

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Kingston Health Sciences Centre

AIM FOR ACCESS

Multi-Year Accessibility Plan

2020 – 2024

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Executive Summary

The purpose of the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) is to improve opportunities for people with disabilities and to help provide for their full participation in the life of the province through the identification, removal and prevention of barriers to participation.

To that end, the AODA mandates that each hospital prepare an accessibility plan that will lead to compliance with five accessibility standards:

- Information and Communication
- Employment
- Customer Service
- Built Environment
- Transportation

This multi-year accessibility plan, developed by the Kingston Health Sciences Centre (KHSC) Accessibility Advisory Committee, describes our commitment to make KHSC accessible to all, our methodologies for barrier identification and our approach to planning for the removal or prevention of barriers in the future as we **Aim For Access** for all.

The plan is in place to improve access, improve accessible experiences and improve and increase inclusive and equitable treatment of all people, including those with disabilities. It is also in place to ensure we meet legal requirements. It is based on legislation and feedback from the interdisciplinary Accessibility Advisory Committee, which is made up of staff and volunteers from various departments across KHSC and Patient Experience Advisors; it is also based on actual patient experiences within our community.

A copy of this plan is available upon request, including a copy in an alternative format.

Kingston Health Sciences Centre: Who We Are

KHSC is southeastern Ontario's complex, acute and specialty care, research and teaching hospital. Consisting of the Hotel Dieu Hospital (HDH) and Kingston General Hospital (KGH) sites, as well as the Cancer Centre of Southeastern Ontario and our research institute, we care for more than 500,000 patients and their families from across our region.

As one of the region's largest employers, we are home to nearly 5,000 staff, more than 2,000 health care learners and 1,000 volunteers, all committed to partnering with patients and families to ensure that we provide high quality, compassionate care. Fully affiliated with Queen's University, we are ranked as one of Canada's top research hospitals.

As a teaching hospital, we attract the nation's brightest learners to pursue their health care education, which creates the capacity to provide highly specialized services close to home. We train thousands of students and are home to hundreds of researchers whose curiosity drives them to make ground-breaking advances in health care.

[To learn more about our Mission, Vision and Values, click here.](#)

About our KGH site

Our KGH site serves as the regional referral centre for cardiac, stroke, renal, trauma, neurosurgery, pediatrics, neo-natal, high-risk obstetrics, acute inpatient mental health and cancer care.

About our HDH site

Our HDH site offers specialized outpatient programs such as pediatrics, medicine, ophthalmology, cardiology, urology, dermatology, gastroenterology, surgery, mental health, oncology and urgent care.

Our Commitment to Accessibility

Our commitment to accessibility aligns with KHSC's Strategic Direction #3: Improve the health of our communities through partnership and innovation.

We strive to provide care that best meets the needs of patients across our region **including those with unique challenges**. By working more closely with our health and social service partners we work to ensure patients get the right care at the right time in the right place. This can mean placing our experts and services in the community and actively involving community partners as members of our care teams. At the same time, we continue our pursuit of innovation to discover new ways of delivering care, research and teaching to make our region healthier.

We recognise that our patients, families, visitors and staff may encounter barriers within our organisation including:

- Architectural
- Physical
- Communication
- Attitudinal
- Technological
- Organizational.

We are committed to identifying existing barriers, addressing those within our resources and working to avoid creating new barriers in the future.

Accessibility Advisory Committee (ACC)

PURPOSE

The KHSC Accessibility Advisory Committee advises on and promotes the facilitation of a barrier-free organization. The ACC will advance accessibility by assisting KHSC in creating greater accessibility through preparation, mindfulness, transparency, compliance and education, and by supporting an inclusive environment for people of all abilities including persons with a disability.

OBJECTIVES

- To assist and enable compliance with the *Accessibility for Ontarians with Disabilities Act* (AODA) and standards prescribed by its regulations
- To assess, prioritize and recommend the removal of barriers
- To strive to meet and exceed standards for the health care industry
- To act as a resource and address accessibility concerns
- To alert and advise the KHSC Executive Sponsor on issues of interest and concerns related to accessibility
- To promote awareness of accessibility challenges and solutions
- To work with the Strategy Management and Communications department to update the KHSC internal and external websites with a lens on accessibility
- To assist patients, families, staff, visitors, physicians, learners, contractors, volunteers with accessibility issues
- To act as a liaison with the community for accessibility improvement
- To further the KHSC Mission, Vision and Values as they relate to accessibility issues
- To communicate and document initiatives, progress and reports as required.

The Accessibility Advisory Committee is an interdisciplinary committee made up of staff and volunteers from various departments across our hospital sites, along with Patient Experience Advisors. Current members include:

Member	Department
Larry Erwin (Chair)	Maintenance and Plant Operations (HDH)
Marie Picciuto (Recorder)	Maintenance and Plant Operations (HDH)
Debbie Docherty	Community Representative
Riddell, Barry	Community Representative
Cora Therien	Community Representative
Kristen Spring	Community Representative
David Swerdfeger	Community Representative
Anna Strati-Morrison	Community Representative
Brenda Conway	Manager, Emergency Management, Parking & Security Control Centre Protection Services
Sarina Cormier	Social Work
Michael Bush	Health And Safety
Stacey Gregory	Planning
Lynda Laird	Volunteer Resources
Greene, Gary	Maintenance and Plant Operations (KGH)
Jill Holland-Reilly	Volunteer Resources
Katherine Hammer	Nutrition Services
Meghan McCourt	Social Work
Kim Smith	Occupational Therapy
Rachael Smith-Tryon	Patient Flow, Registration and Health Information Service
Kumail Syed	Health And Safety
Ted Splinter	Facilities Management
Clarence Willms	People Services

For the Accessibility Advisory Committee's Terms of Reference, please see Appendix 1.

Barrier identification methodologies

At its inception, the Accessibility Advisory Committee developed an extensive list of barriers using the methodologies listed below. This list continues to be developed to include barriers brought to our attention by patients, staff and visitors.

Methodology	Description
Patient Questionnaire	Volunteers approached patients with visible disabilities in waiting rooms and assisted them in completing the questionnaire.
Facility audit by architect	An architect toured KHSC, noting all physical/architectural barriers.
Staff focus groups	We met with staff from the various departments.
Nursing staff input	We consulted with nursing staff in all of the clinics.
Consultation with outside agencies	We consulted the Canadian National Institute for the Blind, Canadian Hearing Society and Kingston Independent Living Centre.
Literature review	We reviewed the literature provided by the agencies noted above, as well as other publications.
Parent of a wheelchair user	We interviewed the mother of a patient who utilizes a wheelchair.
Staff member who uses a scooter	We interviewed and toured with a staff member who uses a scooter.
Patient Relations feedback	Feedback/suggestion from patients received by Patient Relations is reviewed by the AAC.
Accessibility email	An accessibility email is monitored daily.
Queen's Students Audit (KGH site)	Audit of washroom barriers and proposed locations of resting chairs

Accessibility Planning

To provide maximum effectiveness, the committee will continue to be dynamic, allowing for subcommittees to be created and dismantled as appropriate related to a specific project. Also, persons with disabilities or those who work with particular disabilities will be included and consulted for their knowledge and perspective.

Consultations with our community partners, such as the municipality, Queen's University and Providence Care will continue. We will continue to discuss issues of common interest, look toward future partnerships or sharing of resources and invite dialogue.

While the Accessibility Advisory Committee is the sole identified committee for carrying out KHSC's accessibility mandate, it draws on additional departments, resources and expertise for specific initiatives that may require a shorter term subcommittee to accomplish the task.

Review Process

KHSC will maintain a multi-year accessibility plan, which will be reviewed annually and updated at least once every five years by the Accessibility Advisory Committee. The Committee will meet quarterly to review current objectives and to review accessibility issues.

Communication

This multi-year accessibility plan is posted on the KHSC website and made available for downloading or printing in regular or large-print formats. Hard copy versions in regular and large print are available upon request.

Accessibility issues or concerns/suggestions can be forwarded to:

- accessibility@kingstohsc.ca OR
- Larry Erwin, ACC Chair, at larry.erwin@kingstonhsc.ca, 613-544-3400 ext. 3031.

APPENDIX 1: Accessibility Advisory Committee Terms of Reference

Purpose

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- To communicate and document initiatives, progress and reports as required.

Chair

The Executive Sponsor shall select the Chair.

Membership

Membership aims to have broad representation including, but not limited to the following areas: Patient Care, Patient Records/Registration, People Services, Information Management, Strategy Management & Communications, Protection Services, Food Services, Planning, Facilities Management, Medical Staff, Professional Practice, Volunteer Resources and Patient Experience Advisors within the organization. External partners and community involvement will also be sought.

Structure

The Advisory Committee reports to the Executive Sponsor at least annually or as issues arise.

Meetings

Accessibility Advisory Committee meetings shall be at least quarterly, or as deemed necessary by the Chairperson. Meetings may be required on a more frequent basis to address particular issues. Subcommittees shall be created for a specific purpose, meet as required and report to the Advisory committee.

Location of meetings

Meetings will be held in a fully accessible space to allow maximum participation from members.

Reporting

Minutes shall be recorded and distributed to all committee members and be available to any staff member or member of the public upon request or via posting on the Intranet. Reports will also be made available as required to the hospital, the Ministry or other requesting body.

Term/review

A review of the committee and activities will take place annually. Committee member terms shall be three years in length or longer if deemed necessary for continuity or transitional purposes. Membership should be staggered to provide continuity and reduce the risk of a complete turnover in the same year.

**APPENDIX 2:
Historical Identified Barrier actions taken or planned (HDH/KGH sites)**

Barrier removal initiatives: HDH site COMPLETED			
CATEGORY	ACTION	MEANS	STATUS
Customer Service	Develop Customer Service Standard policy	Policy formally commits HDH to giving people with disabilities the same opportunity to access and to benefit from our goods and services in same place and similar way as other individuals.	Complete
Customer Service	Develop Personal Assistive Devices policy	Policy encourages patients to use necessary assistive devices to ensure access to the goods and services offered by HDH.	Complete
Customer Service	Develop Support Persons policy	Policy supports the right of the individual to be accompanied by a support person, except where excluded by law.	Complete
Customer Service	Develop Guide Dog & Other Service Animals policy	Policy supports the right of the individual to be accompanied by a Guide dog/other Service animal, except where excluded by law	Complete
Customer Service	Develop/implement e-learning training for staff, volunteers re: Customer Service Standard	Mandatory e-learning course describes how staff can interact/communicate with patients with various types of disabilities and reviews the relevant Administrative policies that cover the Customer Service Standard within the Accessibility for Ontarians with Disabilities Act (AODA). The course was assigned to all staff in 2010 and continues to be assigned to all new staff as part of hospital orientation.	Complete and ongoing – As of Oct. 13, 2016 93% of staff had completed the course; 100% completion rate for volunteers.
Customer Service	Create Accessibility site on HDH internet for public information	This external website provides access to the HDH Accessibility Plan, policies, feedback mechanism and a downloadable brochure with tips for patients/families re: accessible entrances, interpreters, wheelchairs, etc. All content can be made available in the required format upon request.	Complete
Customer Service	Create Accessibility site on HDH intranet for staff information	This site provides access to the HDH Accessibility Plan, policies, feedback mechanism and patient brochure. It	Complete

Barrier removal initiatives: HDH site COMPLETED			
CATEGORY	ACTION	MEANS	STATUS
		also provides information about the Accessibility Advisory Committee and tips/resources for supporting accessibility at HDH.	
Customer Service	Communicate about planned/unexpected disruptions of facilities /services	Facilities Maintenance/Security/Communications ensures appropriate notices posted online or in hard copy in compliance with legislation.	As needed
Customer Service	Ensure accessibility feedback tools are accessible, tracked and actioned	Policy ensures patients/families can access Patient Relations Specialist and that Specialist provides feedback related to accessibility to the HDH Accessibility Lead and Advisory Committee. Feedback can be delivered in several ways (e.g., via email, online form, telephone) and the hospital can work with individuals to determine the most appropriate format.	Completed and ongoing
Information & Communication	Make emergency & public safety information accessible (mandatory requirement)	Fire safety procedures are visibly posted in public areas. Upon request, public safety information and emergency response material can be made available in an accessible format or with the necessary communication supports.	Completed
Employment	Develop individual Emergency Response Plans for staff/volunteers with a disability (mandatory requirement)	HDH has implemented a process to help staff and volunteers with disabilities to self-identify as individuals who would require an individualized emergency response plan and to help them work with their manager to create that plan. At hospital orientation all new staff will learn about individualized emergency response planning via an e-learning module addressing IASR requirements that will be introduced in early 2014. All new volunteers are also educated on this process.	Completed
Built Environment	Ensure newly built/renovated hospital spaces conform to all provincial accessibility requirements	In February 2013, Hotel Dieu completed a major redevelopment project that included new clinics and procedure/lab areas on levels 4 and 5, new elevators and renovations to the lobby. Listed below are some of the key accessibility features:	Complete

**Barrier removal initiatives: HDH site
COMPLETED**

CATEGORY	ACTION	MEANS	STATUS
		<ul style="list-style-type: none"> • All new doors and corridor widths • All new public/patient toilets (incl. grab bars, toilets, sinks) • All control devices (thermostats and light switches) mounted at an accessible height • Hand sanitizers, soap and paper towel dispensers mounted at an accessible height • New entrance ramp into HR with automatic doors • Automatic doors from lobby • All hand wash sinks have electronic faucets and mounted at accessible heights • All new doors have proper clearances for accessibility or barrier free door operators • Stairs designed with contrasting nosings for the visually impaired • Signage will include braille. • All door hardware (handles) are "lever" type • Waiting rooms have designated barrier free seating areas (along with bariatric seating) • Reception Desks built to meet all accessibility requirements. (B4, JM4, JM5 and HR) • All patient exam rooms and consult rooms (door widths, clearances and turning radius) • Elevators equipped with braille and voice enunciation along with door widths, turn radius. 	

**Built Environment: HDH site
COMPLETED (by area or department)**

ENTRANCES/LOBBIES	
Main Entrance	
The front door is not easily distinguishable from the windows (no sign, lights, planters or colour to mark the entrance).	2016: Situation improved by installation of highly visible revolving door.

Canopy lighting is inadequate at night. In daytime, it is very dark under the canopy, creating a high contrast with the lighting conditions in the street.	2013: The lighting has been replaced. Photocell activation is being installed.
Drop-off space is minimal & congested. Parked cars sometimes block the sidewalk at the top of the south ramp.	2012: Security staff assigned to ramp to monitor congestion.
The automatic door opener at the Brock St. entrance is badly positioned in terms of how the door swings open. Also, patients would benefit more if the double doors could swing open instead of just one door.	2013: The hospital experimented with a swing change on the automatic door with negative results. "Caution" signage has been posted at the door.
Volunteers see many near accidents at the revolving door involving walkers, strollers and canes.	2012: Security & Porter staff available to assist.
Water hose at south ramp a tripping hazard: should run through brackets along the wall.	2012: Repaired
At peak times (8-9 am), the number of wheelchairs in the lobby is sometimes insufficient.	2011: Additional wheelchairs purchased
Patients needing portering sometimes wait 15-20 minutes.	2011: Porter assigned to lobby to be available to patients as soon as they enter the hospital.
Main Lobby	
The seating area may be too far from the entrance for some people, and does not provide a very clear view of the drop-off area. Need waiting chairs closer to the main door.	2012: Chairs moved closer to the entrance.
The drinking fountain is mounted too high to be used from a wheelchair. A second fountain should be added.	2017: Drinking fountain replaced with more accessible model.
The Credit Union counter is not wheelchair accessible.	2012: Credit Union counter rebuilt so an accessible counter is available when required.
The phones have volume controls, but are not specially designed for the hearing impaired. No TTY phones.	2012: Lowered one phone/installed TTY on one phone
Check-in computer for volunteers in main lobby is too high.	2015: New accessible computer installed at Information Desk.
Sydenham Street entrance (level 1)	
No power operators at designated wheelchair entrance (doors PDS1-037 & S1-S/W #9).	Done: Power operators installed.
Threshold at designated wheelchair entrance too high.	Done: The threshold was reduced to the extent possible.
Murray Building entrance	
Signage to Murray Building from inside the Jeanne Mance building is	Done: New signs posted

confusing.	
Barrier-free parking spaces behind the Murray building are on a slope.	Done 2013: Spaces moved to level ground
CIRCULATION	
Corridors	
Corridors are long, with no resting places along the way.	Have investigated: Fire safety regulations do not permit seats that obstruct the corridor. Additional wheelchairs purchased and a porter assigned to main lobby to assist patients.
Some corridor doors are hard to open, and tend to shut very quickly. Well-placed automatic door openers or pressure-activated openers would help.	All corridor doors now held open where regulations permit.
Door handles are round knobs, which are difficult to grasp. Lever handles are preferable.	2010-13: ADA compliant lever handles installed in course of all renovation projects.
At the ramps into the Mary Alice wing, the handrails do not return to the doorway at the top and bottom.	2011: A new handrail has been installed.
The emergency shower in the Brock 4 corridor juts into the corridor, with no warning for the visually impaired.	2012: Renovations resulted in removal of emergency shower.
Bubble mirrors at corridor intersections should be installed for scooter and wheelchair users.	Mirrors are being installed as required
The route to Johnson 1 (Human Resources, Auditorium, etc.) is difficult. No power operators on doors J1-044 and -045 (at former loading dock). Doorstop at J1-045 should be moved to allow door to open to a wider angle.	2013: Completed renovations now make access available via main lobby
In Brock 3 & 4, the windows in the stairwells at the ends of the corridors create glare.	<i>Shades installed on the windows.</i>
Elevators	
None of the elevators have tone signals when passing or stopping at each floor.	2010: The main elevators now announce the floor and direction of travel at each stop.
Wayfinding	
Front desk volunteers are not always able to help based on the information provided (e.g., patient only knows the name of the doctor, not the clinic).	2011: Info Desk staff now have full listing of doctors' names, clinics, floors. In addition, a porter has been assigned to the lobby to be available to patients requiring assistance as soon as they enter the hospital.
Patients often come into the main lobby looking for the Urgent Care	2011: A porter is now

Centre. In the winter, they may be directed through the building rather than back outside, and they get lost.	assigned to the lobby to help escort patients as required.
The Info Desk is not staffed until 7:30 am. Day surgery patients arrive at 6:30 am. There is no permanent signage.	A new, bilingual sign that helps address wayfinding when Volunteers not on duty is now in place. This sign directs patients to key areas
The "1" button on the elevator does not say "Lobby".	<i>The word "LOBBY" added.</i>
CLINICS	
General findings	
Most of the newer reception desks are wheelchair-accessible. The older nurse and reception desks are not (too high, no knee & toe space).	New desks in ENT, Radiology, Jeanne Mance 4 & 5 and Brock 1 are wheelchair-accessible.
Exam tables are generally not height-adjustable.	New tables purchased are height-adjustable.
Some waiting areas don't have any bariatric chairs.	Bariatric chairs have been/are being purchased.
Several waiting areas don't have drinking fountains.	Drink vending machines have been added in some clinics.
The waiting areas are full of chairs, with no spaces left for wheelchairs & scooters. Space should be reserved, with a wheelchair symbol above it.	2011: Furniture rearranged to provide wheelchair space in every waiting room; Housekeeping staff aware that chairs should not be placed beneath the wheelchair symbol.
Lighting is too dim.	2011: Additional fixtures installed in the reception & waiting areas.
KidsInclusive Centre for Child & Youth Development	
Barrier-free washroom layout might not work for someone in a wheelchair (toilet is in an alcove).	2010: A new special needs washroom is now available.
There is no appropriate place to change diapers for older children. Need a large washroom with an adjustable height change table (adult size), toilet (residential type) with a selection of types and sizes of toilet seats, a track lift with sling, and wheelchair-accessible sink. Should be off the main corridor, so COPC and other patients can use it.	2010: A new special needs washroom is now available.
At least 2 dedicated parking spaces are required for KIDSINCLUSIVE CENTRE families, preferably on the Johnson ramp.	Done
Children's Outpatient Centre	
Weighing room door too narrow for wheelchairs.	Done: The room has

	been moved, and has a wider doorway.
Diabetes Education & Management Centre	
The door in corridor S2 is quite hard to open.	Now held open.
Inpatient Psychiatry	
Clear protocols are needed regarding service dogs.	<i>Covered by Policy 0402 Accessibility Standards for Customer Service: Guide Dogs & Other Service Animals</i>
GI/General Surgery	
Pay phone in waiting room obstructed by chairs.	Chairs have been moved.
Toilet seat in waiting room washroom is too low.	An elevated toilet seat has been installed.
EPACU	
The toilets are too low for most patients.	2014: Portable raised toilet seats have been added.
Outpatient Psychiatry	
No barrier-free washrooms	A barrier-free washroom has been added to J5.
Murray Building (ENT)	
Reception window & desk too high.	New reception desk is wheelchair-accessible.
Clinic is difficult to find from the main building; signage is difficult to understand. Sign in JM1 says "Murray Building", without a directional arrow, implying you are already there. Sign at Murray Building says "Otolaryngology."	New signs are in place.
Ophthalmology, Level 1	
Ramp from JM1 too steep and handrails are not well positioned for use.	A new handrail has been installed
Ophthalmology, Level 6	
Seats were too low in washroom near photo lab	Seats changed
Orthopedics	
Pay phone in waiting room obstructed by chairs.	Chairs moved.
Urgent Care Centre	
The door from Urgent Care to CSR is hard to open; need power door operator.	Done
WASHROOMS	
Some barrier-free washrooms are not designated as such with signage.	2014: <i>Barrier-free washrooms are now identified by signage.</i>
COMMUNICATIONS	
A new hospital map will be created and uploaded on our external website to indicate accessible access points within our building.	Done 2011
SUPPORT SERVICES	
Finance & Patient Accounts	

Short staircase into this department presents a barrier (note: payments can also be made via bank, mail, phone or drop boxes in accessible main lobby). Finance has installed debit machine in Bariatrics for patient purchase of Optifast.	2014: A new payment location has been established on JM6 that is on the elevator path for the general patient population.
PARKING	
Accommodating patients with disabilities	Given advance notice, our Manager of Parking has been able to “book”/utilize handicapped parking spaces for individuals with standing appointments to help ensure they are able to reach their scheduled appointments on time.
Several accessible bathrooms missing signage and some inaccessible bathrooms incorrectly signed as accessible.	Signage audit related to accessible washroom conducted by Facilities in Spring 2017. As a result Facilities updated signage in Spring 2017.

IASR-related barriers: HDH site COMPLETED or ONGOING 2013-2021

Requirement	Target Date	Actions	Status
GENERAL Requirements			
Develop policies to support IASR standards	Jan 2013 (mandatory requirement)	HDH is committed to developing policies to support the IASR standards to create an inclusive environment that promotes accessibility for people with disabilities, enabling them to contribute to the workplace and access our resources. Upon request, HDH makes these policies available in an accessible format.	Complete and ongoing
Develop/maintain multi-year accessibility plan	Jan 2013 (mandatory requirement)	HDH maintains and posts a multi-year Accessibility Plan that outlines strategies for removing and preventing barriers, and that shows how IASR requirements are being met. The plan is available in alternative formats upon request.	Complete and ongoing
Incorporate accessibility when procuring goods, services, facilities	Jan 2013 (mandatory requirement)	Any Request for Proposal (RFP) agreement negotiated by our provider of supply chain services specifies that “the services	Completed

IASR-related barriers: HDH site COMPLETED or ONGOING 2013-2021			
Requirement	Target Date	Actions	Status
		provided...shall comply with applicable accessibility standards under the <i>AODA, 2005</i> and its regulations.”	
Train employees/ volunteers on the IASR and the Ontario Human Rights Code as it relates to people with disabilities	Jan 2014 (mandatory requirement)	All hospital employees are assigned a mandatory e-learning course that provides an overview of the IASR, including the requirements of the regulation and the importance of accessibility, as well as how the Ontario Human Rights Code relates to people with disabilities. Volunteers and other non-employee groups are also provided training on IASR requirements as applicable.	As of Oct. 13, 2016, 79% of current staff had completed IASR training (started in August 2014).
INFORMATION & COMMUNICATION Accessibility Standard			
Ensure the hospital can receive/ respond to feedback from people with disabilities	Jan 2014 (mandatory requirement)	Complaint/feedback process in place for Customer Service Standard (Policy 0401). Also addressed in our Accessibility Feedback Policy (Policy 0405), which commits HDH to receiving and responding to feedback regarding care or services it provides to people with disabilities.	Complete and ongoing
Make websites and web content accessible	Beginning Jan 2014 (mandatory requirement)	In late September 2014, HDH launched a new accessible internet site that conforms with Web Content Accessibility Guidelines (WCAG) 2.0 level A and AA.	Complete
Provide accessible formats and communication supports	Jan 2015 (mandatory requirement)	Hotel Dieu must provide or arrange for accessible formats upon request in a timely manner, at no added cost and in consultation with the person making the request. We also need to notify the public about the availability of accessible formats and communication supports. This would include clinical forms, patient education/information brochures, policies and corporate publications. NOTE: This is already a principle re: accessibility information in the current Customer Service policy.	Via our external website we have indicated that accessible formats are available upon request. On our internal website, managers and staff have access to an online toolkit to help support those requiring accessible formats. At their orientation, hospital volunteers are made

IASR-related barriers: HDH site COMPLETED or ONGOING 2013-2021			
Requirement	Target Date	Actions	Status
			aware of the process.
Provide internet websites and website content that conforms with SCAG 2.0 Level AA, excluding live captioning and audio description	Jan 2021 (mandatory requirement)	In late September 2014, HDH launched a new accessible internet site that conforms with WCAG 2.0 level A and AA.	Complete
EMPLOYMENT Accessibility Standard			
Make hiring accessible	Jan 2014 (mandatory requirement)	The Human Resources Department has finalized a Recruitment and Hiring policy that addresses this standard.	Complete
Communicate with staff about policies for supporting employees with disabilities	Jan 2014 (mandatory requirement)	HDH has communicated with staff via internal newsletter to ensure awareness of policies supporting staff with disabilities.	Complete
Make workplace information accessible to employees	Jan 2014 (mandatory requirement)	Addressed by Performance Management and Career Development Policy (Human Resources Policy 0160).	Complete
Develop accommodation plans for employees with disabilities	Jan 2014 (mandatory requirement)	Addressed by Early and Safe Return to Work Policy (Occupational Health Manual Policy 2-05) and Pre-placement Health Assessment Policy (Occupational Health Manual Policy 2-01).	Complete
Help employees with disabilities return to work	Jan 2014 (mandatory requirement)	Addressed by Early and Safe Return to Work Policy (Occupational Health Manual Policy 2-05) and Pre-placement Health Assessment Policy (Occupational Health Manual Policy 2-01).	Complete
Make performance management, career development and job changes accessible to employees	Jan 2014 (mandatory requirement)	Addressed by Performance Management and Career Development Policy (Human Resources Policy 0160).	Complete
TRANSPORTATION Accessibility Standard			
Provide accessible transportation services to hospital	Jan 2013 (mandatory requirement)	The inter-hospital shuttle for Kingston's hospitals is currently not accessible. When requested, Hotel	Completed

IASR-related barriers: HDH site COMPLETED or ONGOING 2013-2021

Requirement	Target Date	Actions	Status
staff		Dieu provides alternative transportation for staff with disabilities.	

Built Environment: HDH site Barrier removal initiatives IN PROGRESS

Identified Barrier	Target date	Status
Entrances		
Main Entrance		
At the exterior stairs, there is no tactile or colour-contrasted warning surface at the top. No contrasting strips at step nosings. No handrails at sides of stairs.		<i>Deferred</i>
Brockview Cafe		
Food display cases and condiment area not well designed for wheelchair access.		<i>Food Services will address as resources become available.</i>
No height-adjustable tables or add-on trays to accommodate wheelchairs.		<i>Food Services will address as resources become available.</i>
Johnson Street entrance		
Not wheelchair accessible from street.		<i>This issue will be reviewed when renovations are done to this area.</i>
Shuttle Bus & Access Bus		
The Access Bus uses the Urgent Care entrance since the main entrance canopy is too low. Patients cannot get from the Urgent Care Centre to the rest of the hospital without staff assistance (problem for patient independence and distracting for staff). Once in the JMO corridor, there is no directional signage, and it's a long way to the elevators. Many of these patients are en route to J7 Orthopaedics. KidsInclusive patients using the Access Bus go through the Murray Building to get to KidsInclusive, which is a complicated route and difficult to navigate.		<i>The location cannot be changed. Better signage will be developed to give clearer direction. We have one-time funding to ensure that this signage is bilingual.</i>
Circulation		
Corridors		
Most corridors do not have handrails.		<i>Will be reviewed when renovations are done to these areas.</i>
Glare and dim lighting create visibility problems in some corridors.	ongoing	<i>Will install blinds where required to reduce glare as areas are identified and reported as an issue to Facilities.</i>
Very few tactile or auditory aids for the		<i>Signage in newly renovated spaces</i>

Built Environment: HDH site Barrier removal initiatives IN PROGRESS		
Identified Barrier	Target date	Status
visually impaired.		<i>has Braille (tactile) option. Signage in other areas will be reviewed when renovations are undertaken</i>
Ramps in the following corridors do not have handrails: B0, B2, B3, C2, JM2, JM4, MA1, MA2, S3, J2.		<i>Will be reviewed when renovations are done to these areas.</i>
Elevators		
Some of the elevators do not have Braille or raised numerals. Some have them inside or outside, but not both.	ongoing	<i>Will be addressed when elevators are upgraded.</i>
Elevator 12 in the Johnson wing is very dark.	ongoing	<i>Lighting will be increased to the extent possible.</i>
Stairs		
Most of the stairs do not have contrasting nosing strips (would be helpful to those with low vision).	ongoing	<i>Will investigate contrasting nosing and will install as financing permits.</i>
Floor number signs do not have raised lettering or Braille.		<i>Braille feature made available as hospital spaces developed.</i>
Wayfinding		
There is no directory (map & clinic listing) in the main lobby or elsewhere (elevator lobbies, etc.). Directories should include tactile and pre-recorded information.	ongoing	<i>With hospital redevelopment, new bilingual signage is now in place in elevator lobbies, although there is still no tactile/pre-recorded information.</i>
Wings are not labelled (i.e. "Johnson Wing")	ongoing	<i>New signage is being developed.</i>
Most signage uses lettering, rather than pictograms.	ongoing	<i>Pictograms will be used when appropriate on any new signage.</i>
Directory maps on the website are difficult to find.		<i>Need to explore this issue further. Currently, both street (external) and hospital (internal) maps are clearly posted under a "Directions/Parking" tab on the external website.</i>
Some signage uses medical rather than lay terminology, e.g., Otolaryngology rather than Ear, Nose and Throat.		<i>Value of plain language acknowledged. Have re-signed Otolaryngology to "Ear, Nose and Throat" and will continue to use lay language as needed.</i>
Clinics		
Urgent Care Centre		
The waiting room washrooms are wheelchair accessible, but the three bedside washrooms inside the unit are not – too tight for wheelchairs, incorrect grab bar placement.		<i>Will be reviewed when renovations are done to this area</i>
ENT (Murray Building)		
No barrier-free washrooms		<i>Will be reviewed when renovations are done to this area</i>

Built Environment: HDH site Barrier removal initiatives IN PROGRESS

Identified Barrier	Target date	Status
No automatic door opener in basement; needed for strollers and wheelchairs.		<i>Will be reviewed when renovations are done to this area</i>
EPACU		
The washrooms are not wheelchair accessible		<i>Will be reviewed when renovations are done to this area</i>
Support Services/Staff Areas		
Fitness Centre		
Drinking fountain not wheelchair accessible.		
Women's locker room not wheelchair accessible.		<i>Will be reviewed when renovations are done to this area</i>
Service Rooms (mechanical & electrical)		
No visual fire alarm signals (needed in noisy environments even for people with normal hearing).	Complete	<i>Fire Alarm was replaced in 2019 and is now up to code. Complete</i>
Communications		
Pay phones mounted too high		<i>Some have been lowered.</i>
Website and intranet are not keyboard-accessible and do not accommodate text readers (many articles are in PDF format, images don't have alt-tags).		<i>As of September 2014, a new accessible internet accommodated screen readers; work ongoing to upgrade intranet to feature same functionality</i>
Discharge notes & instructions, patient education pamphlets, etc. generally not available in multiple formats (consider large print, electronic format, cassette)		<i>To be addressed as part of work related to meeting IASR requirements. Managers requested to review information in their areas for barriers and possible future solutions.</i>
Instructional films and videos are not captioned for the deaf and hard-of-hearing		<i>To be addressed as part of work related to meeting IASR requirements. Managers requested to review information in their areas for barriers, possible solutions.</i>
The fire alarm system is not equipped with visual signaling for people who are deaf or hearing-impaired.	Complete	<i>Fire Alarm was replaced in 2019 and is now up to code.</i>

Barrier Removal: KGH site Targets and Initiatives (compliance achieved as of January 2013)

Integrated Accessibility Standards Regulation (IASR)	
Section 3: Establishment of accessibility policies	The corporate policy reviewed and revised by the AAC to include the KGH commitment to comply with the Integrated Accessibility Standards Regulation and to ensure that when procuring goods, services, facilities and self-service kiosks that accessibility criteria and features will be incorporated, except where not practicable to do so.

Section 4: Accessibility plan	A multi-year plan was established to include the IASR requirements and has received corporate approval to be posted on our websites. Upon request, this plan will be made available in alternate formats.
Section 5: Procuring or acquiring goods, services or facilities	The corporate procurement policy revised to reflect the procurement requirements under the legislation. This policy is integrated into the KGH purchasing department and purchasing agent (3S0) practices.
Section 6: Self-service kiosks	Information Technology Services will review purchase requests for self-service kiosk to ensure that accessibility features are integrated.

Other Accomplishments: KGH site

New corporate way-finding plan launched and is currently in design phase
Procurement policy updated
Accessibility audit conducted in the diagnostic imaging department. Recommendations including improving lighting, washrooms and change rooms and adding handrails in hallways, signage and wayfinding.
Development of training (IASR section 7-Human Rights Training) has commenced.
Staff position dedicated to corporate accessibility
KGH map revision highlights accessible parking/entrances/washrooms
Resting station installations in the Burr Wing
Corporate product change to low luster flooring wax
2 washrooms in Burr 0 fit up to become barrier-free
Door operators installed to allow barrier-free access to chemotherapy unit
“Leading With Mental Health in Mind”-workshops delivered to support healthy workplace stigma reduction and accommodating individuals with mental illness.
Staff on-line courses improved to offer accessible formats
Emergency plan strategy implemented for individuals requiring accommodation to evacuate workplace area
Corporate carpet removal
245 bedside chairs, 67 over bed tables, 60 bedside tables, 13 specialized patient chairs, 8 bariatric walkers, 1 pneumatic support walker, 2 bariatric shower commodes, portable lifting slings purchased
Kiosk purchases integrated required accessibility standards
Lab accreditation recognized accessibility priority achievements
Accessible parking signage updated
Volunteer Services Office renovation
TV remotes distributed to patient care units
Handrail installation Empire/Victory/Dietary level 1 and Kidd 1 Imaging and corridor
Patient and Visitor Guide redesign initiated
Gift Shop renovations
Implement website redesign
Corporate Accessibility policy updated
Cafeteria renovations to ensure accessibility
Lighting upgrade to LED
SS Handrail installation Burr 0, Armstrong 0 and Dietary 1
Adult change table installed Burr 1 washroom
Kidd 2 washroom upgrade to accessibility standard
Hand rail installed from Stewart Street down to Main Entrance
Two washrooms scoped for Kidd 0 outside of the cafeteria
Armstrong sliding door to be replaced fall 2019
Davies Main turnstile door scoped for replacement

**Barrier removal initiatives: KGH site
COMPLETED or IN PROGRESS (2013-2017 workplan)**

CATEGORY	AODA REQUIREMENT	ACTION	DATE
General	Reg. 191/11 s.3	Accessibility policy reviewed and revised	2013-completed
General	Reg. 191/11 s. 4	Establish multi-year plan. Post plan on website Review and update once every 5 years Review and update plans in consultation with person with disabilities	2013-in progress 2013-in progress 2017 Ongoing
General	Reg. 191/11 s. 5	Updated purchasing policy to ensure that goods, services or facilities procured will have accessibility criteria included in the decision process.	2013-in progress
General	Reg. 191/11 s. 6	Staff will ensure that accessibility criteria will be considered when acquiring self-service kiosks.	2013-complete
General	Reg. 191/11 s. 7	All employees, volunteers and all other persons who provide goods, services or facilities on behalf of the organization will be trained on the accessibility policy and Human Rights code as it pertains to persons with disabilities.	2014-in progress
Information and Communication	Reg. 191/11 s. 11	Process is established for receiving and responding to feedback ensures accessibility to persons with disabilities. Accessible formats are available upon request.	2014-complete
Information and Communication	Reg. 191/11 s. 12	Provide or arrange for the provision of accessible formats and communication supports for persons with disabilities.	2015

		Notify the public about the availability of accessible formats and communication supports.	
Information and Communication	Reg. 191/11 s. 14	Procurement and implementation of new website and content will include conforming with the World Wide Web Consortium Web Content Accessibility Guidelines (WCAG) 2.0, at Level A	2014-in progress
Employment	Reg. 191/11 s. 22	Commitment statement on existing on internal and external recruitment sites. Statement will be added to all job postings. The statement will include accommodations for job applicants with disabilities and is available on request.	2014-in progress
Employment	Reg. 191/11 s. 23	Email confirmation is sent to candidates selected for an interview which provides information on making a request for accommodation.	2014-complete
Employment	Reg. 191/11 s. 24	On offer of a position the employees will be informed of the organizational policy on accommodation. The offer letter is under revision to include relevant process information.	2014-in progress
Employment	Reg. 191/11 s. 25	Policy on providing job accommodations. Email confirmation sent to candidates selected for an interview provides instruction on making request for accommodation. Offer letter-to include information on process for requesting accommodation Welcome letter-to include instructions	2014- Policy #12-760 Disability Management, Return to Work & Accommodation-complete Policy #12-110 Recruitment Practices for Internal External Vacancies-in progress Policy #12-140 Diversity-in progress

Employment	Reg. 191/11 s. 26	Once hired, employees may request accessible formats and communication supports - employer consultation to determine needs and best accommodation. Occupational Health completes Pre-Placement Health Questionnaire with employee. i.e. Access to software such as a screen reader, Documents in an electronic format, Text transcripts of visual or audio information.	2014-complete
Employment	Reg. 191/11 s. 28	Written process to document individual accommodation plans. Formal way to record and review workplace-related accommodations that will be provided to an employee	2014-in progress
Employment	Reg. 191/11 s. 29	Process in place to support employees who require disability-related accommodations when they return to work. Occupational health completes a "Fitness to Work" form which the employee signs. Medical Assessment of Disability Form is sent to Physician if required. Accommodation notification completed by Occupational Health and sent to manager, human resources and union.	2014-complete
Employment	Reg. 191/11 s. 30-32	Accessibility needs and accommodation plans will be considered when applying the performance management process.	2014

APPENDIX 3: KHSC Accessibility Policies

**Draft: #7 March 29, 2017
Administrative Policy Manual**

Subject: Accessibility

Number:

Prepared/Reviewed by:
KHSC Accessibility Advisory Committee

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KGH :2007.01
HDH: 2010.01

Issued by: President and Chief Executive Officer

Revised: March 29,
2019

Introduction:

Kingston Health Sciences Centre is committed to applying guiding principles in everything we do. These principles/values are reflected in our behaviours and actions and in creating an environment that promotes cultural diversity and inclusiveness to access for everyone who comes to the Kingston Health Sciences Centre. To support these principles/values, the Hospital strives for adherence to regulations and standards as outlined in the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). In accordance with the prescribed implementation schedule, the Kingston Health Sciences Centre will ensure compliance of all requirements of the Integrated Accessibility Standards Regulations, Ontario Regulation (O.Reg.) 191/11.

Policy Statement

Kingston Health Sciences Centre supports the rights of all persons to access, participate in and utilize our services. This policy applies to all Kingston Health Sciences Centre employees, volunteers, credentialed appointed staff and any individual or organization that provides goods, services or facilities to the public or other third parties on behalf of the Kingston Health Sciences Centre in accordance with the AODA legislation. As such the Hospital is committed t

1. Policies and practices:

- 1.1. Adhering to the Human Rights Code.
- 1.2. Ensuring hospital by-laws and policies are consistent with the principles of accessibility.
- 1.3. Incorporating inclusionary practice when designing, redesigning or renovating facilities.
- 1.4. Supporting and consulting the Accessibility Advisory Committee of the hospital.
- 1.5. Developing and maintaining a multi-year accessibility plan. The accessibility plan shall address the identification, removal and prevention of barriers to persons with disabilities and include a process to consult with persons with disabilities.
- 1.6. Consulting with persons with disabilities in the development and review of its annual accessibility plans.

- 1.7. Working towards the continual improvement of access to facilities, programs and services for patients and their family members/guests, staff, healthcare practitioners, volunteers and members of the community.
- 1.8. Providing goods, services or facilities in a manner that respects the dignity and independence of persons with disabilities and takes into account their disabilities.
- 1.9. Ensuring that the provision of goods, services or facilities to persons with disabilities are integrated with the provision of goods, services or facilities of others, unless an alternate measure is necessary, whether temporary or on a permanent basis, to enable a person with disability to obtain, use or benefit from the goods, services or facilities.
- 1.10. Providing people with a disability with an opportunity equal to that given to others to obtain, use and benefit from goods, services or facilities.
- 1.11. Communicating with persons with disability in a manner that takes into account the persons' disability.
- 1.12. Supporting the use of assistive devices by persons with disabilities to obtain, use or benefit from the goods, services or facilities or with the availability of other measures, if any, which enable them to do so.
- 1.13. Preparing policies governing the provision of goods, services or facilities to persons with disabilities and on request provide a copy of any such document to any person.
- 1.14. Providing posted accessibility policies in alternate formats, on request.
- 1.15. Notifying persons to whom the hospital provides goods, services or facilities that these policies are available on request, and post the notification in a conspicuous place on the hospital premises.

2. Use of service animals and support persons

- 2.1. Permitting at all times, unless otherwise excluded by law, a guide dog or service animal that is accompanying a person with a disability to enter the hospital premises and remain with the person with a disability.
- 2.2. Ensuring that other measures are available to enable a person with a disability to obtain, use or benefit from the hospital's goods, services and facilities if their service animal is excluded from hospital premises by law.
- 2.3. Ensuring that a person with a disability who is accompanied by support person can enter the hospital premises together and continue to have access to the support person while they are on the premises.
- 2.4. Consulting with a person with a disability and considering available evidence (necessary to provide the health and safety of the person with a disability or other on the premises; and there is no other reasonable way to protect the health of safety of the person with disability or others) before determining that a person with a disability is required to be accompanied by a support person when on the hospital premises.
- 2.5. Giving notice in advance about the amount, if any, payable in respect to a support person for their admission to or presence on the premises.

3. Notice of temporary disruptions

- 3.1. Providing public notification should there be any temporary disruption (planned or unexpected) of the facilities in whole or in part. Notice will include:
 - Reason for disruption of service
 - Anticipated length of duration
 - Description of alternative facilities or services, if any is available.
- 3.2. Preparing and posting in a conspicuous place on the premises, a document that sets out the steps the hospital will ensure are taken in connection with a temporary disruption and, upon request give a copy the document to any person.

4. Training of staff

- 4.1. Providing employees, volunteers, those who participate in the developing of the hospital's policies, practices and procedures, and every other person who provides goods, services or facilities on behalf of the hospital with training about the provision of goods, services or facilities to persons with disabilities.
- 4.2. Including in the training a review of the purposes of the Act, the requirement of this Regulation and instruction about:
 - How to interact and communicate with persons with various types of disability
 - How to interact with persons with disabilities who use an assistive device, require assistance of a service animal or the assistance of a support person
 - How to use equipment or devices available on the hospital's premises or otherwise provided by the hospital that may help to provide goods or services to a person with disability.
 - What to do if a person with a particular type of disability is having difficulty accessing the hospital's goods or services.
- 4.3. Providing training as soon as practicable after a staff member is assigned his/her applicable duties.
- 4.4. Ensuring training is ongoing in connection with any changes to policies and practices.
- 4.5. Keeping records of the training provided including the dates on which the training was provided and the number of individuals to whom it is provided.
- 4.6. Preparing a document that describes the hospital training policy, summarizes the content of the training and specifies when the training is to be provided; and on request, give that document to any person.

5. Feedback process required

- 5.1. Maintaining a feedback process for receiving and responding to feedback about the manner in which goods, services or facilities are provided to persons with disabilities; and the feedback process.
- 5.2. Specifying in the feedback process the actions the hospital will take if a complaint is received.
- 5.3. Ensuring the feedback process is accessible to persons with disabilities by providing, or arranging for accessible formats and communication supports, on request.
- 5.4. Making information about the feedback process readily available to the public.
- 5.5. Preparing a document describing the hospital's feedback process, and on request, give that document to any person.

6. Format of documents

- 6.1. Ensuring that a person with a disability, upon request, will be provided with or have arrangements made for the provision of a required Customer Service Standards document or the information in that document in an accessible format or with communication support. The response to the request will be:
 - in a timely manner that takes into account the persons accessibility needs due to disability; and
 - at a cost that is no more than the regular cost charged to other person's.
- 6.2. The hospital will consult with the person making the request in determining the suitability of an accessible format or communication support.

Definitions

Disability*:

- 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”)

*Reference: Accessibility for Ontarians with Disabilities Act, 2005

Persons: Includes the Board of Directors and officers of the hospital, credentialed appointed staff, employees, management, contracted services, volunteers and people who do business at and on the premises of the hospital.

Service Animals: an animal is a service animal for a person with a disability if:

- a) if it is readily apparent that the animal is used by the person for reason relating to his or her disability, as a result of visual indicators such as a vest or harness worn by the animal; or
- b) if the person provides documentation from one of the regulated health professionals identified in the Service Animal policy confirming that the person requires the animal for reasons relating to the disability.
- c) Service animals are trained to provide assistance to persons with disabilities in activities of daily living to support independence, enhance quality of life, and mitigate their disabilities. They are not considered pets. Service animals provide a variety of services, including but not limited to: guiding individuals with impaired vision; alerting individuals who are hearing impaired to intruders or sounds; providing companionship; pulling a wheelchair; alerting to seizures; opening/closing doors, or retrieving dropped items; support for people with mental health disabilities and trauma.

Guide Dog: means an animal described in the Blind Persons Rights Act which states the following: a dog trained as a guide for a blind person. The Attorney General or an officer of his or her Ministry designated by the Attorney General in writing may, upon application therefor, issue to a blind person an identification card identifying the blind person and his or her guide dog. For purposes of this policy the term service animal will be used.

References

<http://info2/policies/generalmanual/organization/l-d-65-73-Access-for-people-with-Disabilities.doc>

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

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

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

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

Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

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

- Accessibility for Ontarians with Disabilities Act (AODA) 2005, S.O. 2005, c. 11.
- Integrated Accessibility Standards, (AODA) 2011 O. Reg. 191/11
- Human Rights Code, R.S.O. 1990, c. H. 19
- Sunnybrook Health Sciences Centre, [Veteran Centre Residents' Use of Power Mobility Devices Policy, 2015](#)

Related Documents:

Authorizing Signature:

David Pichora, M.D.
President and Chief Executive Officer

Draft 5 March 20, 2019-LE ADMINISTRATIVE POLICY MANUAL

Subject: Service Animals

Number:

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Accessibility Advisory Committee

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1995.11
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2010:01
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Introduction

Kingston Health Sciences Centre provides integrated health care services which are sensitive, responsive and accessible to all populations. The hospital is committed to promoting, providing and maintaining an environment where respect and dignity is demonstrated at all times. The hospital supports the right of the individual to be accompanied by a service animal.

Clinical Note: Service animals are not pets but working animals. Staff will refrain from touching or petting the service animal.

The Accessibility for Ontarians with Disabilities Act was enacted in 2005 and the supplementary Ontario Regulation 191/11 Integrated Accessibility Standards came into effect July 1, 2016. This policy will support corporate compliance related to the legislation.

This policy assists in mitigating anticipated concerns regarding the presence of service animals, and aids in maintaining infection control principles.

Policy Statement

1. The Hospital will adhere to regulations and standards as outlined in the Ontarians with Disabilities Act, 2001(ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and the Supplementary Ontario Regulation 191/11 Integrated Accessibility Standards.
2. Service animals are welcome to accompany inpatients or outpatients to the hospital.
 - 2.1 Elective surgical inpatients with a need for a service animal presence should identify the requirement through pre-surgical screening and registration.
 - 2.2 Conscious patients with a need for a service animal will not be separated from the service animal unless the owner gives consent, or there are infection control or safety issues.
 - 2.3 For unconscious patients with a service animal, Protection Services will take control and obtain appropriate care in the short term until family or alternate can assume care of the service animal.
3. The service animal requirements apply to visitors, staff, volunteers, physicians and learners.
4. The animal can be readily identified as one that is being used by the person for reasons relating to the person's disability, as a result of visual indicators such as the vest or harness worn by the animal; or the person provides documentation from one of the following regulated health professionals confirming that the person requires the animal for reasons relating to disability:
 - i) A member of the College of Audiologists and Speech-Language Pathologists of Ontario.
 - ii) A member of the College of Chiropractors of Ontario.
 - iii) A member of the College of Nurses of Ontario.
 - iv) A member of the College of Occupational Therapists of Ontario.
 - v) A member of the College of Optometrists of Ontario.
 - vi) A member of the College of Physicians and Surgeons of Ontario.
 - vii) A member of the College of Physiotherapists of Ontario.
 - viii) A member of the College of Psychologists of Ontario.
 - ix) A member of the College of Psychotherapists and Registered Mental Health Therapists of Ontario.
5. The owner/handler has the responsibility of ensuring the service animal is in good health, has the required vaccinations and ensures the animal care required is provided.
6. Exclusion of a service animal can only occur for reasons that are demonstrable, not speculative or where excluded by other legislation or bylaw.

Definition

1. **Service animals:** an animal is a service animal for a person with a disability, a) if it is readily apparent that the animal is used by the person for reason relating to his or her disability; or b) if the person provides a letter from a legislatively approved health care provider confirming that the person requires the animal for reasons relating to the disability. Service animals are trained to provide assistance to persons with disabilities in activities of daily living to support

independence, enhance quality of life, and mitigate their disabilities. They are not considered pets. Service animals provide a variety of services, including but not limited to, guiding individuals with impaired vision; alerting individuals who are hearing impaired to intruders or sounds; providing companionship; pulling a wheelchair; alerting to seizures; opening/closing doors, or retrieving dropped items; support for people with mental health disabilities and trauma.

2. **Service animal liaison** is recruited by the department of volunteer services to provide stewardship to the service animal in the absence of the owner being able to provide the care. This care includes housing, feeding, toileting, exercising and interacting.
3. **Guide Dog:** means an animal described in the *Blind Persons; Rights Act* which states the following: a dog trained as a guide for a blind person. The Attorney General or an officer of his or her Ministry designated by the Attorney General in writing may, upon application therefor, issue to a blind person an identification card identifying the blind person and his or her guide dog. For purposes of this policy the term service animal will be used.

Procedure for Welcoming Service Animals at Kingston Health Sciences Centre:

- Service animals may accompany people with disabilities in all areas of the hospital except where excluded by law or where there is a significant risk to a staff person or member of the public (e.g., identified risk of severe allergic reaction).
- Service animals are not permitted where sterile and like procedures occur in accordance with the Health Promotion and Protection Act.
- Staff will notify the person with a disability where the Service animal is not allowed and help to develop alternative arrangements.
- If it becomes necessary to separate the Service animal from its owner staff will make all reasonable efforts to help facilitate the transfer of the animal to a designated person
- Protection Services should be contacted whenever there is a concern regarding the safety and/or security of persons in the area.

1. Elective Patient Admissions

- There should be pre-planning and documentation with the owner and health care provider through pre-surgical screening and registration.
- The owner is responsible for pre-planning with a support person if necessary;
- All reasonable efforts will be made to accommodate the patient and service animal when no advance notification has been received;
- For elective admissions, Kingston General Hospital will, if possible, assign the patient a private room. If not, a semi-private room will be assigned with the consent of the other patient(s). The service animal is to remain with the owner at all times. If the patient is unable to manage the service animal, their designated support person for the animal is notified to come and assume responsibility for the animal during the transition period. The service animal may be brought to the hospital to visit and to resume its duty as soon as possible.

2. Outpatient Procedures or Clinic Appointments

- All reasonable efforts will be made to welcome a patient with a service animal.
- Prior to a clinic visit (whenever possible), the person requiring the Service animal will be encouraged to discuss with staff his/her necessary support arrangements.
- An outpatient who knows they will be separated from their animal for the purpose of infection control or other purposes should arrange their own support person. If they are unable to find

someone or if the appointment is unplanned or emergent, the service animal liaison volunteer will take temporary responsibility of the animal during regular business hours (ext. 2359).

3. Emergency Patient Admissions

- Conscious patients able to manage the animal will not be separated unless the owner gives consent or if there are infection control or safety issues.
- For patients who need help with their service animals due to unforeseen circumstances, who have no support person with them:
 - The charge nurse or delegate will contact Protection Services who will take the animal until the service animal liaison volunteer arrives. Protection Services may need to place the service animal in a cage in the interim.
 - A fan-out list of service animal liaison volunteers will be available in Protection Services and they will be contacted to assist with supporting the animal during the transition period.
 - Protection Services will consult with the manager or delegate of the area to determine who will contact the next of kin or support person to come to the hospital and assume responsibility for the animal.
 - If the patient needs to be separated for a prolonged period of time and no contact person of the patient is available, the service animal liaison volunteer will take temporary responsibility for the animal. The service animal will be brought to the hospital to visit and to resume its duty as soon as possible.

Responsibilities

1. Owner

- The service animal's owner is responsible for its control and stewardship i.e. the animal's behaviour, care, supervision and wellbeing.
- The owner is responsible for making available training school and up to date immunization records if requested.
- The service animal should be clearly identified/recognizable (e.g. identification card, harness or jacket with markings of the training school). If in doubt, consult with risk management. In the absence of identification or certification a medical authorization is required. Inform staff about the role of the service animal and how to interact appropriately with the patient and the animal.
- Notify other patients of the service animal's presence and address any concerns (e.g. allergies);

2. Manager

- Discuss with owner and staff the responsibilities for feeding, handling and cleaning issues;

3. Staff (including Physicians)

- If a health care provider does not feel comfortable providing care to a patient with a service animal, the health care provider is responsible to find an alternate professional who will provide that care and document this in the patient's health record.
- Obtain the consent of the owner before attempting to separate a patient from their service animal;
- Obtain permission of the owner prior to touching a service animal as the animals are specially trained.
- Refrain from petting a service animal or distracting from the service animal task at hand;
- Refrain from providing food/treats to the service animal as only the owner or personal support person who have knowledge of the specific dietary requirements;

- Refrain from deliberately startling a service animal;
- Volunteer Services will appoint the service animal liaison and will maintain the service animal liaison volunteer list. The temporary care of services animals is outlined in Appendix A.
- **Note:** If hospital personnel volunteer to assist the patient to care for the service animal during their off duty hours, they do so at their own risk and liability. This excludes responsibilities that are delegated by their supervisor in emergency situations.

4. Safety

- If anyone sustains an injury from a service animal, a safe reporting event must be completed detailing the name of the injured, circumstances and nature of injury. For staff or volunteers, incidents/events must be reported to their supervisor/manager immediately. The event/ incident must be reported in the safe reporting system and follow up with Occupational Health and Safety if first aid or follow up is required. Occupational Health and Safety will assess the individual to determine need to provide prophylactic treatment and report to public health unit.

5. Infection Control

- Any animal with diarrhea will be excluded from the hospital, until an etiology is established by a veterinarian. (If after the etiology is complete animal continues to have diarrhea, would the hospital want to have it on the premises?)
- All service animals must have an up-to-date immunization record, especially for rabies.
- Service animals will not be allowed in surgical suites or like areas.
- The admittance of service animals to critical care areas will be evaluated on a case by case basis by the manager or delegate, infection control practitioner, attending physician and any other care team members.
- Service animals will be allowed into patient rooms which are on additional precautions (contact, droplet, airborne), as the animal has been exposed prior to the hospital visit, and will be exposed after the hospital visit. The animal does NOT have to wear any PPE (personal protective equipment) Patients utilizing service animals must perform hand hygiene on leaving their rooms, or after providing care to their animal. The Four Moments for Hand Hygiene will be explained to the patient by their health care provider and documented.
- Care can be provided only after hand hygiene practices are followed ensuring hands are cleaned before and after contact with the animal using alcohol hand sanitizer (if hands are not visibly soiled) or soap and water. This care includes, but is not limited to feeding, toileting, exercising and interacting. If the animal contaminates the area, the cleanup procedures should be performed by using appropriate PPE. Gloves are the minimum protection that should be used. The spill should be removed with paper towels, which should be placed in a plastic bag in the garbage, similar to the disposal of diapers. After removal of the organic debris, the area of the spill should be cleaned with a facility-approved disinfectant, allowing for proper contact time.

6. Eviction or Exclusion

- Eviction or exclusion of a service animal can only occur for reasons that are demonstrable, not speculative. Assumptions or speculation about how the animal is likely to behave based on past experience with other animals are not valid. If another person complains about the presence of a service animal (because of allergies, fear, or other reasons not related to the animal's demeanour or health), the person with objections to the animal should be separated and/or removed from the area where the animal is located. Each situation is to be considered individually and in consultation with the owner. Discussion with your direct

manager, Occupational Health and Safety and Risk Management is recommended in difficult situations.

- A service animal may only be evicted, excluded or separated from its owner
- if the animal's actual behavior poses a direct threat to the health or safety of others;
- if contraindicated by the attending physician for sound medical and/or infection control reasons.

These circumstances and rationale must be documented in the patient's health record.

Note: If a patient must be separated from his or her service animal while in the health-care facility

1. Discuss with the patient what arrangements have been made for supervision or care of the animal during this period of separation; and
2. Make appropriate arrangements to address the patient's needs in the absence of the service animal.¹

References

<http://info2/policies/generalmanual/organization/l-d-65-73-Access-for-people-with-Disabilities.doc>

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

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

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

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

Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

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

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¹ Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

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