

**York Central
Hospital**

*for better health care
for better health*



York Central Hospital
Accessibility for
Ontarians with Disabilities
Annual Plan
2006 - 2007

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INTRODUCTION

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 cities in the world and home to 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

Excellence in community and regional hospital services for the people of York Region and beyond.

Our Vision

Here when you need us - with expert and compassionate care.

Our Commitments

- We put patients first
- We collaborate
- We respect one another
- We communicate responsibly
- We are accountable

Strategic Directions

- Expert and compassionate care
- Culture for success
- Available and timely care
- Effective partnerships

Clinical Roles and Strategy

Clinical Role

- Core hospital services
- Regional leadership in dialysis, stroke care and vascular surgery

Clinical Strategy

- Best practice, quality and safety standards
- Access management

Core Clinical Programs

- Continuing Care
- Emergency Medicine
- Medicine
- Mental Health
- Surgery
- Woman and Child
- York Region Dialysis

Core Clinical Support Services

- Diagnostic Imaging
- Laboratory Services
- Patient Services
- Pharmacy
- Rehabilitation Services
- Respiratory Therapy

Regional Programs

Acute Care

- York Region Domestic Abuse & Sexual Assault Care
- Behaviour Management Services of York and Simcoe
- York Region Mental Health Vocational Rehabilitation
- York Region Community Outreach Service
- Brain Injury Services of York and Simcoe
- Autism Services of York Region and Simcoe County
- Genetics Clinic of York Region

Long-term Care

York Central Hospital Long-term Care Facility

York Central Hospital Patients – where do they live?

	In-patients/Day Surgery	Emergency Room
- Richmond Hill	38%	39%
- Vaughan	25%	33%
- Markham	9%	8%
- King	3%	1.6%
- Toronto	12%	7.7%
- Other	13%	10.7%

York Region and use of York Central Hospital

- Population of York Region (Dec 2004)	900,000
- Growth in actual population in 2004	34,600
- Projected population in York Region (2023)	1,200,000
- % of immigrants of York population	40%
- % Seniors of York population	9.2%
- Projected % Seniors of York population (2026)	21%
- % of YCH patients from York Region	85%

Patient Activity

Beds (April 2005)

- Acute care beds	225
- Complex care/rehab	85
- Long-term care	116

Patient Volumes (2004/2005)

Acute Patients	15,626
Day surgery	18,187
Chronic/rehab	1,139
Dialysis	48,138
Emergency	64,667
Ambulatory	105,000

Human Resources

- All Staff	1,743
- Registered Nurses only	773
- Physicians	325
- Volunteers	700

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

- Triple the size of the Emergency and Diagnostic Imaging Departments
- Double the size of the Critical Care Unit, Hemodialysis and Outpatient Dialysis clinics
- State-of-the-art Birthing Centre
- Negative Pressure rooms for isolation of infection
- Mental Health facilities
- Additional 87 Inpatient beds
- Expand fracture, plastics and ophthalmology clinics
- New medical staff facilities and a 2,800 square feet auditorium
- Approximately 150,000 square feet of hospital expansion in total

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

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 YCH's 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) has been prepared by the York Central Hospital Accessibility Working Group consisting of staff and persons representing various disabilities groups. The goal of this Annual Accessibility Plan is that of communicating 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.

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.

YCH ACCESSIBILITY WORKING GROUP

Establishment

Asmita Gillani, former Chief Operating Officer, approved the formation of the Accessibility Working Group in the spring of 2003. The mandate of the working group is to:

- 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; and
- Publish the Plan.

Coordinator

The Facility Services Project Coordinator will act as the Accessibility Coordinator for the current year. At present, Alma G. Sotelo has this role. The role of the coordinator may be rotated on an annual basis to ensure representation from the various departments involved in the working group.

Members

The members of the working group are:

Member	Department	Contact Information
Martina Breunig	Facility Services	Ext. 7167
Vera Chiovitti	Human Resources	Ext. 7295
Bruce Copeland	Finance	Ext. 7431
Sandra Genosko	Adult Day Program	Ext. 3883
Barbara Gray	Dialysis Program	Ext. 7241
Stefanie Kreibe	Public Affairs	Ext. 7493
Barry Moir	Volunteer Services	Ext. 2057
Steve Morikawa	Redevelopment	Ext. 7281

Bob Querengesser	Community Member	905-770-7525
Alma G. Sotelo	Facility Services	Ext. 7169
Chris Vogan	Information Services	Ext. 7187
Tommy Wong	Facility Services	Ext. 7168
Vincent Yip	Rehabilitation Services	Ext. 3008

YCH COMMITMENT TO ACCESSIBILITY PLANNING

YCH is committed to:

- The continuous improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, healthcare practitioners, students, volunteers and members of the community;
- The participation of persons with disabilities in the development and review of its annual accessibility plans;
- Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Working Group at YCH.

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.

On collating the concerns, identified issues were represented but not limited to the following: lack of TTY/TDD equipment, limited availability of ASL interpreters, lack of tactile signage in elevators, difficulty for wheelchair access at more than one entrance, limited accessibility to public washroom in lobby areas and corridors, lack of barrier-free features in parquet, parking lots, elevators, reception areas and an insufficient number of available wheelchairs. All concerns have been documented and referred to the appropriate department(s) for follow-up.

(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. Construction started in November of 2005. Barrier-free design has been incorporated into the new construction plan 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.

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.	Launch of Accessibility Working Group
Canvassing YCH committees	A news release, including request for volunteers, was issued in March 2003	Made presentation to Chief Operating Officer
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	Diversity trends & data developed & presented, including types of employee concerns	Focus groups
Accessibility surveys	Accessibility members seek input and concerns from staff, identify barriers at YCH and suggest elimination techniques	Exercise initiated and initial results interpreted
Community consultation	Participation of persons with disabilities from the community to provide input and advice	Ongoing
Literature Review	<ul style="list-style-type: none"> • "Removing Barriers 2006, York Region's Third Accessibility Plan"; • Accessibility Directorate of Ontario Ministry of Community and Social Services Accessibility Presentation; • York Region Regional AODA Preparations; • "Moving Forward 2005 York Region's Second Annual Accessibility Plan" 	Ongoing

BARRIERS IDENTIFIED

The Accessibility Working Group has identified more than 30 barriers to date. These barriers are by no means, the only barriers that need to be removed. The identification of barriers at YCH is work in progress.

The following list includes the 6 types of barriers described by the Ontarians with Disabilities Act, 2001. These disability definitions need to be addressed: (a) communication, (b) physical, (c) architectural, (d) technological, (e) attitudinal, and (f) policy and practices:

Type of Barrier	Description of Barrier	Strategy for Barrier Elimination
Communication/Information	Lack of TTY phone number	Dedicated telephone number for TTY line
Communication/Information/ Technology	English-only information provided by phone and intranet	Service line and staff Intranet available in multiple languages
Communication/Information	Communication not available to visually impaired	Signage - Communications in Braille in elevator, better way-finding signs
Communication/Information/ Policy	Fire alarm cannot be heard by hearing impaired	Investigate visual emergency notification system
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
Communication/Information/ Policy	Patient information and brochures not available in alternative formats	<ul style="list-style-type: none"> • Planning Group will contact the Ministry of Citizenship for discussion • All patient information and brochures to be available on-line
Physical	No automatic door opener in public washrooms	Install automatic door openers in washrooms
Physical	No wheelchair designated space in reception areas	Designate wheelchair spaces in reception area
Physical	Inadequate space for wheelchair access into small offices and consultation rooms	Re-arrange area to include appropriate wheelchair spaces

Physical	Difficulty using hand cleansing agents for persons with limited dexterity	Purchase dispensers that are easy to use
Architectural	Parking ticket meters too high to permit access to persons in wheelchair	Lower ticket meters and/or replace with height adjusted meters
Architectural	Ramp at the south end of Douglas Storms building at Labour and Delivery entrance has a steep slope difficult for persons using manual wheelchair	Review ramp design
Architectural	Drop-off zone at Main Trench Street entrance crowded/dangerous for persons in wheelchair	Assign designated drop-off area.
Architectural	Elevator doors close too quickly and forcefully	Adjust the timer to allow doors to close slower
Technological	YCH website not accessible to blind or visually impaired persons	<ul style="list-style-type: none"> • IT/IS/Public Relations Department to research best practices. • Educational sessions on accessible web design to be made available • Make necessary changes to YCH website
Attitudinal	Employees often unaware/lack knowledge of disability other than physical disabilities	<ul style="list-style-type: none"> • Ongoing educational session for existing employees • Prepare 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
Attitudinal/ Policy	Employees often reluctant to identify accommodation needs	<ul style="list-style-type: none"> • Review Occupational Health, Employee Relations, Labour

		<p>Relations, Ergonomic policies and EAP information</p> <ul style="list-style-type: none"> Working Group to optimize awareness and understand of accommodation guidelines and practices
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
Policy	Insufficient number of wheelchairs available	Conduct feasibility study and establish policy re: allotted number of wheel chairs per entrance.

BARRIERS TO BE REMOVED DURING PERIOD 2006-2007

Funds in the amount of \$40,000 for this fiscal year have been received to address the following physical and architectural barriers:

Barrier	Objective	Funds available	Deadline	Responsibility
Main entrance to hospital on Trench Street	Ensure accessibility routes and ramps	\$ 10,000	Completed	Chief Engineer
Garden Café Cafeteria Door	Install automatic door opener for access to seating area	\$5,000	Completed	Facilities Maintenance Coordinator
Public washrooms in lobbies	Install lever handles and accessories for easy grasp	\$10,000	By March 31, 2007	Facilities Project Coordinator

Exit Doors	Ramps to exit, hardware for easier evacuation	\$10,000	By March 31, 2007	Facilities Maintenance Coordinator
Main entrance to Continuing Care Centre and Rehabilitation	Adjust curb to ensure accessibility for persons on wheelchairs	\$5,000	Completed	Chief Engineer

REVIEWING, MONITORING, PROCESSING AND PERFORMANCE

The Accessibility Working Group will meet monthly until the plan is completed and communicated. Subsequent to communication of the plan, the Working Group will meet semi-annually to review progress, monitor best practices within YCH and communicate best practices examples at YCH to provide ongoing education. Ad-Hoc meetings may be scheduled on an as-needed basis. The Accessibility Coordinator will provide annual updates to YCH executive management.

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

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 Target

- Reduction in complaints by 25%
- Increase in inquiries by 30%

APPENDIX A

YCH Access for Ontarians with Disabilities Act Accessibility Working Group Terms of Reference

Purpose

The purpose of the working group is to make annual recommendations to Management on key actions to be taken to improve access and remove barriers for individuals with disabilities.

Actions

1. Review recent measures taken to remove barriers
2. Compile list of barriers at YCH
3. Decide on areas of focus for next fiscal year
4. Develop annual accessibility plan
5. Develop plan to publicize and communicate annual accessibility plan to employees and patients
6. Develop tools and methods for YCH community awareness

Membership: The Accessibility Working Group will represent the following areas

- Workplace Diversity
- Environmental Management
- Patient Relations
- Public Affairs
- Planning/Redevelopment
- Facilities Management
- Human Resources
- Finance
- Nursing
- Patient Education
- Community

The Accessibility Working Group consultation will include but will not be limited to the following organizations:

- The Regional Municipality of York
- Town of Richmond Hill
- Empowword
- Ontario March of Dimes
- The Canadian National Institute for the Blind
- Canadian Paraplegics Association
- Ontario Disability Support Program
- The Canadian Hearing Society
- Learning Disabilities Association of Ontario
- Disabled Women's Network
- Ontario Federation for Cerebral Palsy

Reporting Relationship

The Accessibility Working Group will report to the Chief Operating Officer.

Meeting Schedule

The Accessibility Working Group will meet semi-annually following the completion of the report. Ad-hoc meetings may be scheduled on an as-needed basis.

Quorum

A quorum shall constitute 50 percent of membership.

APPENDIX B

GLOSSARY ON ACCESSIBILITY

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 painting.

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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