

**York Central Hospital**  
*Accessibility for*  
*Ontarians with Disabilities*  
**Annual Plan**

Updated September 2010

From the document originally prepared by the Accessibility Working Group, 2006



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## **EXECUTIVE SUMMARY**

The Accessibility for Ontarians with Disabilities Act (AODA) was made law on June 13, 2005. Its purpose is that of achieving accessibility for Ontarians with disabilities by developing, implementing and enforcing accessibility standards respecting goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1 of year 2025, and to provide for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards.

Accessibility is critical to York Central Hospital's (YCH) commitment to providing high quality healthcare and of becoming an employer of choice. Eliminating barriers for persons with disabilities is entrenched in YCH's core values of caring, excellence, teamwork, innovation, integrity and leadership.

This first Annual Accessibility Plan (2006–2007) was first prepared by the York Central Hospital Accessibility Working Group consisting of staff and persons representing various disabilities groups. The plan outlined YCH's measures to identify, remove and prevent barriers to people with disabilities who live in, work at or use the facilities and services of YCH. This includes patients and their family members, staff, healthcare practitioners, students, volunteers and members of the community at large.

This 2010/11 plan is a revision of the original documents and contains information on:

- a review of progress we have made to date
- identification of new barriers
- how we will address these barriers
- how we will monitor and evaluation
- how we will communicate this plan and our progress

## **OBJECTIVES**

Our objectives, as set out by the YCH Accessibility Working Group, are:

- To describe the process by which YCH will identify and eliminate barriers to persons with disabilities;
- To list YCH's efforts to eliminate barriers to persons with disabilities;
- To list the by-laws, policies, programs, practices and services that YCH will follow to identify barriers to persons with disabilities; and
- To describe how this Plan will be made available to the public.

## **DESCRIPTION OF YORK CENTRAL HOSPITAL**

York Central Hospital (YCH) is located in Richmond Hill, one of 9 municipalities of York Region. YCH is in the middle of one of the fastest growing regions in Canada. The region, which sits on the northern border of the Greater Toronto Area, is one of the most diverse regions in the world and home to over 1.5 million people with disabilities.

YCH consists of 3 interconnected buildings at its 10 Trench Street location. The three buildings are: Douglas Storms (completed in 1962), Langstaff (completed in 1972) and the Continuing Care Centre and Rehabilitation (CCCR) building (completed in 2000).

The hospital also operates out-patient and education services from 6 off-site locations in Richmond Hill, Barrie and Vaughan.

We provide care for more than 200,000 patients on a yearly basis through the teamwork and talent of over 1,700 employees, 1,000 volunteers and over 300 physicians.

**Our Mission** ~ We reach out – with expert and compassionate care

**Our Vision** ~ To be the finest community hospital in Canada.

**Our Values** ~ Accountability, Collaboration, Leadership; Respect; Safety

### **Strategic Directions ~**

#### **Patient Care**

1. Best Patient Experience
2. Strategic Growth
3. Operational Excellence

#### **Enablers**

- |                      |                         |                           |
|----------------------|-------------------------|---------------------------|
| 1. Culture of Safety | 4. Community Engagement | 7. Staff Development      |
| 2. Execution Skills  | 5. Diversity            | 8. Information Technology |
| 3. Lean Skills       | 6. Risk Management      |                           |

**Programs and Services offered by York Regional Hospital ~**

**YCH Clinical Role**

- Full service Community hospital with a growing emphasis on Geriatric/Seniors health, Chronic Disease Management and Prevention, and Ambulatory services
- Regional Central LHIN leadership in: Chronic Kidney Disease and Stroke Care
- Facilitator of a seamless continuum of care, in partnership with Central LHIN providers and others, to enhance coordination of services to our community

YCH Programs		Regional Programs		
Core Clinical Programs	Core Clinical Support Services	Acute Care	Non Acute	Long-term Care
Continuing Care Program	Diagnostic Imaging	York Region Chronic Kidney Disease Program	York Region Domestic Abuse & Sexual Assault Care	York Central Hospital Long-term Care Facility
Mental Health Program	Laboratory Services	District Stroke Center	Behavior Management Services of York and Simcoe	
Medicine Program and Critical Care	Pharmacy			
Emergency Medicine Program	Rehabilitation Services		Brain Injury Services of York and Simcoe	
Surgery Program	Respiratory Therapy		Autism Services of York Region and Simcoe County	
Woman and Child Program	Psychosocial Services		Genetics Clinic of York Region	
Chronic Kidney Disease Program	Medical Imaging			
Stroke Program				

## **Patient Activity ~**

### **Beds in Operation (Jan 2010)**

Acute care beds <sup>1</sup>	257
Complex care/rehab	100
Long-term care	149
<b>Beds</b>	<b>506</b>

### **Patient Volumes (2010/2011 forecasted)**

Inpatients	15,321
Surgical Cases (main OR)	7,182
Emergency Visits	81,609
Births	2,703
Ambulatory Visits	175,719
Diagnostic imaging exams	173,151

### **Human Resources (March 2010)**

All Staff	2170
Physicians	376
Volunteers	1000

### **Central Local Health Integration Network (LHIN) Hospital Partnerships**

York Central Hospital  
Southlake Regional Health Centre  
Markham Stouffville Hospital and Uxbridge Cottage Hospital  
North York General Hospital  
Bloorview Macmillan Children's Centre  
Humber River Regional Hospital  
St. John's Rehabilitation Hospital  
Stevenson Memorial Hospital (Alliston)  
Shouldice Hospital

### **Building on Our Capacity ~ York Central Hospital's New Mandate**

To meet the growing demand for health care services in Southwest York Region, York Central is on a capacity building journey to expand its services and facilities in order to meet the immediate and future health care needs of our community.

York Central Hospital is currently in the initial planning stages to develop a major regional health care system that will serve communities of Southwest York Region. The hospital's development project envisions a two-site model that will see further development at York Central Hospital and the building of a new hospital in Vaughan.

## **YCH ACCESSIBILITY WORKING GROUP**

### **ESTABLISHMENT**

The Accessibility Working Group was struck in the spring of 2003 and reformatted as the Accessibility Standing Committee. It continues to actively promote awareness and remove barriers to accessibility. The terms of reference are reviewed and/or revised annually.

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<sup>1</sup> \*Includes medical, ICU, Surgical, mental health, paediatric, obstetrics

The mandate of the working group is to:

- Ensure compliance to the Access for Ontarians with Disabilities Act (2005) and its regulations
- Review policies, programs, practices and services that create or have the potential to create barriers to persons with disabilities;
- Identify existing barriers within the organization;
- Identify barriers that will be eliminated on an annual basis;
- Describe the ways by which these barriers will be eliminated on an annual basis;
- Prepare a plan on the strategies to address barrier elimination;
- Publish the Plan.
- Monitor and evaluate

## COORDINATOR

The Director of Quality, Safety & Risk Management will act as the Accessibility Coordinator for the current year. The role of the coordinator will be rotated on an annual basis to ensure representation from the various departments involved in the working group.

## MEMBERSHIP

Accessibility Standing Committee Membership <i>Name</i>	<i>Department</i>
Mieke Busman (Chair)	Quality, Safety & Risk Management
Dale Mariani	Communications
Nelson Cardoso	Public Affairs
Brenda Curto	Community Representative
Pamela Richards	Surgery Program
Clara Mazza	Patient Access Representative
Janice Crombeen	Occupational Health and Safety
Paul Porteous	Patient Support Services
Bill Player	Facilities
Pamela Rosano	Continuing Care Program
Jackie Samimi	Patient Relations Coordinator
Karen Andersen	Volunteer Services
Samantha McLaughlin	Emergency Department
Mendel Janowski Health Equity & Diversity	Community Development Coordinator
Alicia van der Zande	Information Technology/Communications
Lelia Mack	Redevelopment
Judy Smith	Policies and Procedure Coordinator

*Terms of Reference for the working group can be found in Appendix "A".*

## **YCH COMMITMENT TO ACCESSIBILITY PLANNING**

### ***Providing Person Focused Care for People with Disabilities***

We are committed to providing respectful patient and family focused care based on each patient's individual needs.

Each staff member, physician and volunteer is responsible to ensure patients and their families receive access to our services, regardless of ability.

We are committed to the continuous improvement of access to facilities, programs and services for patients, their families, staff, healthcare practitioners, students, volunteers and members of the community through:

- facilitating the participation of people with disabilities in the development and review of our annual accessibility plan.
- ensuring that hospital bylaws and policies are consistent with the principles of accessibility
- the establishment and continual support of an accessibility working group

*In the summer of 2010 YCH enshrined its commitment statement into a Hospital Policy which can be found in Appendix "B".*

## **BARRIER REMOVAL INITIATIVES**

YCH has implemented of the following practices and initiatives to identify and eliminate barriers for persons with disabilities:

### **(a) Review of patient concerns received by Patient Relations**

The Patient Relations Department conducts ongoing reviews and investigation on patient accessibility concerns and complaints.

### **(b) Audit of employee complaints by Workplace Diversity/ Occupational Health**

Workplace Diversity and Occupational Health adheres to legislated mandates that require compliance under the ground of disability and accommodation guidelines. Since October 2002, employee complaints helped to identify issues related to accommodation, modified workspace, modified work, stigmatization, alternate work arrangements and assistive devices. The employee complaints, although independently managed, are reviewed from the perspective of systemic causes.

### **(c) YCH Redevelopment**

YCH is undergoing extensive redevelopment. Barrier-free design has been incorporated into any new construction plans in accordance with current building codes.

### **(d) Education and awareness initiatives**

YCH Human Resources department provides awareness and education to new and existing employees regarding disability, accommodation and inclusion through internal orientation sessions.

### **(e) Legislative Requirements;**

The AODA creates standards for employers and businesses to improve accessibility for people with disabilities in 5 areas; Customer Service, Information and Communications, Transportation, Employment and Buildings. The Accessibility Standing Committee is responsible for ensuring the hospital meets the requirements as outlined in the regulations.

**BARRIER IDENTIFICATION METHODOLOGIES**

Methodology	Description	Status
Brainstorming Exercises	The Accessibility Working Group Coordinator reviewed ODA and AODA materials and background materials to facilitate brainstorming exercise.	Accessibility Standing Committee struck.
Environmental Assessment	Accessibility guidelines created by the Greater Toronto Hotel Association in partnership with AccessOntario.	Gaps identified in the assessment prioritized.
Participation in Regional/Stakeholder Accessibility Committees	YCH is a member of the Community Health Services Department Municipal Staff Reference Group and the Accessibility Teleconference Hospital Working Group.	Ongoing
Review of Patients' Concerns	Patient Relations receives and collates disability concerns raised by patients, visitors and companions.	Ongoing
Review of Employee Concerns and Presentation Feedback	Human Resources tracks trends & data including types of employee concerns.	Ongoing
Accessibility Surveys: Stakeholders	Accessibility Survey distributed to community agencies/stakeholders. To identify barriers at YCH and suggest elimination techniques. Survey available on website to facilitate continual feedback.	Completed and results grouped into themes. Identified concerns prioritized and strategies developed.
Accessibility Surveys: Staff	Accessibility Survey distributed to staff to identify barriers at YCH and suggest elimination techniques.	Completed and results grouped into themes. Identified concerns prioritized and strategies developed.
Stakeholder Consultation	Participation of persons with disabilities from the community to provide input and advice.	Ongoing
Literature Review	Accessibility Directorate of Ontario Ministry of Community and Social Services Accessibility Presentation.	Ongoing
Regulations	Review of the regulations as they become available; identifying gaps and developing action plans.	Customer Service Standard has been implemented.

## **BARRIERS ADDRESSED & PROGRESS SINCE THE INITIAL (2006) ACCESSIBILITY PLAN**

The Accessibility Working Group had identified more than 30 barriers during its first year. These barriers were prioritized and placed in categories. Action plans were developed for 19 barriers. The categories addressed were: (a) Communication, (b) Physical, (c) Architectural, (d) Technological, (e) Attitudinal, and (f) Policy and Practices. The 6 types of barriers described by the Ontarians with Disabilities Act, 2001 and progress made to address them can be found in *Appendix C*.

## **RECENT INITIATIVES**

### Redevelopment/Facility Expansion – Phase I (2005 – 2008)

The first phase of York Central Hospital's journey to build on our capacity was accomplished in 2009 when the hospital completed its major renovation project which included significant expansion of the hospital's clinics and departments in the hospital's Douglas Storm Wing (B-wing) and Langstaff Wing (C-wing). The project also included the addition of the hospital's Town of Richmond Hill Wing (D-wing).

Highlights of the hospital's renovation project include:

- New Emergency and Medical Imaging Departments
- Intensive Care and Chronic Kidney Disease Units
- New state-of-the-art Birthing Centre
- New Schedule One Mental Health Facilities
- New Medical Staff Facilities and 2,800 sq. ft. auditorium
- Expanded Fracture, Plastics and Ophthalmology Clinics
- New Ambulatory Care Clinics

Barrier-free design has been incorporated into the new construction in accordance with current building codes.

### **Compliance to new regulations**

The Customer Service Standard was the first to become law. In accordance with the regulations York Central Hospital accomplished the following:

1. Developed policies-General policy regarding the standard , Service Animal Policy and a Support Person Policy
2. Provision of ongoing education for all employees, physicians, volunteers and external vendors and contractors
3. A process developed for service disruption notification for persons with a disability
4. An accessibility feedback process implemented

The standard was implemented and a compliance report was filed with the Ministry of Community and Social Services by March 31/2010

*See Appendix "D" for Other YCH Accessibility Policies.*

**BARRIERS IDENTIFIED & WORKPLAN FOR 2010/11****ENVIRONMENTAL**

An environmental assessment of the hospital site was conducted utilizing accessibility guidelines created by the Greater Toronto Hotel Association in partnership with AccessOntario.

It is important to note that the accessibility guidelines have been identified in the Ontario Building Code requirements and Best Practices. “No” answers do not necessarily indicate a serious problem that requires immediate attention, only that some work here is desirable and recommended to achieve a level of accessibility.<sup>2</sup>

Identified gaps were grouped into themes, prioritized and included in the 2010-2011 workplan.

**Key Environmental barriers to be addressed in 2010/11:**

Areas	Barrier	Responsibility & Actions	Budget
Exterior Areas	The slope of exterior ramps do not meet recommended length and gradient.	To be addressed in all new construction and renovations. All existing ramps to be re-evaluated. Signage placed near ramps directing people to alternate accessible routes.	To be done within current operating/capital budgets.
	Exterior steps do not have color contrasting on the nosing.	Facilities management	To be done within current operating/capital budgets.
	Guardrails are not highly visible.	Facilities management	To be done within current operating/capital budgets.
	Accessible routes across wide open or ambiguous spaces have not been clearly marked to provide directional cues for persons with visual limitations.	Facilities management to explore best practice and develop recommendations/business plan for implementation.	For business case development.
	Audible signals are not provided in elevator lobbies to signal up and down movement different from each other.	Facilities management	To be done within current operating/capital budgets.
Interior Areas	Not all accessible bathrooms meet the recommended clear floor space for persons using wheelchairs to maneuver.	To be addressed in all new construction and renovations. Signage placed beside all washrooms (including accessible ones) directing people to alternate accessible washrooms.	To be done within current operating/capital budgets.
	Fire doors are not a constant color throughout the building so that they are easily distinguishable from others.	Facilities management	To be done within current operating/capital budgets.

<sup>2</sup> APC Inc 2003 II

Areas	Barrier	Responsibility & Actions	Budget
	There is a lack of universal hearing disability signs provided where equipment for persons who are hard of hearing is available.	Accessibility committee to identify available equipment, recommend purchase of additional equipment and develop signage.	For business case development.
Amenity and recreation areas	Lecterns are not adjustable for use by persons in wheelchairs.	Adjustable lectern to be purchased.	To be done within current operating/capital budgets.
	Lack of assistive listening systems in auditorium/meeting rooms.	Accessibility committee to identify available equipment, develop a business plan for accessing assistive listening system.	For business case development.
	Retail outlets in the organization do not meet recommended accessibility guidelines.	Guidelines forwarded to Sodexo and Volunteer association gift shop for awareness and future consideration.	
	Accessible toilets are not available on each floor.	To be addressed in all new construction and any renovations.	To be done within current operating/capital budgets.
	Accessible washrooms for men do not have an urinal that can be accessed by a person in a wheelchair.	Facilities management	To be done within current operating/capital budgets.
	Automatic hand dryers are not available in all accessible washrooms.	Facilities management	To be done within current operating/capital budgets.

**STAFF & STAKEHOLDER****Key barriers to be addressed in 2010/11:**

Type of Barrier	Description of Barrier	Strategy	Budget
Communication/ Information	Lack of TTY phone number.	Dedicated telephone number for TTY line. TTY phones are available in the lobby. Explore feasibility of providing this phone for inpatients upon request.	To be done within current operating/capital budgets.
Communication/ Information/ Technology	Lack of communication devices/supports for patients who are hearing impaired.	Accessibility committee to collate a list of communication devices/and supports available. A gap analysis to be conducted and a business case developed for the purchase of required devices. Information made available to staff on how to access services/supports/devices.	For business case development.
Communication /Information	Signage. Lack of clear way finding. Discrepancy between names/locations.	Survey results to be provided to the working group responsible for wayfinding.	For review.
Physical	Lack of automatic door openers.	Environmental services to conduct a gap analysis and develop a work plan/timeline on installing automatic door openers throughout public/patient care areas.	For business case development.
Physical	Accessibility to main entrance and ER entrance.	Renovations were completed to address this issue in 2009. To review accessibility with the assistance of patients/stakeholders.	For review.
Physical	Accessibility to off-site locations.	Environmental assessment to be conducted on all off-site locations and gaps identified. Accessibility standards to be included in all site selection criteria	For business case development.
Attitudinal	Ongoing feedback/assessment of employee/patient/family concerns	Accessibility surveys to be refined. A schedule to be developed by the accessibility committee to facilitate ongoing feedback.	To be done within current operating/capital budgets.

## **REVIEWING, MONITORING, PROCESSING AND PERFORMANCE**

The Accessibility Standing committee meets monthly to review progress, monitor best practices within YCH and communicate best practices examples at YCH to provide ongoing education. The Accessibility Coordinator will provide annual updates to YCH executive management. The following will be used for Performance Measurement/ Evaluation:

### **DELIVERABLES**

- Letters and information sent to patients
- Office of Workplace Diversity Survey to collect information from employees who have raised concerns about disabilities and accommodation

### **INDICATORS**

- Number of visits to the internet/intranet
- Number of inquiries received from employees and patients
- Number of complaints received
- A decrease in the number of investigations
- Disposition of investigation
- Number of awareness sessions and open forums

### **BENCHMARKING TARGETS**

- Reduction in complaints pertaining to accessibility issues by 25%

## **COMMUNICATION PLAN**

YCH's Accessibility Plan will be posted on the website, YCH web page, "Barrier-free at York Central Hospital" and hard copies will be made available from Patient Relations, Public Affairs, Workplace Diversity and Environmental Management. On request, the plan may be made available in other formats.

### **Key Audience**

All patients, visitors, staff, physicians and volunteers  
Patient representatives  
General public  
Disability Advocacy groups  
Community partners  
Ontario Hospital Association  
Ministry of Citizenship

## **APPENDIX “A” ~ TERMS OF REFERENCE**

### **YCH Access for Ontarians with Disabilities Act Accessibility Working Group**

#### **Purpose**

The Accessibility Standing Committee is a forum for York Central Hospital to reflect its ongoing commitment to providing a barrier-free environment for patients, families, staff, volunteers and visitors, as per requirements of the Ontario Accessibility for Ontarians with Disabilities Act (AODA, 2005).

#### **Mandate**

The Accessibility Standing Committee prepares an annual accessibility plan, consults with key stakeholders in preparing the plan, makes recommendations for implementation and tracking of deliverables, evaluates the outcomes of the plan. The Accessibility Standing Committee also ensures that the plan is available to the public and submitted to the provincial government.

#### **DEFINITIONS**

**Barrier:** 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 and communications barrier, an attitudinal barrier, a technological barrier, a policy or practice; ("obstacle")

**Disability:** 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, **or** a condition of mental impairment or a developmental disability, **or** a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language, **or** a mental disorder, **or** an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; ("handicap"). [As extracted from the AODA Act definitions].

#### **Responsibilities of the Chair**

The Chair shall:

- Provide the Executive leadership team (ELT) with a mid-year update on deliverables achieved within the current year's plan with strategies for full completion of tasks.
- Provide the Executive leadership team (ELT) an annual report (in September) on the current year's achievements and future priorities with timelines and related costs.
- Ensure the annual plan is posted publicly and submitted to the provincial government.

#### **Responsibilities of the Committee Members**

- Develop an annual Accessibility Plan, as per the Ontarians with Disabilities Act, 2001 (until it is repealed) and as per the Accessibility for Ontarians with Disabilities Act, 2005.
- Make the plan available to the public effective September 30<sup>th</sup> each year.
- Communicate the plan to staff, physicians, volunteers, patients, families and visitors.
- Establish a process to identify, remove and prevent barriers to persons with disabilities.
- Review by-laws, policies, programs, practices and services with an "accessibility lens" to determine their effect on accessibility for persons with disabilities.
- Consult with persons with disabilities in the development of the plan.

- Consult, as appropriate, agencies with a disability mandate to understand their needs for accessibility and ideas for removing barriers for their clients.
- Consult with hospital committees and other key stakeholders.
- Track progress on measures on a semi-annual basis.
- Facilitate accessibility training for staff, physicians and volunteers.
- Solicit staff/contractors support through communications on their role in identifying, removing and preventing barriers.
- Acknowledge/publicize new access improvements as appropriate.
- Monitor and evaluate the implementation of new Standards and maintenance of already implemented Standards.

### **Membership**

Membership will consist of people with diverse backgrounds who will bring different perspectives to the challenge of ensuring broad-based, systemic change to enhance accessibility for those with disabilities.

The Committee members will be identified by (1) solicitation of volunteers from key stakeholder groups, and (2) appointments by Vice-Presidents.

Other members may be added, or attend meetings as content experts or consultants.

### **Meetings**

The Committee will meet at least quarterly, and at the call of the Chair.

### **Reporting Relationship**

As a standing committee, the Accessibility Standing Committee reports to the Executive Leadership Team (ELT).

### **Budget**

Accessibility related expenses will be covered by the hospital's global budget or as determined by ELT.

**APPENDIX “B” ~ YORK CENTRAL HOSPITAL ACCESSIBILITY POLICY**

<b>Title:</b> Accessibility Commitment	
<b>Manual:</b> Corporate Policy and Procedures	<b>Type:</b> Policy
<b>Section:</b> Hospital Wide Master Policies	<b>Additional Sections :</b>
<b>Developed by:</b> Director, Quality, Risk Management and Patient Safety	<b>Original Effective Date:</b> 2010/09
<b>Approved by:</b> Corporate Policy and Procedure Review and Approval Committee, 2010/09 Board of Trustees	<b>Date Revised:</b>
	<b>Date Reviewed:</b>
<b>Cross references:</b> Accessibility – Customer Service Policy, Accessibility - Service Animals, Accessibility – Use of a Support Person.	
<b>Key Words:</b>	

**POLICY STATEMENT**

It is York Central Hospital’s policy to provide person-focused care to people with disabilities.

We are committed to providing respectful patient and family focused care based on each patient’s individual needs.

Each staff member, physician and volunteer is responsible to ensure patients and their families receive access to our services, regardless of ability.

We are committed to the continuous improvement of access to facilities, programs and services for patients, their families, staff, healthcare practitioners, students, volunteers and members of the community through:

- facilitating the participation of people with disabilities in the development and review of our annual accessibility plan;
- ensuring that hospital bylaws and policies are consistent with the principles of accessibility; and
- the establishment and continual support of an accessibility working group.

**PROCEDURE**

The accessibility working group shall complete an annual accessibility plan as per the Accessibility for Ontarians with Disabilities Act.

The approved annual accessibility plan shall be posted on the hospital's internal and external web site by September 30<sup>th</sup> of each year.

## **REFERENCES**

Accessibility for Ontarians with Disabilities Act. (2005).

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[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_05a11\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm)

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**APPENDIX “C” ~ 2006-2007 BARRIERS ADDRESSED & PROGRESS**

Barrier	Description	Action	Status
Communication/ Information	Lack of TTY phone Number.	Dedicated telephone number for TTY line.	Currently still in progress.
Communication/ Information/ Technology	English-only information provided by phone and intranet.	Service line external website available in multiple languages.	Redesign of website/include Google translator ongoing.
Communication /Information	Communication not available to visually impaired.	Signage - Communications in Braille in elevator, better way finding signs.	All new room signs have Braille. Elevators have Braille.
Communication/ Information/ Policy	Fire alarm cannot be heard by hearing impaired.	Investigate visual emergency notification system.	A strobe light flashes when the fire alarm is activated in the Berwick and the rest of D Wing. Installed in all areas that are retrofitted.
Communication /Information	ASL interpreters for deaf or hearing impaired are difficult to find and a wait of up to 6 weeks.	Consultation with YCH Interpreting services and Canadian Hearing Society to obtain information on how to access these services.	TTY phones are available in the lobby.
Communication/ Information/Policy	Patient information and brochures not available in alternative formats.	Planning Group will contact the Ministry of Citizenship for discussion. All patient information and brochures to be available online.	Sick Kids received funding from CIC to translate information and brochures which will be shared with other org. Patient information will be available on line, currently still in progress.
Physical	No automatic door opener in public washrooms.	Install automatic door openers in washrooms.	Completed in all new and renovated spaces. Other areas requiring automatic door openers have been identified and are being addressed: Auditorium and Garden Café completed.
Physical	No wheelchair designated space in reception areas.	Designate wheelchair spaces in reception area.	Completed in 2009.
Physical	Inadequate space for wheelchair access into small offices and consultation rooms.	Re-arrange area to include appropriate wheelchair spaces.	Completed in all new and renovated spaces.
Physical	Difficulty using hand cleansing agents for persons with limited dexterity.	Purchase dispensers that are easy to use.	Completed in 2009.

Barrier	Description	Action	Status
Architectural	Ramp at the south end of Douglas Storms building at Labor and Delivery entrance has a steep slope difficult for persons using manual wheelchair.	Redesign ramp.	Ramp design reviewed. Alternative access point identified. Main entrance to Continuing Care Centre and Rehabilitation curb has been adjusted to facilitate wheelchair access. Ramps to all exits, and required hardware for easier evacuation have been identified and are being implemented.
Architectural	Drop-off zone at Main Trench Street entrance crowded/dangerous for persons in wheelchair.	Review drop-off zone and enhance accessibility.	Designated drop-off areas identified. Accessibility routes/ramps have been established at the Main entrance to hospital on Trench Street.
Architectural	Elevator doors close too quickly and forcefully.	Adjust timer.	Timer adjusted to allow doors to close slower.
Technological	YCH website not accessible to blind or visually impaired persons.	IS/Public Relations Department to research best practices.	Making necessary changes to YCH website is ongoing.
Attitudinal	Employees often unaware/lack knowledge of disability other than physical disabilities.	Provide educational sessions and resources to staff, physicians and volunteers.	Ongoing educational session for existing employees. Handbook on how to assist persons with varying disabilities, with different degrees of disability and the barriers that have to be overcome to make everyone comfortable in the hospital environment has been developed for staff ( <i>see Appendix "D"</i> ).
Attitudinal/ Policy	Employees often reluctant to identify accommodation needs.	Human Resources to review policies/practices.	Occupational Health, Employee Relations, Labour Relations, Ergonomic policies and EAP information reviewed. A return to work coordinator has been hired.
Policy	Lack of identified strategy to increase access to employment opportunities and recruit persons with disabilities.	Consultation with YCH staffing and Ontario March of Dimes Strategic Employment Solutions programs to obtain information on how to best access these services and increase outreach to persons with disabilities.	Ongoing consultation.
Policy	Insufficient number of wheelchairs available.	Obtain additional wheelchairs.	Feasibility study conducted and 15 Stasi chairs purchased.

## **APPENDIX “D” ~ OTHER YCH ACCESSIBILITY POLICIES**

York Central Hospital has developed three policies related to the Accessible for Ontarians with Disability Act, Accessibility Standards of Customer Service (2005).

Full text versions of these policies are available upon request.

### **Accessibility – Customer Service:**

It is York Central Hospital’s policy that people with disabilities be given an opportunity equal to that given to others to obtain, use and benefit from the provision of goods and services by the hospital, consistent with the principles of independence, dignity and integration and equality of opportunity.

This policy includes our guiding principles surrounding customer service and the specific training of current and future staff, physicians, students, and third party contractors.

### **Accessibility – Service Animals:**

It is York Central Hospital’s policy to create a welcoming environment for people with disabilities who are accompanied by a service animal on the parts of our premises that are open to the public and other third parties, consistent with the principles of independence, dignity, integration and equality of opportunity.

This policy identifies areas where access to service animals will be limited, including but not limited to: operating rooms;

minor procedure rooms or rooms where sterile interventional procedures are occurring;

food preparation and food storage areas;

medication preparation or storage areas;

clean or sterile supply storage areas; and / or

rooms in which transmission based precautions are in place (isolated rooms).

This policy also outlines the responsibility of the owner of the service animal.

### **Accessibility – Use of a Support Person:**

It is York Central Hospital’s policy that people with disabilities who are accompanied by a support person have access to that support person while receiving care and services by the hospital, consistent with the principles of independence, dignity, integration and equality of opportunity.

This policy identifies areas where a support person may not be able to accompany patient and the organizations commitment to provide alternate services. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his/her support person while on our premises, unless it is a controlled access area, including but not limited to surgical suites, procedure rooms, Post Anaesthetic Care Unit (PACU) and recovery rooms. If possible, situations requiring the separation of the person with a disability and their support person will be discussed with the individual in advance and appropriate measures taken.

## **APPENDIX “E”~ EMPLOYEE HANDBOOK (PAMPHLET)**

### **What you need to know about Patients and Visitors who are Deaf-Blind**

A person who is deaf-blind could have limitations or complete lack of hearing and vision. This results in greater difficulties in accessing information and managing daily activities. Most people who are deaf-blind will be accompanied by an interpreter, a professional who helps with communicating.

*Tips on serving patients and visitors who are deaf-blind:*

- Avoid assuming what a person can or cannot do;
- Determine the most effective way to communicate with the individual;
- Speak directly to the person as you normally would, not to their support person or interpreter.

### **What You Need to Know About Patients and Visitors with Physical Disabilities**

There are many types and degrees of physical disabilities, and not all require a wheelchair.

People who have arthritis, heart or lung conditions or amputations may also have difficulty with moving, standing or sitting. It may be difficult to identify a person with a physical disability.

*Tips on serving patients and visitors who have physical disabilities:*

- Upon arrival, be sure to enquire what time the patient needs to meet their ride and allow them time to get there. It is important to note that people who rely on pre-booked transportation are penalized if they are late for their scheduled rides. This is a daily stressor for people with disabilities;
- Provide the person with information about accessible features of the immediate environment (automatic doors, accessible washrooms, etc.);
- Remove obstacles and rearrange furniture to ensure clear passage.

### **What You Need to Know About Patients and Visitors with Mental Health Disabilities**

One in five Canadians is likely to experience a diagnosable mental illness many of which may not be obvious to you. Many people with a mental illness do not seek help for a variety of reasons, most commonly stigma and discrimination. Mental illness can manifest in various behaviours that may not be immediately recognizable.

*Tips on serving patients and visitors who have mental disabilities:*

- Listen carefully and be confident and reassuring;
- Avoid being confrontational and don't take things personally;
- If someone appears to be in a crisis, ask them to tell you the best way to help;
- Treat mental illness as an illness and be understanding and supportive.

### **What You Need to Know About Patients and Visitors with Intellectual or Developmental Disabilities**

People with intellectual or developmental disabilities may have difficulty doing things many of us take for granted. These disabilities can limit one's ability to communicate. You may not know that someone has this disability unless you are told. They may understand more than you think and will appreciate you treating them with respect.

*Tips on serving patients and visitors who have intellectual or developmental disabilities:*

- Make sure the person understands what you've said;
- If you can't understand what's being said, don't pretend. Just ask again;
- Provide one piece of information at a time.

### **What You Need to Know About Patients and Visitors Who Have Learning Disabilities**

Learning disabilities can result in a host of different communication difficulties for people. These disabilities can be subtle, such as difficulty reading. They can interfere with a person's ability to receive, express or process information.

*Tips on serving patients and visitors who have learning disabilities:*

- Try to find ways to provide information in a way that works best for them;
- Take some time. People with some kinds of learning disabilities may take a little longer to understand and respond.

### **What You Need to Know About Patients and Visitors with Speech or Language Impairments**

Some people have problems communicating. It could be the result of an illness, hearing loss or another condition that makes it difficult to pronounce words, causes slurring or stuttering, or not being able to express oneself or understand written or spoken language. Some people who have severe difficulties may use communication boards or other assistive devices.

*Tips on serving patients and visitors with speech or language impairments:*

- Work with the individual to determine the best way to communicate with them;
- If you are able, ask questions that can be answered with a 'yes' or 'no';
- Give the individual whatever time they need to get their point across;
- Wait for the individual to finish speaking.



## **Providing Person Focused Care for People with Disabilities**



At York Central Hospital we are committed to enriching the health and well being of our diverse community. Providing equitable care that respects the dignity and independence of people with disabilities is important to achieving person and family focused care.

Recently the Ontario legislature passed an Act to strengthen the law on creating a barrier-free Ontario for people with disabilities. The Accessibility for Ontarians with Disabilities Act, 2005, outlines mandatory standards that will improve accessibility in five areas beginning with the Customer Service Standard. All hospitals must comply with the standard by January 1, 2010.

The information in this brochure highlights key requirements of the standard and provides further direction on what you must do to provide equitable care to people with disabilities.

### Remember to TALK

**T**ake the time to ask "May I help you?"

**A**sk, don't assume someone needs help.

**L**isten attentively and speak directly to the individual, not their support person or interpreter.

**K**now the accommodations and special services available.

What we say and what we do will affect and can support each person by promoting their sense of self worth and belonging.

### How YOU can make a difference

Some general ways you can provide better service to your patients and visitors with disabilities:

- Don't make assumptions about what type of disability or disabilities a person may have;
- Some disabilities are not visible. Take the time to get to know your patients' and visitors' needs. Some people might require assistive devices such as hearing aids, a service animal or support person. Familiarize yourself with what to do to accommodate these patients and visitors;
- Address the person by name and identify yourself and your role;
- Speak normally, clearly and directly to the person;
- Treat people with disabilities with the same respect and consideration you have for everyone else;
- Find a good way to communicate. A good start is to listen carefully;
- Be patient. People with some kinds of disabilities may take a little longer to understand and respond;
- If you are not sure what to do, ask before you offer to help – don't just jump in. Ask the person, "May I help you?" If you do not understand what someone is saying, politely ask again;
- Your patients and visitors with disabilities know if they need help and how you can provide it;
- Use plain language and speak in short sentences;
- Look at your customer, but don't stare. Speak directly to a person with a disability, not to their interpreter or someone who is with them;
- Assistive devices should not be touched without permission (including wheelchairs). They are an extension of the person.

### What you need to know about Patients and Visitors who are Deaf or Hard of Hearing

Hearing disabilities reduce one's ability to hear clearly. As with other disabilities, hearing loss has a wide variety of degrees.

*Tips on serving patients and visitors who are deaf or hard of hearing:*

- Attract the person's attention before speaking. The best way is a gentle touch on the shoulder or gently waving your hand;
- Look at and speak directly to the person. Address the person, not their interpreter;
- Make sure you are in a well-lit area where the person can see your face;
- Don't put your hands in front of your face when speaking;
- Be clear and precise when giving directions, and repeat or rephrase if necessary. Make sure you have been understood;
- Be patient. Communication for people who are deaf may be different because their first language may not be English. It may be American Sign Language (ASL);
- If the person uses a hearing aid, try to speak in an area with few competing sounds;
- If necessary, ask if another method of communicating would be easier, for example a pen and paper;
- TTY phones are available in the main lobby and in a patient's room, by request. To access this service, call Telecommunications at ext. 7777;
- Units may book an American Sign Language (ASL) interpreter by contacting Ontario Interpreter Services at 905-715-7511;
- Say good- bye before walking away.

### What you need to know about Patients and Visitors with Vision Disabilities

Vision disabilities reduce one's ability to see clearly. they can restrict the ability to read signs, locate landmarks or see hazards.

*Tips on serving patients and visitors who have vision disabilities:*

- Don't assume the individual cannot see you;
- If you offer assistance, wait until you receive permission;
- If you are giving directions or verbal information, be precise and clear;
- Offer your arm (the elbow) to guide the person and walk slowly;
- If you are escorting a person, let them know when you are approaching a door or an obstacle;
- Don't leave the person in the middle of a room. Show the person to a chair or a comfortable location;
- Identify landmarks or other details to orient the person to the environment around them;
- Don't touch service animals – they are working and have to pay attention at all times;
- Say good- bye before walking away.

## **APPENDIX “F” ~ GLOSSARY OF TERMS**

**Accessibility:** When we modify information, architecture, devices or methods to allow easier access by people with disabilities, we are making those items accessible. Examples include: providing sign language interpreters for medical appointments, building an accessible ramp, audio-describing services, providing technical aids for access to a computer.

**Accessible Route:** A continuous unobstructed path connecting all accessible elements and spaces of a building or facility. Interior accessible routes may include corridors, floors, ramps, elevators, lifts, and clear floor space at fixtures. Exterior accessible routes may include parking access aisles, curb ramps, crosswalks at vehicular ways, walks, ramps, and lifts.

**Accommodation: (See Reasonable Accommodation)**

**Alternative Formats:** The provision of information that is regularly provided by an organization in visual or audible formats in alternative formats such as computer diskettes, tape recordings, Braille, large print or captioning.

**American Sign Language:** American Sign Language (ASL) is the major language used by the American deaf population. Its medium is visible through hand movements and facial expressions rather than aural. ASL has its own vocabulary, idioms, grammar, and syntax different from English.

**Assistive Listening Systems (ALS):** Assistive listening systems enhance the sound for people who are hard of hearing to assist them with amplification and clarity. These systems enable an individual who benefits from amplification to focus directly on the sound source. The individual may listen to the sound source without having to contend with background noise that can make it difficult to concentrate on conversation. Options to consider include FM systems, infrared or induction loop technologies. The speaker talks into a microphone or transmitter and the listener either uses the T-switch on their hearing aid, or wears a receiver designed to work with the assistive listening device.

**Assistive Technology:** Devices used by people with disabilities to compensate for functional limitations and to enhance and increase learning, independence, mobility, communication, environmental control and choice. Devices may include voice activated computer software, simple to sophisticated wheelchairs or mobility aids, screen reading computer software that reads information from a computer screen out loud, or a mouth or head stick for pointing.

**Audio Description:** Audio description is a narration of a live theatre event, visual arts exhibit at a museum, television, film or video program’s visual elements for persons with visual disabilities. Audio description is inserted in the natural pauses of a program’s dialogue, and can be used to describe visual elements such as body language, settings, and actions made.

**Auxiliary Aids and Services:** According to ODA regulations, Auxiliary aids and services include a wide range of services and devices that promote effective communication. These services and devices include:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments
- Qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals with visual impairments and

- TDD's, computer terminals, speech synthesizers and communication boards for individuals with speech impairments.

**Braille:** Braille is a system of exact translation of printed letters into raised dots, which can be read by fingertips by people who are blind. Braille can be used in exhibition labeling, publications, and signage.

**Captioned:** A video or film program with subtitles reflecting the content of the spoken or descriptive material.

- **Closed Captioning:** Captions are text superimposed over video for the benefit of deaf and hard-of-hearing viewers. Closed captions are hidden (encoded) as a data within the video signal and must be decoded to be visible. Captions are designed to convey on- and off-screen effects, speaker identifications and other information helpful to deaf and hard-of-hearing people.

- **Open Captioning:** Open Captioning places the text on screen in a black reader box at all times.

- **Real-time Captioning:** Roll-up captions that are created and transmitted at time of broadcast origination.

- **Theatrical Open Captioning:** Open captioning of live theatre performances. This technology has enabled many people to experience the joy of theatre for the first time.

**Commercial facilities:** According to regulations of the ODA, a commercial facility is a privately owned non-residential facility involved in commercial activity, such as a factory, warehouse, corporate office building or other facility in which employment may occur.

**Disability:** According to the ODA "Disability" - is defined in Bill 125 as:

(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, 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 of disability in the ODA reflects contemporary views and terminology with respect to Persons with Disabilities (as pointed out later in this document). Moreover, the definition also includes "brain injury", which is absent from human rights legislation. The ODA, however, does not include "perceived disability", which is found in the Ontario Human Rights Code.

**Guide Dog: (see Service Animal)**

**Inclusion:** To be given the opportunity to participate in all activities available in a community; for example having the choice to attend an arts performance in your own community. Inclusion isn't a new program, trend or something one "does" for someone else. It is not a bandwagon. People are either included or excluded. Discussion of inclusion typically addresses issues related to diversity, community building and consequence of exclusion.

**Interpreters:** People who are deaf or hard of hearing often request interpreters or translators in order to participate in lectures, presentations, or events. Interpreters translate from spoken language to American Sign Language (ASL) and visa versa.

**Large Print:** Large print brochures and educational materials are for individuals with partial sight. On a personal computer, font size 16 or greater will produce large print.

**Major Life Activity:** Major life activities include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

**Program Accessibility:** Under the ODA, Section 15 requires hospitals to be readily accessible to and usable by people with disabilities. To become accessible a facility may need to alter an existing facility, acquire or construct additional facilities, or relocate a service or program to an accessible facility.

**Public Accommodation:** According to the ODA regulations, a place of public accommodation is a private establishment (for profit or non-profit) that fits criteria specified by the Ministry of Citizenship in ODA regulations under section 15 of the Act. It includes hotels, restaurants, theatres, museums, retail stores, private schools, banks, doctor's office, and health clubs.

**Qualified Individual with a Disability:** Under section 15, the employment section of the ODA, a qualified individual with a disability is a person who meets legitimate skill, experience, education, or other requirements of an employment position that he or she holds or seeks, and can perform the essential functions of the position with or without reasonable accommodation. In a non-employment context, a qualified person with a disability meets the definition of a person with a disability and meets the essential eligibility requirements for a program, activity, service or benefit offered by a public entity.

**Qualified Interpreter:** According to the ODA, a qualified interpreter is an interpreter who is able to sign to the individual who is deaf what is being said by the hearing person and who can voice the hearing person what is being signed by the individual who is deaf. This communication must be conveyed effectively, accurately, and impartially through the use of any necessary specialized vocabulary.

**Readily Achievable:** Under the ODA, public places of are required to remove barriers to access from public areas. Barrier removal is readily achievable when it is carried out without much difficulty or expense.

**Reasonable Accommodation:** Reasonable accommodation means making any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to apply for a job or to enjoy the benefits and privileges of employment equal to other employees without disabilities. This may include providing readers, sign language interpreters, or modifying the physical environment to make it accessible.

**Sensory Seminars/Tours:** Sensory Seminars/Tours are offered at performing arts performances. These pre-performance seminars allow patrons to feel props, set pieces, and costumes in order to give them a better understanding of a character's body type and personality, the spatial relationship of the set, and the time period of the production.

**Service Animal:** According to the ODA a service animal is any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. If they meet this definition, the animals are considered service animals regardless of whether they have been licensed or certified by a Province or local government. Provincial and local government offices, as well as privately owned businesses such as museums, galleries, theatres, concert halls, restaurants and retail stores are required to

allow people with disabilities to bring their dogs onto the premises in whatever areas other customers/patrons are generally allowed.

**Sign Interpreted Seminars/Tours:** Sign Interpreted Seminars/Tours are live directed presentations that are interpreted for people who are deaf or hearing impaired.

**Touch Tour:** A touch tour uses tactile diagrams, audio narrative, interpretive sound-compositions, and hands-on activities to replace traditional techniques and make services understood and relevant for people who are blind or visually impaired.

**TTY:** A TTY traditionally provides a text method of communication over the telephone for individuals who may be deaf or who have speech impairments.

**Undue Hardship:** Under the employment provisions of the ODA, an employer is not required to provide a reasonable accommodation if it would result in an undue hardship. For the employer, "undue hardship" means it would require significant difficulty or expense, or would alter the nature or operation of the business. (See Reasonable Accommodation).

**Universal Design:** Universal design is the design of products, communications and the built environment to be usable by all people, to the greatest extent possible, without the need for ODA adaptation or specialized design. The intent of universal design is to simplify life for everyone. Universal design benefits people of all ages and abilities.

**Video Description:** Video description makes television accessible to people who are blind or visually impaired. Narrated descriptions of a program's key visual elements – such as actions, body language, graphics and scene changes – are recorded and carefully blended, into natural pauses in the program soundtrack, creating an additional mixed audio track broadcast simultaneously with the program.

**Wheelchair and Companion Seating:** Seating for wheelchair users adjacent seating for individuals accompanying wheelchair users.

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