

	Policy Name: Accessible Customer Service Plan	
	Form # 13.1.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Policy Statement

This policy is intended to meet the requirements of the Accessibility Standards for Customer Service, Ontario Regulation 429/07 under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), and applies to the provision of goods and services to the public or other third parties, not to the goods themselves.

Lifemark Health is committed to applying the principles and guidelines of the AODA and strives to provide goods and services in a way that respects the dignity and independence of persons with disabilities. Lifemark Health will use reasonable efforts to ensure its policies, practices and procedures are consistent with the spirit and requirements of the Customer Service Standard.

It is the policy of Lifemark Health that every employee and customer has a right to equitable treatment with respect to employment, services, goods, facilities and accommodation without discrimination in accordance with the provisions of the *Ontario Human Rights Code*.

Lifemark Health strives to provide a barrier-free environment for its customers. Goods and services will be provided in a manner that is based up on the principles of dignity, independence, integration and equal opportunity to all of its customers. The provision of goods and services to customers with disabilities will be integrated wherever possible. We will endeavor to ensure that customers with disabilities receive the same high standard of service that we strive to provide to all customers.

Purpose

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is a Provincial act aimed at creating a more accessible Ontario by identifying. And to the extent possible, preventing and eliminating barriers experienced by persons with disabilities. A standard for customer service (the Customer Service Standard) has been established under the AODA to ensure that goods and services are, where at all possible equally accessible to every Ontarian.

This policy deals with the Accessibility Standards for Customer Service in Ontario.

Scope

- a) This policy applies to the provision of goods and services at the premises owned and operated by Lifemark Health.

	Policy Name: Accessible Customer Service Plan	
	Form # 13.1.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

- b) This policy applies to employees, volunteers, agents and/or contractors who deal with the public or other third parties that act on behalf of Lifemark Health, including when the provision of goods and services occurs off the premises of Lifemark Health.
- c) The section of this policy that addresses the use of guide dogs, service animals and service dogs only applies to the provision of goods and services that take place at premises owned and operated by Lifemark Health.

This policy shall also apply to all persons who participate in the development of Lifemark Health policies, practices and procedures governing the provision of goods and services to members of the public or third parties.

Procedure

Lifemark Health is committed to excellence in serving all customers including people with disabilities.

Assistive Devices

We will ensure that employees are trained and familiar with various assistive devices that may be used by customers with disabilities while accessing our goods or services.

Communication

We will communicate with people with disabilities in ways that take into account their disability.

Service Animals

We welcome people with disabilities and their service animals. Service animals are allowed on the parts of our premises that are open to the public.

Support Persons

A person with a disability who is accompanied by a support person will be allowed to have that person accompany them on our premises.

Fees will not be charged for support person.

We will notify customers of this through a notice posted on our premises and posting it on Lifemark Health’s Website, if any, or by such other method as is reasonable in the

	Policy Name: Accessible Customer Service Plan	
	Form # 13.1.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

circumstances.

Notice of Temporary Disruption

In the event of a planned or unexpected disruption to services or facilities for customers with disabilities Lifemark Health will notify customers promptly. This clearly posted notice will include information about the reason for the disruption, its anticipated length of time and a description of alternative facilities or services, if available. The notice will be placed at a conspicuous place on premises owned or operated by Lifemark Health, by posting it on Lifemark Health’s website, if any, or by such other method as is reasonable in the circumstances.

Training

Lifemark Health will provide training to all employees, volunteers and others who deal with the public or other third parties on their behalf. This training will be provided to staff as part of their Orientation to Lifemark Health (3 to 6 month period dependent on position).

Training will include:

- An overview of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard’s plan.
- Lifemark Health’s requirements related to the customer service standard.
- How to interact and communicate with people with various types of disabilities.
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person.
- How to use the assistive devices (TTY, wheelchair lifts, etc.), available on-site or otherwise that may help with providing goods or services to people with disabilities.
- What to do if a person with a disability is having difficulty in accessing Lifemark Health’s services.
- Staff will also be trained when changes are made to your plan.

Feedback Process

Customers who wish to provide feedback on the way Lifemark Health provides goods and services to people with disabilities can be made in person, by telephone, in writing or by delivering an electronic text by email, diskette or other reasonable methods (suggestion box, feedback card).

All feedback will be directed to: Gaye Sydenham, VP Quality Improvement and Innovation at gaye.sydenham@lifemark.ca

	Policy Name: Accessible Customer Service Plan	
	Form # 13.1.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Customers can expect to hear back in 5 days.

Complaints will be addressed according to our organization’s regular complaint management procedures.

Modifications to this or other policies

Any policy of Lifemark Health that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.

References

Barrier Free Accessibility Checklist – Appendix A

Declaration of AODA Course Completion Form – Appendix B

Barrier Free Accessibility Documentation and Action Plan Form – Appendix C

Flow chart Accessibility Issues – Appendix D



Policy Name: Accessible Customer Service Plan

Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

Appendix A

Barrier Free Accessibility Checklist

In cases if a “non-compliant” has been checked please indicate why and attach separate sheets if necessary. Any non-compliance issues will be brought to the attention of the Corporate Office.

C= Compliant

NC= Non-Compliant

NA = Not Applicable

Exterior Parking Area	C	NC	NA
Appropriate number of allocated accessible parking spaces			
Total Spaces			
1 to 25			
26 to 50			
51 to 75			
76 to 100			
101 to 150			
151 to 200			
Accessible Spaces Required			
1			
2			
3			
4			
5			
6			
Parking spaces in a close convenient location to ensure that persons with disability have accessible barrier free entrance(s) without having to travel in between parked cars or other obstacles.			
Parking surface should be firm and fairly even. Surface drainage slopes should drain away from designated parking areas.			
The width of accessible parking spaces should be a minimum 95 inches wide with an adjacent accessible aisle a minimum 60 inch wide.			
The lighting level at accessible parking locations should be adequate to not cause any health and safety risk			
The parking spaces reserved for persons with disabilities shall be well marked bearing the international symbol of accessibility.			
Exterior Passenger Drop off Area	C	NC	NA
Passenger drop off zones should be located as close as possible and at the same level of the main barrier free accessible entrance.			
At least one passenger loading zone should be accessible.			
Where differences in paving level occur, suitable curb ramps should be provided.			
Signs mounted at each van accessible parking space.			
The area should be large enough to accommodate parking for a lift equipped bus/van as well as cars (ier. 96 inches wide for the van plus a			



Policy Name: Accessible Customer Service Plan

Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

96 inch wide access aisle for the lift and at least one of every 8 available accessible parking spaces should be van accessible).			
An access aisle 5 feet wide and 20 feet long should be provided adjacent and parallel to the vehicle loading area.			
Exterior Pathways	C	NC	NA
There should be at least one path of travel free of steps and stairs			
Exterior pathways designated as accessible barrier free passageways should be a minimum width of 36 inches			
The surfaces shall be continuous, made of firm, even, non-slop material			
All door and gates along the pathway at least 36 inches wide			
The pathways must be clear of projecting objects/amenities such as planters, trash cans, trees/shrubs', signs that may present as an obstacle to people with visual and mobility impairment.			
When unavoidable to keep the pathway clear of such items, they should be located so that a person walking with long cane can detect them (i.e. objects that protrude at 27 inches or more should be marked by some detectable means at a lower level)			
Wheel stops should be provided in parking lot wherever car bumpers may extend over onto the pedestrian passageways			
The lighting level on exterior pathways should be adequate to not cause any health and safety risk			
Lighting standards or posts should be mounted to the side(s) of walkways so as not to present an obstacle to people in wheelchairs or with sight impairments			
Exterior pedestrian routes should have headroom clearance whenever possible of at least 80 inches across the entire width of the walkway			
Pathways should be maintained properly at all times (i.e. is snow removal enforced)			
Curb cuts located where they are needed and is each curb cut at least 36 inches wide			
Slope ratio of each curb cut no greater than 1:12 (i.e. for every 1 inch of height, the curb cut should extend 12 inches horizontally)			
Slope of each of the flared sides of each curb cut no greater than 1:10			
If built up curb ramps are used instead of curb cuts they should avoid interfering with vehicular traffic			
Exterior Ramps	C	NC	NA
Slope ratio of each ramp no greater than 1:12			
When ramp rises more than 30 inches, are there 5 foot long level			



Policy Name: Accessible Customer Service Plan

Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

landing areas positioned so that the ramp does not rise more than 30 inches between landings			
Ramps are at least 36 inches wide			
Ramp surfaces and their approaches shall be designed so that water/ice will not accumulate. Whenever possible consideration should be given to protecting ramps from difficult weather conditions			
Handrails must be provided in accordance with Ontario Building Code – please also refer to the below questions			
Ramps that rise higher than 6 inches have hand rails on both sides			
There is at least 36 inches between the hand railings			
The lighting level on exterior ramps should be adequate to not cause any health and safety risk			
Exterior Steps	C	NC	NA
Any landings situated on exterior stairs should be a minimum of 4 feet deep by the width of the stair			
A textured surface at the top and bottom landings of stairs should be provided as a tactile warning of an approaching change in level			
Exit doors that open onto exterior stair landings should be avoided wherever they could present a hazard to visually impaired people			
Stair treads should be of a non-slip material			
Building Entrance	C	NC	NA
The floor or ground area in front of the doorway should be clear and level			
Ideally the main entrance to the building should be the accessible entrance. If this is not possible, proper signage shall be provided to indicate the location of the accessible entrance. At least one entrance to the building shall be an accessible entrance			
The accessible barrier free entrance should be reached by and connected to accessible routes			
The accessible barrier free entrance shall display the international symbol for accessibility in a way that will be visible to users when approaching the entrance and positioned on the door latch side			
Ideally wheelchair users' entrance should be protected from rain and snow			
The doorway of the accessible entrance have at least a 32 inch clearance when open or if the entrance has double doors at least one door leaf has a 32 inch wide clearance			



Policy Name: Accessible Customer Service Plan

Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

When there are two doors in series, the doors should swing in the same direction			
When there are two doors in series, there is at least 48 inches plus the width of one door between the two doors			
There is a minimum of 18 inches of clearance beside the latch side of the door to provide an individual in a wheelchair the space to maneuver around the door when opening it			
Entrances should not be placed close or alongside of hazardous areas such as kitchens, mechanical or trash storage rooms etc.			
The lighting level in building entrances should be adequate to not cause any health and safety risk			
The threshold should be relatively level with the floor on either side (i.e. ¼ inch or less high)			
The door handle is easy to operate with one hand and no higher than 48 inches above the floor			
If the door has a closer (automatic) it should take at least three seconds to close			
Exterior Doors	C	NC	NA
When the main entrance door is a single door it must be 3 feet wide			
In cases where the front entrance consists of multiple doors, the doors farthest to the right should be the accessible entrance			
Doors should be glazed door maximum visibility to allow people to see into the building entrance. The amount of glazing shall be defined by Ontario Building Code			
Decals or other materials should be placed on the glass surface			
Interior Corridors/Pathways	C	NC	NA
The interior corridor system must be accessible. The interior corridor system shall branch out from the main accessible entrance and connect with all parts of a building			
The interior corridor pathway should be arranged in a consistent, logical pattern that is easy to follow.			
There are areas accessible where an individual in a wheelchair can change directions			
The corridor floor should be of non-slip material (i.e. carpet well secured and low pile)			
Where possible the corridors should be at least 36 inches wide			
Objects in the path of travel that protrude more than 4 inches and are			



Policy Name: Accessible Customer Service Plan

Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

27 inches or more above the floor should be marked so that a person walking with long cane can detect them (i.e. objects that protrude at 27 inches or more should be marked by some detectable means at a lower level)			
The lighting level in interior corridors should be adequate to not cause any health and safety risk			
Interior doors should be opened with five pounds or less of pressure			
All doorways along the accessible route have a minimum of 32 inches of clearance			
The threshold should be relatively level with the floor on either side (i.e. ¼ inch or less high)			
If any threshold is between ¼ and ½ inches high is it beveled			
There is a minimum of 18 inches of clearance beside the latch side of the door to provide an individual in a wheelchair the space to maneuver around the door when opening it			
Signs should adequately describe permanent rooms and spaces such as bathrooms and exits.			
Interior Stairs	C	NC	NA
Interior stairs should be located along the main pedestrian route			
Open risers should be avoided. Patterns on stair treads should be kept simple			
All stairs should have a color contrasting, tactile warning strip at the top and bottom of the stair run.			
Stair treads should be of non-slip material			
The lighting level on interior stairs should be adequate to not cause any health and safety risk			
Office/Classrooms	C	NC	NA
Doors opening into classrooms or offices must be 32 inches wide			
The lighting level in offices/classrooms should be adequate to not cause any health and safety risk			
Offices should have adequate space for wheelchair to maneuver			
Workstations should allow for adequate knee and toe clearance for a person using a wheelchair (i.e. at least 27 inches from the bottom of a table to the floor, 30 inches wide and 19 inches deep)			
There should be 36 inches of clearance between all pieces of furniture, including tables and chairs			
There is sufficient space for wheelchair seating			
Table or counter tops 28-34 inches high			



Policy Name: Accessible Customer Service Plan

Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

Washrooms	C	NC	NA
Accessible men's and women's washrooms must be located on the same level as the accessible entrance			
Accessible washrooms should be identified with the international symbol of accessibility			
Inaccessible restrooms should have signs posted to direct individuals to an accessible restroom			
Accessible washrooms may either be for single occupant, unisex use or part of a multi-occupant facility for men or women			
Doors of the main entrance of washrooms should 32 inches wide			
The door handle is easy to operate with one hand and no higher than 48 inches above the floor			
The door swing should be outside the floor space used to access restroom fixtures			
There is at least one accessible toilet between 17 and 19 inches high			
There is an unobstructed path of 36 inches to all restroom fixtures			
The lighting level in washrooms should be adequate to not cause any health and safety risk			
Accessible toilet stalls, washbasins, mirrors and accessories must be provided and installed according to Ontario Building Code			
If toilet stalls are used at least one stall is wheelchair accessible			
The door in toilet stalls should be easily opened with one hand			
The accessible stall door should swing away from the stall			
The accessible stall provides a clear floor space of at least 60 inches in diameter			
Locking devices on toilet stall doors should be easily operable with one hand			
Two grab bars should be accessible – one behind the toilet and the other on the wall closest beside the toilet			
Grab bars mounted between 33 and 36 inches high, with exactly 1 ½ inch of clearance between the wall and each grab bar			
Counter and sink heights should allow for adequate knee and toe clearance			
All controls should be located on fixtures (i.e. flush controls on transfer side on toilet)			
Wash Basins, Mirrors and Dispensers	C	NC	NA
All controls should be located on fixtures (i.e. flush controls on transfer side on toilet)			



Policy Name: Accessible Customer Service Plan

Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

The wash basin rim or countertop is no higher than 34 inches			
There is at least 29 inches of clearance between the floor and the bottom of the wash basin			
The hot water and drain pipes are insulated or covered to prevent burns			
The faucet can be operated easily with one hand			
If the faucet valve is self-closing it remains on for at least 10 seconds			
There is at least one mirror mounted so that the bottom edge of the reflecting surface is no higher than 40 inches			
At least one wash basin meets all the preceding requirements			
Accessible dispensers are on an accessible route			
If a forward reach is required the highest operable part should be no higher than 48 inches			
If a side reach is required the highest operable part is not higher than 54 inches			
The dispenser should be easily operated with only one hand			
Emergency Egress/alarms	C	NC	NA
There are accessible pathways for emergency egress			
Accessible egress pathways should be well lit			
Fire alarms are both visible and audible			
Signage	C	NC	NA
Accessibility signs/directories should be located in areas such as main entrances, elevator lobbies and doors where maximum visibility is assured. They should be placed in prominent, well lit locations free from obstructions such as plants and other signage etc.			
Accessibility signs should be placed at a level that can be comfortably seen by persons in wheelchairs or scooters			
Signs should have large, bold characters and have a glare free finish			
Facility Director Signature	Date	d/mm/yy	
Joint Health and Safety Committee Member and or Health and Safety Representative Signature	Date	dd/mm/yy	

	Policy Name: Accessible Customer Service Plan	
	Form # 13.1.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016



Appendix B
Declaration of AODA Course Completion

I declare that I, _____ have successfully completed the course, as required by Lifemark Health to meet the AODA customer service requirements.

I declare that I, _____ have previously completed the training requirement as set out in AODA's accessibility standards for the Customer Service Act. Course provided by _____ and completed by _____.

Signature

Date



Policy Name: Accessible Customer Service Plan

Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January
2012; January 2014; January 2016

Appendix C
Barrier Free Accessibility Documentation and Action Plan Form

This plan addresses needs and barriers identified by Facility Directors/Clinic Managers and staff at each Lifemark Health facility location. It is reviewed quarterly throughout the year to ensure barriers are removed and discussed and reviewed annually for trends.

Barrier Type	Barrier	Action Plan	Who	Timeline	Status Report
Architecture					
Environment					
Attitudes					
Finances					
Employment					
Communication					
Transportation					
Community Integration					



Policy Name: Accessible Customer Service Plan

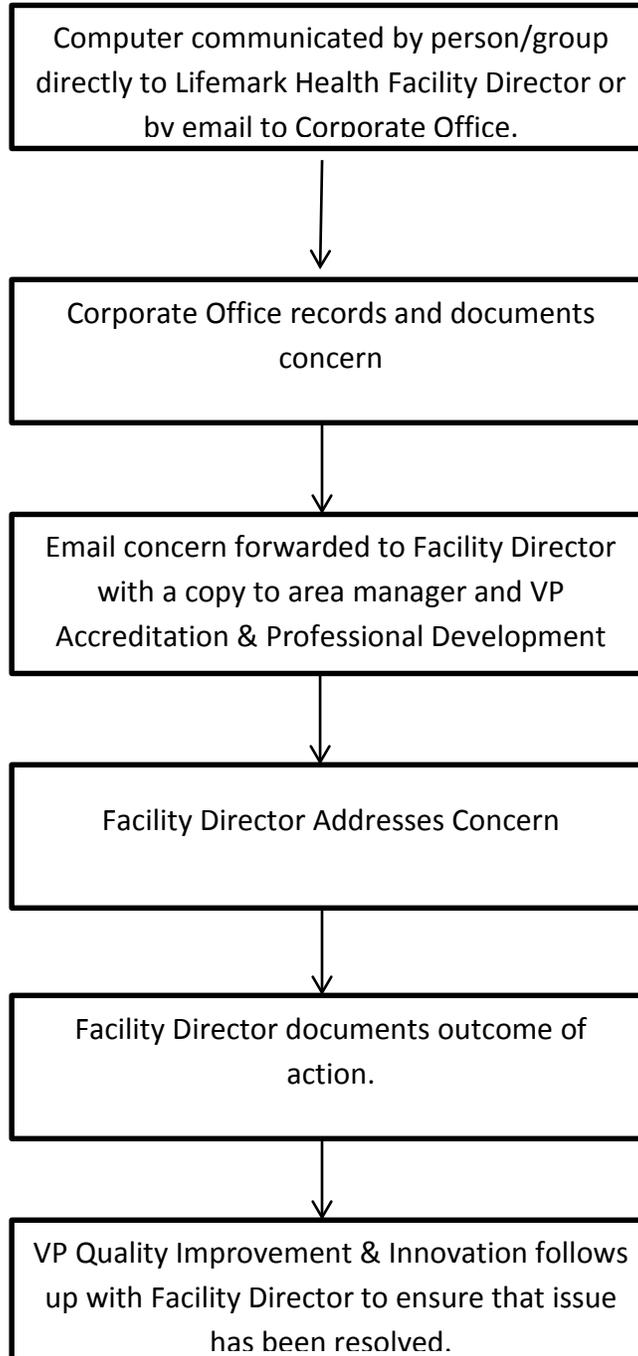
Form #
13.1.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

Appendix D
Flow chart Accessibility Issues



	Policy Name: Barrier Free Accessibility – Notice of temporary Disruption of Service	
	Form # 13.2.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Policy

In order to obtain, use or benefit from Lifemark Health’s services, persons with disabilities may use particular facilities or services of Lifemark Health. If there is a temporary disruption in those facilities or services in whole or in part, Lifemark Health shall give notice of the disruption to the public.

Purpose

Lifemark Health is committed to fulfilling the requirements of the Accessibility Standards for Customer Service (AODA), (Ontario Regulation, 429/07).

Procedure

The Facility Director or his or her delegate will be responsible for notifying any person that uses Lifemark Health goods and services of any disruption in service, either planned or unexpected.

1. Procedures and Practices for Providing Notice of Planned and Unexpected Temporary Disruptions in Services and Facilities
 - a) On occasion some services and facilities usually used by persons with disabilities to access Lifemark Health’s goods and services may not be available due to temporary disruptions.

For example, ramps escalators or elevators may be unavailable due to routine maintenance, ramps may be blocked because of construction, or accessible washrooms may be unavailable because of repairs.
 - b) Lifemark Health understands that people with disabilities may go to considerable effort to access goods and services. In the event that a service or facility that is usually used by people with disabilities to access Lifemark Health goods and services is temporarily unavailable notice of the disruption will be provided.

	Policy Name: Barrier Free Accessibility – Notice of temporary Disruption of Service	
	Form # 13.2.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

- c) Lifemark Health will provide advanced notification of a planned disruption. When a disruption occurs unexpectedly notice will be provided as soon as reasonably possible.

2. Content of Notices

The notice of the disruption will include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available.

3. Posting, Clarity and Placement of Notices

- a) Lifemark Health may provide notice of the disruption by posting information in a conspicuous place on the premises owned or operated by Lifemark Health; on the Lifemark Health website or by other methods that are reasonable in the circumstances.
- b) Visual notices will be provided in large clear print using contrasting colors between the text and background.
- c) The format and placement of notices will consider the types of disabilities of persons who use the disrupted service or facility.

Example - notices by elevators used by persons in wheelchairs will not be placed so high that they are above the line of vision of persons using wheelchairs but not so low that they are missed by others - approx. 4 ft. is good for most people.

4. Responsibilities for Providing Notice of Planned and Unexpected Temporary Disruptions
Staff responsible for the facility or service experiencing the disruption or their delegate will:

- a. determine the reasons for the disruption;
- b. determine the expected duration of the disruption;
- c. identify alternative services or facilities, if any, that may be used to access Lifemark Health goods and services;
- d. provide notice of the disruption in an appropriate format and location;
- e. provide notice of unexpected disruptions as soon as reasonably possible; and
- f. determine when notice of planned disruptions will be provided.

5. Agents and Others Providing Services on behalf of Lifemark Health



Policy Name: Barrier Free Accessibility – Notice of temporary Disruption of Service

Form #
13.2.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

Agents and others providing services on behalf of Lifemark Health will abide by these procedures and practices.

6. Review of these Procedures and Practices

These procedures and practices will be reviewed annually and in accordance with legislation.

7. Modifications to these Procedures and Practices

No changes will be made to these procedures and practices before considering the affect on persons with disabilities and on consistency with legislation.

References

- Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
- AODA- Notice of Temporary Disruption in Services and Facilities Procedure, 2009
- (NECCAC).
- Ontario Regulation 429/07 - Accessibility Standards For Customer Service
- Ministry of Community and Social Services. (2009, April). Guide to the Accessibility
- Standards for Customer Service, Ontario Regulation 429/07.

	Policy Name: Barrier Free Accessibility – Provision of Goods and Services Including Assistive Devices	
	Form # 13.3.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Policy

In order to obtain, use or benefit from Lifemark Health’s services, persons with disabilities may require assistance in accessing the goods and services provided by and on behalf of the Lifemark Health. This may include the person's use of their own assistive device and the assistive devices or other reasonable forms of assistance provided by the Lifemark Health.

Purpose

Lifemark Health is committed to fulfilling the requirements of the Accessibility Standards for Customer Service (AODA), (Ontario Regulation, 429/07). It will make reasonable efforts to accommodate persons with disabilities in accordance with the following principles:

- dignity
- independence
- Integration, except when alternate measures are necessary to meet the needs of people with disabilities, and equal opportunity. (s.3 (2), Ontario Regulation 429/07).

Procedure

Lifemark Health recognizes the importance of assistive devices and welcomes them or be available to the person with disability where Lifemark Health provides goods and services on property it owns or operates if the public or other third parties have access to these areas. When communicating with a person with a disability Lifemark Health will do so in a manner that takes into account their disability and staff will demonstrate awareness of how to interact will persons who require the assistance of support persons, service animals and assistive devices.

1. Accommodating Clients with Disabilities
 - a. In most situations, the customer should initiate a request for accommodation including the need for an assistive device to Lifemark Health staff. Staff will be pleased to work with the customer to provide a suitable form of assistance
 - b. Where staff is aware of a person's need for assistance in accessing goods and services, staff will inform persons with disabilities of the accommodations



Policy Name: Barrier Free Accessibility – Provision of Goods and Services Including Assistive Devices

Form #
13.3.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009; January 2012; January 2014; January 2016

and/or the assistive devices the Lifemark Health makes available to persons with disabilities.

2. Accommodation

Accommodation often involves simple or informal forms of assistance that staff can provide quickly and easily. For example, staff may offer to fill out a form for a person who finds it difficult to grip a pen.

In some instances, more formal accommodation may be requested. Formal accommodation, such as a sign language interpreter, may require pre-planning. Some requests for accommodation will be uncertain and require assessment to determine the best accommodation to allow the client or customer to access services. Such accommodation may require pre-planning by staff and management and/or the approval of expenses.

3. Management Responsibilities

Managers or their delegates will:

- a. either approve, deny, research and/or approve the accommodation request
- b. ensure the accommodation has been arranged for the client
- c. make certain the customer is kept informed of the status of their request in a timely manner.

4. The Use of Assistive Devices by Persons with Disabilities

- a. Persons who require the use of an assistive device will be permitted to keep their device with them while accessing Lifemark Health goods and services unless the health and safety of the client or others is at risk or where there is a risk of damage to any person or property.
- b. Persons using assistive devices are expected to operate the device in a controlled manner at all times.
- c. If the device cannot stay with the person or if the person is not permitted to use the device, Lifemark Health will make certain that other means of accommodation are available to the customer.



Policy Name: Barrier Free Accessibility – Provision of Goods and Services Including Assistive Devices

Form # 13.3.0	Adopted Date: January 2004
Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

5. Disagreements about the use of Assistive Devices and Accommodation Decisions
 - a. In the event that staff and clients or customers disagree about the use of assistive devices or accommodation decisions, staff will follow the procedure set out in Customer Complaint Process for Addressing Accessibility Issues.

6. Storing and Releasing Accommodation Records
 - a. Accommodation records containing information about a particular client or other customer will be subject to the confidentiality restrictions of the Personal Health Information Protection Act (PHIPA).

7. Service Providers and Others Providing Services on behalf of Lifemark Health
 - a. Service Providers and Others Providing Services on behalf of Lifemark Health will adhere to these procedures and practices.
 - b.

8. Review of these Procedures and Practices
 - a. These procedures and practices will be reviewed annually and in accordance with legislation.

9. Modification of these Procedures and Practices
 - a. No changes will be made to these procedures and practices before considering the effect on persons with disabilities and on consistency with legislation.

References

- Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
- AODA- Provision of Goods and Services Including the Use of Assistive Devices Procedure, 2009 (NECCAC)
- Ontario Regulation 429/07 - Accessibility Standards For Customer Service
- Ministry of Community and Social Services. (2009, April). Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07.

	Policy Name: Barrier Free Accessibility – Service Animal Practices	
	Form # 13.4.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Policy

In order to obtain, use or benefit from Lifemark Health’s services, persons with disabilities may Lifemark Health recognizes the importance of service animals to persons with disabilities and welcomes them where Lifemark Health provides goods and services on property it owns or operates if the public or other third parties have access to these areas.

Purpose

Lifemark Health is committed to fulfilling the requirements of the Accessibility Standards for Customer Service (AODA), (Ontario Regulation, 429/07). It will make reasonable efforts to accommodate persons with disabilities in accordance with the following principle.

Procedure

1. Identifying Service Animals

Service animals may be any animal that assists a person with a disability. They provide a wide range of assistance including but not limited to, guiding a person who is blind, alerting a person who is deaf to certain sounds, opening doors and retrieving items for persons with mobility disabilities, emotional support for persons with mental illness, and many other forms of assistance.

Service animals may be identified by any one of the following methods:

- the animal may be wearing a service animal vest, harness or saddle packs
- the animal may be observed providing assistance
- the person may have a letter from a physician or nurse stating that they require the animal for reasons related to a disability
- the person may show a valid identification card or training certificate from a recognized service animal training school.

2. Lifemark Health Responsibilities

Persons with disabilities who are accompanied by a service animal will be permitted to enter Lifemark Health premises with the animal and keep the animal with them in areas where the public or other third parties are allowed, unless the animal is excluded by law. If the animal is excluded by law, Lifemark Health will provide another means of accommodating the person.

	Policy Name: Barrier Free Accessibility – Service Animal Practices	
	Form # 13.4.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

For example, if the animal is not permitted into a certain area by law, Lifemark Health may suggest providing services in an area where the service animal is permitted.

3. Responsibilities of Persons with Service Animals

It is the responsibility of the person with the disability to ensure that:

- a. their service animal is kept in control at all times and is well behaved;
- b. the service animal is not a threat to health and safety; and
- c. the service animal's immunizations are up-to-date.

4. Removal of Service Animals from the Lifemark Health Premises

Lifemark Health is aware that service animals are usually well trained and well behaved. In the event that this is not the case, service animals may be removed for any one of the following reasons:

- disruptive or aggressive behavior, such as growling, barking or other signs of threatening or aggressive behavior;
- causing damage, including causing damage to any person or property;
- poor health, such as a contagious illness where the animal risks spreading the illness to others.

5. Areas Off Limits to Service Animals

Service animals may be prohibited from entering certain areas for health and safety reasons or due to law. For example, Ontario Regulation 562 under the Health Protection and Promotion Act states that animals are not permitted in areas where food is prepared, handled, served, displayed, stored, sold, or offered for sale.

It must be noted that service dogs are exempt from this restriction and are permitted to go where food is served, sold or offered for sale, such as restaurants including buffets. However all animals, including service dogs, are not permitted to enter areas where food is prepared, such as kitchens.

6. Legislation and By-laws Governing the Exclusion of Animals

	Policy Name: Barrier Free Accessibility – Service Animal Practices	
	Form # 13.4.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Some municipalities exclude certain animals from their jurisdictions. Depending on the specifics of the by-law, this may give reason for Lifemark Health to exclude certain animals from their premises.

7. Persons Allergic to or Afraid of Service Animals

Common allergies or fear of animals are not considered disabilities. As a courtesy, Lifemark Health may attempt to accommodate persons with common fears and allergies to animals.

In rare circumstances, a person may have a severe and debilitating reaction to an animal, such as respiratory distress. In these situations Lifemark Health will suggest alternative means of another reasonable method.

8. Agents and Others Providing Goods and Services on Behalf of Lifemark Health

Agents and others providing goods and services on behalf of Lifemark Health will adhere to these procedures and practices.

9. Review of these Procedures and Practices

These procedures and practices will be reviewed annually and in accordance with legislation.

10. Modification to these Procedures and Practices:

No changes will be made to these procedures and practices before considering the effect on persons with disabilities and on consistency with legislation.

References

- Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
- AODA- Service Animals Practices and Procedure, 2009 (NECCAC)
- Ontario Regulation 429/07 - Accessibility Standards For Customer Service
- Ministry of Community and Social Services. (2009, April). Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07.

	Policy Name: Barrier Free Accessibility – Support Persons to Person with Disabilities	
	Form # 13.5.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Policy

Lifemark Health recognizes the importance of support persons to persons with disabilities and welcomes them where Lifemark Health provides goods and services on property it owns or operates if the public or other third parties have access to these areas.

Purpose

Lifemark Health is committed to fulfilling the requirements of the Accessibility Standards for Customer Service (AODA), (Ontario Regulation, 429/07).

Procedure

Use of Support Persons

- a. Support persons may be a family member, friend or a trained professional. They provide a wide range of assistance to persons with disabilities including but not limited to assistance with communication, personal care and assistance accessing goods and services.
- b. If a person with a disability is accompanied by a support person, Lifemark Health shall ensure that both persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to their support person while on the premises.
- c. Lifemark Health may require a person with a disability to be accompanied by a support person where Lifemark Health provides its goods and services on property that it owns and operates. Lifemark Health may require this if it is deemed necessary to protect the health and safety of the person with the disability or the health and safety of others on the premises. This would occur after consultation with the person with the disability.
- d. Lifemark Health will refer to its procedures for determining a person's need for a support person for health and safety reasons.
- e. Even though Lifemark Health typically does not charge fees in relation to a support person's presence on its premises, Lifemark Health will provide advanced notice in the event a fee is ever charged. Advanced notice will be given where information about fees are typically provided.

	Policy Name: Barrier Free Accessibility – Support Persons to Person with Disabilities	
	Form # 13.5.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

1. Dealing with Confidential Matters in the Presence of Support Persons

In some cases, a support person may have to agree to rules or requirements that are specific to the kinds of goods or services that Lifemark Health provides.

Where confidentiality is important because of the kinds of information discussed, Lifemark Health must obtain the consent of the client and may require the support person to sign a confidentiality agreement. As an option, in some situations it may be suitable for a support person to wait in a separate area while a client's confidential matters are addressed.

The client's confidential information will be subject to the Personal Health Information Protection Act (PHIPA).

2. Service Providers and Others Providing Services on Behalf of the Active Health Management

- a. Service providers and others providing goods and services on behalf of Active Health Management will adhere to these procedures and practices.

3. Review of these Procedures and Practices

- a. These procedures and practices will be reviewed annually and in accordance with legislation.

4. Modification to these Procedures and Practices

- a. No changes will be made to these procedures and practices before considering the effect on persons with disabilities and on consistency with legislation.

References

- Accessibility for Ontarians with Disabilities Act, 2005 (AODA)
- AODA- Use of Support Persons by Persons with Disabilities Procedure, 2009 (NECCAC)
- Ontario Regulation 429/07 - Accessibility Standards For Customer Service
- Ministry of Community and Social Services. (2009, April). Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07.

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Policy

Lifemark Health’s leadership and staff are committed to promoting fully accessible environments for Individuals who receive service from Lifemark Health, as well as their significant others and support personnel; Interdisciplinary team members- employed or contracted; and Stakeholders including third-party payers, employers, partners and other interested parties. As well, Lifemark Health’s business and clinical practices must minimize actual or potential barriers for clients, staff and stakeholders; reflect and communicate comprehensive understanding of the rights of the client, staff and stakeholders; and demonstrate the organization’s commitment to the resolution and prevention of accessibility issues/barriers.

Purpose

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) has as its stated purpose:

To achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025

- a. Lifemark Health must meet the requirements of accessibility standards established by AODA regulations. Ontario Regulation 429/07 - Accessibility Standards for Customer Service - apply to every designated public sector organization and to every other person or organization that provides goods or services to members of the public or other third parties and that has at least one employee in Ontario.
- b. This policy establishes the accessibility standards for customer service for Lifemark Health, in accordance with the requirements of Ontario Regulation 429/07. The standards outlined in this policy will be implemented by Active Health Management by January 1, 2010.

Definitions

The AODA contain and refer to various definitions that are relevant to this policy. Please refer to Appendix B – definitions

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Procedure

The following procedure/principles have been implemented to guide Lifemark Health during business planning, operational designing and procedural implementation, and business expansion and change to ensure and sustain an accessible, health service delivery environment:

1. A Barrier-Free Accessibility Checklist is to be completed on an annual basis by the facility director or his or her delegate to evaluate the physical layout of each location and accessibility for individuals with and without physical disabilities.
2. Lifemark Health must meet all federal and provincial legislation, regulatory requirements and contractual agreements relating to accessibility for clients, staff and stakeholders.
3. Lifemark Health’s leadership works collaboratively with clients, staff and other stakeholders to ensure an accessible environment.
4. Lifemark Health design client service programs and processes to provide barrier free access for the typical individuals to whom we provide service. Potential barriers may include but are not limited to architectural structure, communication/language needs, cultural requirements, transportation, financial limitations and employment obstacles.
5. While Lifemark Health endeavors to address common barriers, staff and clients are empowered to raise questions or concerns about perceived barriers at any time and can do so without fear of reprisal. Lifemark Health is committed to finding individual solutions for significant barriers identified by clients or health professionals that are not met through the global plan.
6. Requests for reasonable accommodation are reviewed and a decision as to whether any action is warranted is communicated in an efficient manner.
7. Continuous improvement is supported through leadership activities and the activities of the Joint Health and Safety Committee, Human Resources and of individuals. An annual accessibility report is written which includes success in addressing the accessibility action plans from the previous year, trends in individual issues that came forward, identification of current barriers, development of a new 12 month plan with timelines, and a definition of accountabilities.

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Accessibility Standards

Architectural Standards

Architectural barriers are physical features that limit or prevent people with disabilities from obtaining services, limit staff or consultants from working in the environment and/or limit any other visitors with disabilities from entering a Lifemark Health facility. The following goals have been established to guide Lifemark Health in the architectural design of its facilities, and ensure that clients, staff and other interested parties have ready access to, and use of, buildings and space used for the delivery of our rehabilitation programs and services:

- Easy access to and from transportation drop off and pick up areas.
- Accessible street entrance – curb, stairs/ramp, rail, automated entry doors of appropriate width. When one entrance is not accessible and another entrance is accessible, a sign must provide direction to the accessible entrance. The alternative entrance must be open during business hours. When a ramp is added to provide an accessible entrance, the slope of the ramp should be as shallow as possible but not more than 1:12.
- Easy access regarding movement within the building – elevator in situations where the Centre does not have ground floor access.
- Appropriate transitional flooring materials to ensure easy and safe access between areas in the Centre.
- Wheelchair accessibility including visibility from a wheelchair with doorways and hallways of appropriate width. Counters and workstations must have a surface height of no more than 34” and no less than 28” above the floor. At least 27” of knee clearance must be provided between the floor and the underside of the counter/workstation. An accessible route must be provided to ensure access to each counter/workstation and a clear floor area of 30” by 48” at each accessible seating location. This clear floor area should extend 19” under the counter/workstation to provide leg and knee clearance.
- Washroom accessibility on the premise.
- Appropriate hardware including door handles and faucets. A lever or loop-type handle is recommended because it can be used without grasping, pinching or twisting.
- Safe and accessible Centre design including client examination and interview offices, and functional testing and treatment areas.

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

- Well marked and unobstructed emergency exits accessible to ground and designated evacuation areas.

Notice of Temporary Disruptions in Services and Facilities

- In order to obtain, use or benefit from Lifemark Health Health’s services, persons with disabilities may use particular facilities or services of Lifemark Health. If there is a temporary disruption in those facilities or services in whole or in part, Lifemark Health shall give notice of the disruption to the public.
- The notice of the disruption will include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available. Notice may be given by posting the information at a conspicuous place on premises owned or operated by Lifemark Health, by posting it on Lifemark Health’s website, if any, or by such other method as is reasonable in the circumstances.

Parking Standards

Lifemark Health must have dedicated accessible parking space available for clients, staff and/or other stakeholders. The accessible parking must have space for the vehicle and an additional space located either to the right or to the left of the space that serves as an access aisle. This aisle is needed to permit a person using a wheelchair, electric scooter, or other mobility device to get out of their car or van.

A sign with the international symbol of accessibility must be located in front of the parking space and mounted high enough so it is not hidden by a vehicle parked in the space. Accessible parking spaces should be the spaces closest to the accessible entrance and be located on level ground. If it is not readily achievable to locate accessible parking in the closest spaces due to sloped pavement or other existing conditions, then the closest level area should be selected. An accessible route must be provided between the access aisle and the accessible building entrance. This route must have no steps or steeply sloped surfaces and it must have a firm, stable, slip-resistant surface.

Environmental Standards

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

An environment that has an uplifting design expression contributes to healing and motivates patient recovery. The following goals guide Lifemark Health in creating a physical rehabilitation environment that is barrier free and promotes client outcomes and staff well-being:

- Ambience
- Air Quality
- Noise or sound
- Visibility - overhead and adequate natural lighting
- Way finding cuing
- Communication - auditory cuing – intercom
- Safety – ability of staff to supervise at appropriate level
- Privacy / confidentiality of information / distractions
- Ergonomic design of furniture

Public Transportation Standards

The following public transportation standards guide for Lifemark Health is used in the selection of facility locations:

- To ensure that the location of the Centre is visibly marked with signs (i.e., company signage is located on the face of the building, building directory and office door)
- To ensure that Centres are within a reasonable walking distance from public transportation on a direct service line that has service within every hour during normal business hours.
- Where possible, to provide the appropriate amount of cost free parking spaces for patients who drive to appointments or to ensure that there is free visitor parking nearby
- To provide an appropriate number of wheelchair accessible parking spaces based on the past history of the program and preferably spaces that can be reserved for patients meeting criteria.

Service Availability Standards

Lifemark Health’s hours of operation are from 8:00 a.m. to 5:00 p.m., Monday to Friday. Pending service needs and requirements, the Company adjusts its hours of operation to accommodate evening and weekend service requests.

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Lifemark Health has defined a number of standards for our communications systems to enhance accessibility during and outside of operating hours:

- Toll free number for central customer service line
- Voice mail system including mailboxes for all staff and consultants
- Cell phones for community staff and consultants
- Dedicated and confidential facsimiles
- E-mail access to all staff and consultants

Cultural Competency & Communication Standards

Lifemark Health ensures staff is able to recognize, respect and address the unique needs, communications, customs, beliefs and values that reflect an individual’s racial, ethnic, religious and / or social group or sexual orientation.

Lifemark Health supports accessibility where the independence and integration of those with disabilities is promoted. When communicating with a person with a disability, individuals working on behalf of Lifemark Health shall do so in a manner that takes into account the person’s disability and will make reasonable efforts to have the person with a disability understand both the content and intent of its communications.

Lifemark Health is committed to meeting the needs of a diverse client population by providing client services which are linguistically and culturally appropriate. To support effective communication, Lifemark Health use the following strategies:

- Full time reception staff
- Live telephone access with toll free numbers
- Voice mail system with designated mail boxes for all staff
- Interpreter and translation services;
- Assistance to meet vision, speech, hearing, language and cognitive impairment needs;
- Age appropriate information; and
- Alternative modes of communication including written, verbal, video.

The contents of material for clients and employer are written at a level that promotes understanding (grade six levels).

Client Support Standards Related to Service Needs

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Lifemark Health supports clients in accessing required services available through their third party insurer. When there is insufficient funding for services requested by the client, Lifemark Health staff will provide information and support to facilitate access to other community resources in response to client needs.

Attitudinal & Professional Conduct Standards

Lifemark Health promotes staff and consultant awareness of personal biases and assumptions that might impact service decisions and a client’s access to services. Lifemark Health is committed to the provision of neutral assessments and recommendations based wholly on objective findings and client performance. Lifemark Health reports are reviewed to ensure appropriate and neutral language and content. Staff meetings and in-services provide an ongoing vehicle for addressing staff and consultant biases and perceptions based on the client populations served.

Use of Assistive Devices

Lifemark Health is committed to serving people with disabilities who use assistive devices to obtain, use or benefit from our goods and services. Lifemark Health will ensure that staff are trained on or about the assistive devices that may be made available by Lifemark Health and realize that persons with disabilities may use their own assistive devices to access Lifemark Health goods and services. For example, if Lifemark Health provides a wheelchair for use by persons accessing our goods and services, the staff providing the wheelchair will be trained on how to set up and use the wheelchair.

The above applies to accessing goods and services at facilities that Lifemark Health operates. It does not apply to the use of in-home assistive devices in the direct provision of therapy services. The training and use of assistive devices in-home is part of the care plan and provision of services provided by the therapist or rehabilitation assistant.

Use of Service Animals

Lifemark Health is committed to welcoming people with disabilities and their service animals on the parts of our premises that are open to the public and other third parties and will permit the person to keep the service animal with them. Lifemark Health will also ensure that all persons to whom this policy applies have been trained on how to interact with people with disabilities who are accompanied by a service animal.

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

If the service animal is excluded by law from Lifemark Health premises, Lifemark Health shall ensure that measures are available to permit persons with disabilities to access Lifemark Health goods and services through other means.

Use of Support Persons

Lifemark Health is committed to welcoming people with disabilities who are accompanied by a support person. Any person with a disability who is accompanied by a support person will be allowed to enter Lifemark Health’s premises with his or her support person. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his or her support person while on Lifemark Health premises.

- In the event that a fee is charged in relation to a support person’s presence on Lifemark Health premises, advanced notice of the fee will be provided.
- On occasion persons with disabilities require the assistance of a support person to protect their health and safety or the health and safety of others. If necessary, Lifemark Health may require a person with a disability to be accompanied by a support person while on
- Lifemark Health premises for the purpose of protecting the health and safety of the person with the disability or others on the premises.

Training

Lifemark Health will ensure appropriate levels of training to all employees, volunteers, students, agents and others who deal with the public or other third parties on behalf of Lifemark Health as well as those who are involved in the development and approvals of policies, practices and procedures dealing with the provision of goods and services to the public or other third parties.

This training will be provided to all staff as soon as practicable and in keeping with the provincial legislative requirements. Records of training will be kept that include the dates on which training occurred and the number of persons trained.

Please refer to the Compliance Status Report. This report will be submitted to gaye.sydenham@lifemark.ca by December 31 of each year.

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Training will include the following topics:

- The purposes of the Accessibility for Ontarians with Disabilities Act, 2005
- The requirements of the Accessibility Standards for Customer Service
- How to interact and communicate with people with various types of disabilities
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person
- How to use the assistive devices available at Lifemark Health’s offices and otherwise made available by Lifemark Health for persons with disabilities
- What to do if a person with a disability is having difficulty in accessing Lifemark Health’s goods and services
- Lifemark Health’s policies, practices and procedures relating to the provision of goods and services to the public and other third parties.

Staff will also be trained on an ongoing basis when changes are made to policies, practices and procedures dealing with the provision of goods and services to the public and other third parties.

Feedback Process

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

Feedback regarding the way Lifemark Health provides goods and services to people with disabilities can be made in person, by telephone, in writing or by delivering an electronic text by email, diskette or other reasonable methods. Complaints will be addressed according to Lifemark Health’s Complaint Policy and Procedure.

References

Compliance Status Report – Appendix A

Definitions – Appendix B

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Appendix A
Contract Service Provider – AODA Compliance Status Report

Accessibility for Ontarians with Disabilities Act (AODA) 2005
 Accessibility Standards for Customer Service, Ontario Regulation 429/07
 Training Requirements for CCAC Contracted Service Providers

Date Requested: November 1, 20_____

Date Due: December 15, 20_____

Please return this report to: _____

Name of Service Provider: _____

Date Report Completed: _____

Person Completing this Report: _____

Name: _____

Phone number: _____

Email address: _____

Number of staff who interact with Lifemark Health Clients: _____

- Indicate whether or not all staff that interacts with Lifemark Health Clients has been trained on these topics by checking the applicable box.

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

- If different training is completed at different times, please submit this status report after each training module is completed.
- If the topic is part of your organization’s regular orientation, please state this fact in the NOTES section regarding date and indicate the number of staff who has completed the orientation.

Service Provider:

The purposes of the Accessibility for Ontarians with Disabilities Act, 2005

Number of staff trained: _____ **Date(s) of training:** _____

Notes:

The requirements of the Accessibility Standards for Customer Service: Ontario Regulation 429/07

Number of staff trained: _____ **Date(s) of training:** _____

Notes:

How to interact and communicate with people with various types of disabilities

Number of staff trained: _____ **Date(s) of training:** _____

Notes:

How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person

Number of staff trained: _____ **Date(s) of training:** _____

Notes:

How to use the assistive devices made available by the CCAC for persons with disabilities

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Number of staff trained: _____ **Date(s) of training:** _____

Notes:

What to do if a person with a disability is having difficulty in accessing the CCAC's goods and services

Number of staff trained: _____ **Date(s) of training:** _____

Notes:

Lifemark Health's policies, practices and procedures relating to the provision of goods and services to the public and other third parties. (Included with this letter)

Number of staff trained: _____ **Date(s) of training:** _____

Notes:

Appendix B Definitions

accessible: 1.) Describes a site, building, facility, or portion thereof that complies with American with Disabilities Act Accessibility Guidelines/ADAAG. 2.) Refers to programs and services which are available to and usable by persons with disabilities and/or ways of making programs and services available to and usable by persons with disabilities. This means proving access to, participate in, or participation in the benefits of the programs and services.

There are five types of accessibility:

1. **physical accessibility**—refers to what is commonly thought of as accessibility—facilities that persons with disabilities can enter independently and use the building without assistance. Physical accessibility refers not only to wheelchair access, but also to access for persons with sensory, cognitive, and health-related disabilities.
2. **programmatic accessibility**—refers to making adjustments in the ways services are provided in order to level the playing field and allow all people an equal opportunity to participate. See the more complete definition program accessibility.

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

3. **electronic accessibility**—means not only computers and adaptive software and hardware, but also technological solutions to other issues of accessibility.
4. **financial accessibility**—refers to the financial impact on persons with disabilities in all facets of everyday life. Transportation can cost two to several times more for a person with a significant mobility disability than it costs others. The discrepancy of cost can exist in all aspects of daily living. Financial accessibility should be taken into consideration by those who plan events and/or ask persons with disabilities to participate.
5. **attitudinal accessibility**—is the key to all types of access; if the right attitude is not there, even the most accessible building or accessible program becomes inaccessible.

accommodation: Describes making programs, services and facilities accessible to and usable by persons with disabilities. To accommodate a person with a disability may mean making a modification in the regular program, adapting service delivery, and/or removing barriers in a facility. Accommodation allows separated programs when necessary to ensure equal opportunity; however, individuals with disabilities cannot be excluded from the regular program for which accommodations may be necessary, and they cannot be required to accept separate or special services or benefits.

assistive device: Any device that is designed, made or adapted to assist a person perform a particular task and may include, but is not limited to, wheelchairs, reading machines, recording machines, hearing devices and devices for grasping.

assistive technology: Commercial or custom-designed devices, modifications, and related technical services used to increase, maintain, or improve the functional capabilities of persons with disabilities. This also includes accommodation strategies that might assist an organization to accurately assess the persons served. Examples of assistive technology include Braille, video- or audio-recorded directions, translated materials, TDDs, computer boards, caption decoders, hearing aids, and other augmentive communication devise and technologies.

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 or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice (“obstacle”).



Policy Name: Barrier Free Accessibility – Customer Service

Form #
13.6.0

Adopted Date:
January 2004

Position Responsible:
VP Quality Improvement

Revised Date: January 2009;
January 2012; January 2014;
January 2016

consumer: The person or the family served. When the person served is legally unable to exercise self-representation at any point in the decision-making process, person served is interpreted to also refer to those authorized to make decisions on behalf of the primary consumer. These individuals may include family members, significant others, legal representatives, guardians, and advocates. An organization should have a means by which a legal representative of the primary consumer is invited to participate at appropriate points in the decision-making process. By the same token, a person who is legally able to represent his or her own interest should be granted the right to choose whether other members of the family, significant others, or advocates participate in that decision-making process. When dealing with infants, children or adolescents, the family may be referenced directly, as the family is a co-primary consumer in such situations.

cultural sensitivity: An organization’s ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual’s racial, ethnic, religious, and social groups and sexual orientation.

culture: The integrated pattern of human behavior that includes the thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

disability/disabilities: In reference to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individuals; a record of such an impairment; or being regarded as having an impairment.

- a. any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- b. a condition of mental impairment or a developmental disability,
- c. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. a mental disorder, or
- e. an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997 (“handicap”)

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

Does not include transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identify disorders not resulting from physical impairments, or other sexual behavior disorders; compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from current illegal use of drugs.

discrimination: Limiting, segregating, or classifying a qualified job applicant or employee in a way that adversely affects his or her opportunities or status; excluding or denying equal jobs or benefits to a qualified individual; and refusing to make accommodations that are reasonable and within the means of an employer for a person with a disability.

diversity: Differences due to culture, ethnicity, religion, economic status, gender, or sexual orientation.

functional limitations: Those characteristics of the persons served or those barriers to goal attainment that an organization’s service programs have the capability to improve—e.g., lack of job-seeking skills or inability to feed self. A disability per se is not an adequate definition of a person’s problems in functioning. Functional limitations are behaviors or conditions exhibited by individuals and barriers presented by their environments that need to be eliminated or improved in order for the individuals to fulfill their potential or maximize their functioning. Therefore, a functional limitation is distinctly different from a diagnosis or a disability. For example, services will not eliminate a cerebrovascular accident or mental retardation; however, an organization may provide services designed to improve an individual’s ability to engage in activities of daily living, work, and social situations. Therefore, the functional limitations of those served could be expressed as “the lack of adequate activities of daily living skills,” “inadequate work skills,” or “inappropriate social behaviors”.

guide dog: a dog trained as a guide for a blind person and having the qualifications prescribed by the regulations (Blind Persons’ Rights Act 1990 s1 (1))

impairment: Any loss or abnormality of psychological, physiological or anatomical structure or functioning.

individual/person with a disability: A person who has a disability. Does not include an individual who is currently engaging in the illegal use of drugs when the public entity acts on the basis of such use. Referenced in ADA’s Do Title II regulations.

is regarded as having an impairment: Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a public entity as constituting such a

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

limitation; has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment; has none of the impairments defined in physical or mental impairment, but is treated as having such an impairment. Referenced in EOC and Do Titles II and III regulations for the ADA.

integration: Presence and participation in the mainstream of community life. Participation means that the persons served maintain social relationships with family members, peers, and others in the community who do not have disabilities. In addition, the persons served have equal access to and full participation in the community resources and activities available to the general public.

interdisciplinary: Characterized by a variety of disciplines that participate in the assessment, planning, and implementation of a person’s program. There must be close interaction and integration among the disciplines to that all members of the team interact to achieve team goals.

person served: The primary consumers of services, which may be defined as a client, participate, or resident. When this person is legally unable to exercise self-representation at any point in the decision-making process, person served is interpreted to also refer to any person authorized to make decision on behalf of the primary consumer. These individuals may include, as appropriate, the family members, significant others, legal representatives, guardians, and/or advocates. The organization should have a means by which a legal representative of the primary consumer is invited to participate at appropriate points in the decision-making process. By the same token, a person who is legally able to represent his or her own interests should be granted the right to choose whether other members of the family, significant others, or advocates participate in that decision-making process.

physical or mental impairment: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

This term includes, but is not limited to, such contagious and non-contagious disease and conditions as orthopaedic, visual, speech and hearing impairments, cerebral palsy, epilepsy,

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, tuberculosis, drug addition, and alcoholism.

program accessibility: Refers to ensuring non-discrimination and equal opportunities for disabled persons to utilize and participate in programs and activities. Program accessibility is a flexible principle allowing recipients to comply based on individual response to their existing conditions and the needs of participants with disabilities. Steps to achieve program accessibility are indicated as a result of self-evaluation or in response to requests from participants. Program may provide access through modifications and adjustments to procedures, practices and/or policies. Barrier removal is required by the Rehabilitation Act only when program accessibility cannot be achieved through other means when undertaking building renovation and/or new construction. The ADA has somewhat different rules for when barrier removal is required. Referenced in ADA’s Do Title II regulations.

reasonable accommodations: Modifications or adjustments that assist the persons served to access benefits and privileges that are equal to those that are enjoyed by others. Examples taken the for ADA include making existing facilities readily accessible to and usable by persons with disabilities; restructuring jobs; modifying work schedules; reassigning people to vacant positions; acquiring or modifying equipment or assistive devices; adjusting or modifying examinations, training materials, polices, and procedures; and providing qualified readers or interpreters.

rehabilitation: The process of providing those comprehensive services deemed appropriate to the needs of persons with disabilities in a coordinated manner in a program designed to achieve objectives of improved health, welfare, and realization of a person’s maximum physical, social psychological, and vocational potential for useful and productive activity. Rehabilitation services are necessary when a person with a disability is in need of assistance and it is beyond the person’s personal capacities and resources to achieve his or her maximum potential for personal, social and economic adjustment and beyond the capabilities of the services available in the person’s usual daily experience. Such assistance continues as long as the person makes significant and observable improvement.

service animal: an animal acting as a service animal for a person with a disability,

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

	Policy Name: Barrier Free Accessibility – Customer Service	
	Form # 13.6.0	Adopted Date: January 2004
	Position Responsible: VP Quality Improvement	Revised Date: January 2009; January 2012; January 2014; January 2016

stakeholders: The persons and families served by an organization and the organization’s governance or designated authority, leadership, personnel, and various publics, including purchasers of services, contributors, supporters, employers, landlords, and other community business interests.

supports: Activities, materials, equipment, or other services designed and implemented to assist the persons served. Examples include instruction, training, assistive technology and the removal of architectural barriers. Natural supports are supports that occur ordinarily in the community, at work, or in social situations and that enable the persons served to accomplish their goals in life.

support person: in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services

TDD/TTY: A telecommunications device for the deaf. TDD and TTY are often used interchangeably for any type of device that assists persons with impaired hearing or speech to communicate over the telephone. TTY, the older of the two terms, is derived from Teletype, a registered trademark of the Teletype Corporation. Mechanical teleprompters have been largely replaced by solid-state devices with light-emitting or liquid crystal displays (LEDs and LCDs), and some modern devices are the size of a pocket calculator. A TDD has a keyboard, a display screen, and a modem that sends and receives TDD tones. Each TDD tone is distinct and represents a specific letter or character. (Credit is given to the Handicapped Educational Exchange, or HEX, on the Internet for this information.)

undue hardship or undue burden: An action requiring significant difficulty or expense when considered in light of the nature and cost of the accommodation needed the overall financial resources of the facility, the number of employees, the effect of the action on expenses and resources, and the impact of the action on the operation of the facility.