AAC	Patient Relations	✓	
4. A Frequently Asked Questions format of the above feedback & concerns to be developed and communicated through Connecting and e-News	Patient Relations Public Relations	✓	
5. Process and protocol to be developed or enhanced for identifying, tracking and dealing with accessibility issues	Current Members of AAC's Sub-Committee: Patient Relations, Patient Safety Employee Health Safety & Wellness, Volunteer Resources	✓	
6. Ensure availability and access to American Sign Language Interpretation Services	Communications Patient Relations Patient Safety	✓	



A. Enhancing Communication: Including Hearing, Vision, Language, Literacy

7. Enhance Access to Language Interpretation Services, i.e. telephone interpretation services			



Appendix 2

Customer Service Standard Policy

Policy Title:	Accessible Customer Service at Trillium
Section:	Administration
Number:	
Approved By:	President/Vice President
Approval Date:	
Effective Date:	
Review/Revisions:	

Trillium Health Centre is committed to fostering a healthy and positive environment, which recognizes and respects the personal worth, dignity and diversity of each employee, patient and family.

This policy applies to all health centre employees, physicians, volunteers, contractors and any other people who interact with the public on behalf of Trillium Health Centre.

Purpose

- a) The Accessible for Ontarians with Disabilities Act, 2005 (AODA) was created to ensure that all people with disability¹ are treated with respect, dignity and equity. The Trillium Health Centre is committed to providing respectful care that focuses on the unique needs of the individuals.
- b) This policy sets out to provide health centre employees, physicians, volunteers, contractors and any other people who interact with the public on behalf of Trillium Health Centre with guidelines for providing patient and family centred care to people with disabilities in compliance with the AODA.

¹ Person With Disability:

Disability means, but is not limited to:

- a) 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 forgoing, 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
- 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.

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

Example: A person with arthritis has a disability that over time may increase in severity.

Example: A person with a brain injury has a disability that is not visible.

Example: 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.

It is important to understand that information about a disability is personal and private and must be treated confidentially.



Policy Statements:

1. **Accessible Customer Service at Trillium**

All goods and services provided by Trillium will be provided in a manner that respects the dignity and independence of people with disabilities.

People with disabilities will be given equal opportunity to obtain, use and benefit from the services or goods provided by Trillium.

2. **Accessible Information**

When ever possible, Trillium will employ a variety of formats to support information dissemination and dialogue to all patients and families. For more information on how to access these services please contact Communications and Marketing (905) 848-7538 or publicrelations@thc.on.ca.

3. **Assistive Devices**²

People with disabilities have the right to use their own personal assistive devices while accessing the goods or services provided by Trillium. The safety of our patients is a priority; the ongoing use of assistive devices will be evaluated at the time of treatment/service.

4. **Service Animals**³ **and Support Persons**⁴

Trillium Health Centre supports people with disabilities who are accompanied by a service animal. When a person requires a service animal every effort will be made to accommodate and ensure that the surroundings will allow the individual to effectively maintain their relationship with the animal. If this is not possible due to health or safety concerns, a mutually agreed upon location for the animal may be identified for a limited time. In this instance, other provisions will be made to ensure that the individual receives the support otherwise provided by the service animal. For more information, please see Trillium health centre policy on *Use of Service Animals*.

Any person with a disability who is accompanied by a support person will be allowed to have the support person present while on the premises unless it becomes a health or safety risk. In this instance,

² 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 and devices for grasping; (AODA, 2005)

³ Service Animals:

Service Animal - an animal for a person with a disability, if

- a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or
- b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

The customer service standard's provisions include animals used by people with autism, mental health disabilities, those with physical or dexterity disabilities as well as others.

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). Blind Persons Rights Act. A guide dog is a dog that has been trained at one of the facilities listed in Ontario Regulation 58 under the *Blind Persons' Rights Act* to act as a guide dog for people who are blind.

⁴ Support Persons:

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 with access to goods or services.

The support person could be a paid personal support worker, a volunteer, a friend or a family member. He or she does not necessarily need to have special training or qualifications. (AODA January 2008)"



other provisions will be made to ensure that the individual receives the assistance otherwise provided by the support person. In some cases, it may be necessary to seek the consent of the person with the disability prior to discussing confidential information in front of the support person.

5. Service Disruption

Trillium Health Centre is aware that the operation of its services and facilities is important to the public. However, temporary disruptions at Trillium's facilities and services may occur due to reasons that may or may not be within Trillium's control or knowledge.

Trillium will make reasonable effort to provide advance notice of the disruption to the public, including information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that may be available. The notice will be made available by posting the information on the premises and/or posted on the Trillium website or by such other method as is reasonable under the circumstances.

In the event of an unexpected disruption, advance notice will not be possible. In such cases, Trillium will provide notice as soon as possible.

6. Customer Service Training

All health centre employees, physicians, volunteers, contractors and any other people who interact with the public on behalf of Trillium Health Centre will receive training on providing customer service to people with disabilities. A variety of methods will be used including education booklet, e-learning, in-service education and training as appropriate to individual job descriptions and/or department functions. Content will include

- The purposes of the Accessibility for Ontarians with disabilities Act, 2005 and the requirements of the customer service standard
- How to interact and communicate with people with disabilities
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person
- What to do if a person with a disability is having difficulty in accessing our services
- Trillium Health Centre's policies, practices, and procedures relating to the customer service standard

Specifically:

- New employees will receive customer service training via booklet at general orientation
- Additional online learning and training material will be available on iLearn
- Physicians, volunteers, contractors and any other people who interact with the public on behalf of Trillium Health Centre physicians, contractors and volunteers will receive their booklet prior to commencement of their work at Trillium Health Centre
- Health centre employees, physicians, volunteers, contractors and any other people who interact with the public on behalf of Trillium Health Centre will also be trained on an ongoing basis when changes are made to these policies, practices, and procedures.

All training will be recorded as follows:

- Employees with access to iCARE will access their learning on iLearn which will track completion of their training requirements



- through their manager
- New hires will receive their training at general orientation which will be recorded through Knowledge Practice and Human Resources
- Volunteer Training will be recorded through Volunteer Resources
- Physician training will be recorded through the office of the Medical Staff Office

7. Process for Providing Feedback

Trillium Health Centre welcomes input from patients, families, visitors, health centre employees, physicians, volunteers, contractors and any other people who interact with the public on behalf of Trillium Health Centre as part of its commitment to the continuous improvement of patient care.

The process for responding to feedback on how Trillium Health Centre provides goods and services to people with disabilities is as follows.

Patients, Families and Visitors:

- Feedback may be submitted in person, in writing, by e-mail or telephone.
- The feedback should first be shared with a member of the person's health care team. All members of the Trillium Health Centre staff and physician base have a responsibility to address and attempt to respond to any feedback received.
- The member of the health care team will attempt to resolve the concern immediately.
- If the concerns raised require further attention, including the identification of organization wide accessibility improvements the patient, family or visitor or healthcare team member will contact the Patient Relations Office at 905-848-7164.
- The concern will be managed via the standard process used for patient concerns as noted through the Patient and Visitor Feedback-5130 protocol.
- Trillium Health Centre participates in the voluntary collection of confidential patient satisfaction surveys for some programs through NRC Picker Canada. The information collected in these surveys allows for increased feedback of a broad spectrum of services and dimensions of care. Specific information on accessibility of services is gathered and reviewed on a quarterly basis. The information gathered through this avenue is shared with the Management team and the Accessibility Committee.
- Feedback in relation to accessibility of services gathered through the Patient Relations office is forwarded to the accessibility committee for inclusion in the annual accessibility planning process.
- A Senior Advisor of Patient Relations is an active member of the Accessibility Committee.

Employees, Physicians, Volunteers, Contractors, Third Party agents:

- The feedback will be received by the supervisor of the area.
- If the concerns require further attention, the person can contact Communications and Marketing (905) 848-7538 or publicrelations@thc.on.ca



Policy Title:	Use of Service Animals
Section:	
Number:	
Approved By:	
Approval Date:	
Effective Date:	
Review/Revisions:	

Trillium Health Centre is committed to fostering a healthy and positive environment, which recognizes and respects the personal worth, dignity and diversity of each employee, patient and family.

Trillium Health Centre supports people with disabilities who are accompanied by a service animal⁵. When a person requires a service animal every effort will be made to accommodate and ensure that the surroundings will allow the individual to effectively maintain their relationship with the animal. If this is not possible due to health or safety concerns, a mutually agreed upon location for the animal may be identified for a limited time. In this instance, other provisions will be made to ensure that the individual receives the support otherwise provided by the service animal.

This policy applies to all health centre employees, physicians, volunteers, contractors and any other people who interact with the public on behalf of Trillium Health Centre. This policy does not apply to personal pets or pet therapy animals.

Owner Responsibilities:

- The service animal’s owner is responsible for its control and stewardship i.e. the animal’s behaviour, care, supervision and wellbeing
- The service animal should be clearly identified/recognized (e.g. identification card, harness or jacket with markings of the training school).
- The owner will provide upon request supporting documentation regarding the service animal

⁵ “Service Animals” are not pets. They are working animals that have special training to assist a person to overcome barriers. To be considered a service animal it must be readily apparent that the animal is being used because of a person’s disability or the person with a disability may be requested to provide a letter from a physician or nurse confirming that it is required because of his or her disability. They may also have an identification card from the Ministry of the Attorney General.

Types of service animals include, but are not limited to:
 Guide Dogs: travel tool for persons with severe visual impairment / blind.
 Hearing Dog: trained to alert a person with severe hearing loss/deaf when a sound occurs.
 Service or Mobility Dog: trained to enhance life and mitigate disability e.g. open doors, ring doorbell, activate elevator, steady while walking, carry objects, pull wheelchair, etc.
 Seizure Response Dog: trained to alert to an oncoming seizure, assist by standing guard during a seizure or get help during a seizure.
 Psychiatric Service Dog: trained to retrieve medication, lead person out of a crowd, activate medical alert, etc.



Public Areas:

Service animals are permitted in all public areas of the hospital unless excluded by law.

Patient Admissions/ Outpatient Procedures/Clinic Appointments:

- *The person accompanied by the service animal is responsible for the care and supervision of their service animal. Should they have to be separated or be unable to care for the service animal, they are responsible for finding an alternate care provider.*
- *The owner is responsible for pre-planning with an alternate care provider.*
- *The designated alternate care provider for the animal is to assume responsibility for the animal during the transition period.*
- *The service animal may be brought to the hospital to visit and to resume its duty as soon as possible.*

Restricted Areas:

Service animals are restricted from entering the following areas at all times:

- Food preparation areas or carts
- Medication preparation and storage areas or carts
- Operating rooms
- Sterilization areas
- Neonatal nurseries
- Other areas identified by Infection Prevention and Control

References:

The Accessibility For Ontarians With Disabilities Act - The Ontarians With Disabilities Directorate - Ontario Regulation 429/07

http://www.mcsc.gov.on.ca/mcss/english/pillars/accessibilityOntario/what/AODA_2005.htm

Blind Persons Rights' Act - R.S.O. 1990, c. B.7, s. 1 (1).

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90b07_e.htm

Guidelines for Environmental Infection Control in Health-Care Facilities:

Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>



Appendix 3

Accessibility Planning Structure 2010

