



**Annual Accessibility Plan
for the
St. Joseph Health Care, London
September 2004 - August 2005**

Submitted to

Cliff Nordal
Chief Executive Officer
30 September 2004

Prepared by

SJHC Accessibility Working Group
Co-ordinator, Derek Lall

*This publication is available on the hospital's website
and in alternative formats upon request*

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Executive Summary

The *Ontarians with Disabilities Act* (ODA) is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. The ODA requires hospitals to prepare annual plans that address "the identification, removal and prevention of barriers to persons with disabilities in the organization's by-laws, if any, and in its policies, programs, practices and services," and to make these plans available to the public.

This is the second year plan (2004 - 2005) prepared by the St. Joseph's Health Care, London (hereinafter referred to as "SJHC"). The report describes: (1) the measures that SJHC has taken in the past, and (2) the measures that SJHC will take during the year (2004 - 2005), to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of SJHC, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

SJHC has committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of people with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

The Accessibility Working Group identified a number of barriers to people with disabilities. The most significant findings were accessibility of our facilities and the need to increase awareness of accessibility issues. This year, the Working Group will focus on removing and preventing six barriers.

1. Aim

This report describes (1) the measures that SJHC has taken in the past, and (2) the measures that SJHC will take during the next year (2004-2005), to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

2. Objectives

This report:

1. Describes the process by which SJHC has and will identify, remove and prevent barriers to people with disabilities.
2. Reviews earlier efforts at SJHC to remove and prevent barriers to people with disabilities.
3. Describes the measures SJHC will take in the coming year to identify, remove and prevent barriers to people with disabilities.
4. Describes how SJHC will make this accessibility plan available to the public.
5. Obtain representation from all sites for a diverse cross sectional membership.

3. Description of the St. Joseph's Health Care, London

St. Joseph's Health Care, London is a major patient care, teaching and research centre with an annual operating budget in excess of \$360 million, comprised of St. Joseph's Hospital, Parkwood Hospital, Mount Hope Centre for Long Term Care, Regional Mental Health Care, London (RMHC-L) and Regional Mental Health Care, St. Thomas (RMHC-St).

St. Joseph's Hospital will see the expansion of its role in day surgery, treatment and illness-prevention programs with the evolution of an ambulatory care centre. Parkwood Hospital plays a leading role in rehabilitation, complex care, palliative care, Veteran's care and geriatrics. SJHC has a leadership role on the transformation of local and regional mental health services. New facilities for specialized mental health services will be built beside Parkwood Hospital and in St. Thomas.

SJHC operates with more than 7,000 staff and volunteers, caring for more than 18, 600 inpatients and 368, 000 outpatients annually. For more information refer to www.sjhc.london.on.ca

SJHC MISSION, VISION, VALUES

MISSION...WHAT WE DO

We help people to maintain and improve their health and work with them to minimize the effects of injury, disease and disability. We do this by pursuing excellence in care, research, and education in a wide range of hospital, clinic, long term and community-based settings.

We work with our partners to create a better health care system.

VISION...WHAT WE'LL BE

A respected source of excellent health service ... guided by the people we serve ... provided by people who care.

VALUES...HOW WE SERVE

Inspired by the care, creativity and compassion of our founders -- the Sisters of St. Joseph, the Women's Christian Association, and the London and St. Thomas Psychiatric Hospitals -- we serve with...

Respect

- Honour the people we serve
- Appreciate the work of others
- Welcome the contributions of all
- Celebrate diversity
- Be truthful, honest and open
- Listen

Excellence

- Give our best each day
- Be creative and resourceful with our gifts, skills and talents
- Build on our proud past
- Work as a team to seek the new; the undiscovered
- Make a difference
- Learn

Compassion

- Be with others
- Understand their needs, realities and hopes
- Give from the heart
- Sustain the spirit
- Care

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

The Joint Executive Leadership Team (ELT) of LHSC and Senior Leadership Team (SLT) of St. Joseph's Health Care, London (SJHC) formally constituted the LHSC and SJHC Accessibility Working Groups in April 2003.

The Terms of Reference of the SJHC Accessibility Working Group can be found in Appendix A.

Coordinator

Amy Lee, Director Risk management and Patient Safety, is the Co-ordinator of a City-wide (LHSC/SJHC) Steering Group.

Derek Lall, Senior Project Consultant, Facilities Planning and Development, is the Co-ordinator of the SJHC Accessibility Working Group.

Members of the Accessibility Working Group (2004-2005)

Working Group Member	Department
Derek Lall	Facilities Planning and Development
Purvi Desai	Facilities Management
Kathy Burrill	Communications
Phyllis Brady	Patient Relations / Risk Management
Beth Schroeder	Volunteer Services / Patient Relations - Parkwood
Rory Patten	Volunteer Services (St. Joseph's Mount Hope)
Terry Kaban	Ivey Eye Institute
Wendy Reed	Occupational Health and Safety
Sarah Webb	Complex Continuing Care
Chris Judd	Pharmacy
Margaret Belliveau	Organizational Development and Learning Services
Chris Fraser	Spinal Cord Injury / Acquired Brain Injury-Parkwood
Catherine Glover	Specialized Geriatric Services
Karen Shuttleworth	Organizational Development Learning Services

5. Hospital commitment to accessibility planning

LHSC and SJHC are committed to the following Accessibility Planning Policy:

- *The establishment of Accessibility Working Groups at the hospitals.*
- *The members of the Accessibility Work Groups should encompass a diverse cross section of staff representing departments relevant to accessibility planning such as Human Resources, Planning, Communications, I.T., Occupational Health & Safety, Risk Management, and Organizational Development. The group should also include clinical staff as well as staff members with disabilities.*
- *The participation of people with disabilities in the development and review of its annual accessibility plans.*
- *The review of recent barrier-removal initiatives and identification of the barriers to be addressed in the next year.*
- *Authorize the Working Groups to prepare an accessibility plan each year for approval to Senior Leadership.*
- *Seek Board approval of the accessibility plan by September 30th of each year.*
- *St. Joseph's Health Care, London is committed to improving health. Building on the tradition of leadership and partnership, we will continue to provide improved access to our facilities for our patients, their family members, visitors, student, staff, health care practitioners and visitors.*

6. Recent barrier-removal initiatives

The SJHC Accessibility Working Group created a survey to document recent barrier removal initiatives in 2003 (see Appendix B). Members of the Working Group issued the survey to various departments to collect information on recent barrier removal initiatives. The following initiatives were recorded to identify, remove and prevent barriers to people with disabilities.

a) Accessibility to Human Resources Department - Parkwood

Brief Description: Put in automatic open door for wheelchair accessibility.

Project status: Completed in 2003

b) Workplace Harassment and Discrimination Training

Brief Description: Train employees and leaders on Human Rights Code legislation, their responsibility, importance of awareness and SJHC corporate policy.

Project Status: Ongoing. Training is done every month for new employees and various sessions offered throughout the year for employees / leaders.

c) Automatic Applicant Tracking System

Brief Description: Computer program that enables applicants to apply electronically for positions and search for career opportunities.

Project Status: Complete. In 2003

Human Resources created a program to eliminate individuals from having to travel to HR offices to search and apply for jobs. Increased access by delivering 24 hours 7 days a week service. Interpreters – sign language available as required. Interviews have been developed with sensitivity to disability issues.

d) Large Print Books in Patient Library at RMHC-L

Brief Description: Large print books to be used in the patient library and on the travelling book cart. The books will be of particular use to geriatric clients with eye sight difficulties and other clients who may have sight problems associated with their medication. The large print books will allow all clients to enjoy the recreational and relaxing benefits of reading as well as research opportunities.

Project Status: Ongoing, will always continue to acquire large print books, particularly in response to specific requests

e) Special Collections at Parkwood Hospital Library Service

Brief Description: Special collections have been developed for the spinal cord injury patients and special shelving has been built to accommodate wheelchairs. A computer with adaptive equipment and a special wheelchair accessible desk is available. The special collections have audio books and large print books. Special attention is given to developing the collections for the veterans and special needs patients.

Project Status: Ongoing - adding new materials continually and improving the environment as funding provides.

f) Attendant Training (Acute Care training initiative)

Brief Description: Attendants, who are non-regulated personnel, are taught how to ambulate or transfer patients (one or two person transfers) with disabilities (if it fits within their Attendant scope of practice to care for that patient). Attendants are taught how to safely feed patients who may have disabilities. Attendants know how to address minor communications barriers with patients and families and know how to access resources for the patient / family in consultation with the clinical care team. The care team would create a specific plan to address identified barriers; the attendant would be informed and trained as needed by the clinical 'on unit' resources.

Project Status: Ongoing - Attendant orientation occurs as required in connection with General Orientation for new staff.

g) Patient Resident Education Advisory Committee (PREAC)

Brief Description: The PREAC committee supports teams / programs to access funds (or coaching) to develop learning materials or pays to translate current learning resources into other languages (as funds allow).

Project Status: Ongoing - funding is provided each year for leaders' teams to access.

h) Ivey Eye Institute Initiatives for a Barrier Free Environment

Brief Description: The London Advisory Committee for the Visually Impaired has representation from various professionals from the CNIB, LHSC, SJHC, as well as visually impaired consumers and a local optometrist.

Recent advances to help with a barrier free environment within the Ivey Eye Institute include:

- Use of 16 point font for the creation of pamphlets, letters and memos to those with visual impairment. The color of the paper and printing must be high contrast. i.e. black on white or black on yellow.
- Recommending to our cleaning staff to address the floors using a low gloss finish. This reduces glare for visually impaired.
- Regular education workshops and lectures to the visually impaired and general public providing them with the latest educational material and information regarding many topics directly and indirectly related to Eye Care. Past presentations included glaucoma, cataract surgery, age related macular degeneration, visual aids, psychology of dealing with vision loss as well as an entire day of paediatric ophthalmology and their caregivers.
- Linking of the Ivey Eye Institute Web site with the CNIB web site.

Project Status: Ongoing.

i) Increasing Accessibility at the Family Medical and Dental Centre

Brief Description: Three projects have been approved to increase accessibility:

- (1) Adaptation of interview /consultation room to accommodate larger electric wheelchairs for patients;
- (2) Lowering of reception counter to give more face to face level interactions with wheel chair patients;
- (3) Grab bars are being installed for patients in the examination rooms.

Project Status: Completed in 2003

j) Wayfinding Project

Brief Description: SJHC with the help of Entro Communications has documented signage standards which comply with the ADA (American with Disabilities Act) and the ODA. All signs will meet criteria for character height, character proportion, finish, and contrast.

- Signs will have a foreground / background contrast level of 80%
- A Sans Serif medium font will be used for best readability

- interior directional signs will have a cap height of 25 mm
- suspended directional signs will have a cap height of 32 mm
- departmental signs will have a cap height of 50 mm
- exterior signs will have a cap height of 129 mm & 190 mm
- non glare materials will be used on sign surfaces
- all painted components will be painted with Grip Gard ® / Grip Flex ®. Paint will have a matte finish
- language free signage has been developed

Project Status: Full project will be complete by 2007.

k) Accessibility Policy

Brief Description: An accessibility Policy has been developed by the Accessibility Working Group.

Project Status: Ongoing. The policy is in the review phase prior to acceptance.

l) Accessibility Awareness Training

Brief Description: Training material is being developed to incorporate awareness training into new staff orientation.

Project Status: Ongoing. The Working Group will continue to develop training opportunities for staff on accessibility awareness.

m) Specific Accessibility Initiatives

Brief Description: Two washrooms at Parkwood Hospital have been upgraded to reflect the requirements for FADS (Facility Accessibility Design Standards). Grab bars have been modified, washroom accessories have been lowered and meet the design standards of FADS.

Modifications and replacement of millwork and sinks on a patient floor 4AN and 4AE are being completed to the principles of FADS.

Project Status: Ongoing. Opportunities to accommodate accessibility issues will be continually investigated for washrooms and entrances.

n) Project Accessibility Opportunities

Brief Description: Current construction project North package at St. Joseph's Health Care, London is being reviewed to look at accessibility within the facility for washrooms, corridors, location and mounting height of devices, turning radius for wheelchairs and scooters for cost effective solutions.

Recently submitted drawings to the MOH for the two new specialized mental health buildings at Parkwood Hospital and RMHC-St. have incorporated the design principles of FADS.

Project Status: Ongoing. Continued review and monitoring of the drawings in design development to try and accommodate accessibility issues.

o) Interpreters

Brief Description: All areas of SJHC are advised to provide trained interpreters for language and hearing impaired as required for communication about health care.

Across Languages and Canadian Hearing Society interpreters attend appointments with outpatients, assist patients at interdisciplinary team meetings, and as required.

Project Status: Ongoing. Ensure that all staff are aware of service available.

p) Ivey Eye Institute Staff Workshop Training

Brief Description: CNIB conducted a workshop focusing on Low Vision services, Children's services, Low Vision equipment as well as speakers who talked about growing up and working with vision loss. A visually impaired individual spoke on the aspects of using a guide dog. The intent of the workshop was to make the staff more aware of visual impairment. Also, an interactive session was conducted on how to physically escort visually impaired individuals.

Status: Ongoing.

q) Grab Bar Installation in Radiology

Brief Description: A grab bar was installed in the Radiology Department in the Outpatient Services at Parkwood Hospital. The grab was provided to allow patients to lift themselves into position for x-raying and diagnostic imaging.

Status: Completed 2004

7. Barrier-identification methodologies

On March 4, 2003 two members of the Accessibility Working Group attended an Ontario Hospital Association Conference titled *ODA Accessibility Planning: Is it on Your Radar Screen* to help hospitals with their accessibility planning. Various methodologies on barrier identification were discussed. The Accessibility Working Group used the following barrier-identification methodologies:

Methodology	Description	Status
Procedure to obtain accessibility feedback from staff, patients, visitors	Data collection has been obtained using the Ambulatory care patient Care Survey to compile data.	Feedback gathered in the June 2004 and reviewed in the Working Group meeting.
Survey to record recent barrier removal initiatives	A survey to record barrier removal initiatives and identify barriers will be sent out to help the Working Group with accessibility planning.	Fall 2004
Research in regards to the disability sector of London	Examined "Key Messages for Hospitals in London" from a UWO MPA student's paper titled: "Relationships between stakeholders and the City of London: Effectiveness of a stakeholder consultation process in building relationships between the City and persons with disabilities."	Reviewed by the Accessibility Working Group in July 2004

8. Barriers identified

In its review, the Accessibility Working Group has identified several barriers. The review included compiling information obtained from feedback forms from patients and the UWO MPA student's research and paper. This list is divided into six types: (1) physical; (2) architectural; (3) informational or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

<i>Type of Barrier</i>	<i>Description of Barrier</i>
Physical	Lack of maintenance of sidewalks and access to accessible doors
Physical	Lack of automatic doors.
Physical	When entering elevators in a wheelchair lack of ability to know what floor the elevator is at.
Physical	Lack of accessible parking spots
Physical	Lack of curb cuts near parking spots and accessible entrances

Architectural	Number of accessible entrances close to parking areas and clinics.
Architectural	Some washroom stalls are not accessible enough – some washrooms are not large enough to accommodate people with scooters or wheelchairs.
Architectural	Lack of barrier free washrooms on each floor.
Architectural	Bathroom sinks and towel dispensers that are too high for wheelchair users.
Architectural	Accessibility is limited in elevators (unable to access controls, many residents / patients must wait for assistance).

<p>Communicational / Informational</p>	<p>Number of poorly placed and confusing signs / lack of clarity. Lack of signage at access points before public enters the parking lots. In addition standardize communication with size of fonts on pamphlets.</p>
<p>Communicational / Informational</p>	<p>Lack of awareness in local disability agencies of the hospitals accessibility reports and need for feedback.</p>
<p>Attitudinal</p>	<p>The need for increased awareness and sensitivity for visible and invisible disabilities.</p>
<p>Technological</p>	<p>Accessibility of patients to access some diagnostic / ambulatory outpatient and clinical areas.</p>

9. Barriers that will be addressed 2004 - 2005

The Accessibility Working Group will address five barriers during the coming year.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>	<i>Performance criteria</i>	<i>Timing</i>	<i>Responsibility</i>
No central location for raising and addressing accessibility issues.	Build on senior leadership commitment to accessibility planning and work towards a hospital wide policy on accessibility.	Appoint a hospital contact person for accessibility inquiries who can make referrals to other staff.	A new policy outlining a hospital wide commitment to identifying and removing barriers for those with disabilities.	Follow policy through review process to approval.	Patient Relations
Increased awareness and sensitivity about various visible and invisible disabilities.	Staff will have a better understanding of how to accommodate patients and staff with non-physical disabilities.	Brochure's prepared for new staff orientation.	Provide increased awareness to all staff of ways to accommodate patients and staff with disabilities.	Corporate Orientation	Learning & Communications
Increase number of accessible entrances within our existing facilities.	Conduct selection process of external consultants to review accessibility barriers.	Consultant assessment and review	Review and assess service offered. Compare criteria and standards utilized to perform audit.	Complete consultant assessment by December 2004	Facilities Planning and Development
No central policy. Improve on ways of identifying people with special needs.	Ensure people with special needs are identified to allow for awareness of the issue/disability and hence the provision of appropriate accommodations	Review current forms and processes to include information about people challenges.	Staff will be easily able to check to see if patients require accommodation and will attempt to meet the special needs to the best of their abilities.	Educational awareness. Expanding existing patient system capabilities (ie Electronic Medical Records)	Patient Relations and Learning.
Number of poorly placed and confusing signs / lack of clarity of main entrance.	To ensure that the resulting wayfinding signage system is understandable and in compliance with the ODA.	Finalize the standardize department names	A comprehensive, consistent nomenclature and signage that meets universal design standards.	Total project completion by 2008.	Wayfinding Committee

10. Review and monitoring process

The Accessibility Working Group will meet monthly to review progress. Subcommittees may be formed to address each barrier. At each meeting, the subcommittees will report to the Working Group on their progress in implementing the plan. Members of the Working Group will also commit to making presentations to the leadership of the hospital and to updating the City-wide Steering Committee on a regular basis.

11. Communication of the plan

The hospital's accessibility plan will be posted on SJHC's website and hard copies will be available at each site through the Communications Department. On request, the report will be made available on computer disk and in large print.

APPENDIX A

SJHC ODA Working Group

Terms of Reference

Purpose:

The SJHC Accessibility Working Group is responsible to prepare an annual accessibility plan for identifying, removing and preventing barriers to improve access and opportunities for people with disabilities across the hospital.

Definitions:

“Disability” means:

- 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,
- a condition of mental impairment or a developmental disability,
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- a mental disorder, or
- an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

“Barrier” Means:

- anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

Objectives:

- Develop measures to identify, remove and prevent barriers to persons with disabilities.
- Report on the measures in place to ensure that the organization assesses its proposals for by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities.

- List the by-laws, policies, programs, practices and services that the organization will review in the coming year in order to identify barriers to persons with disabilities.
- Report on the measures that the organization intends to take in the coming year to identify, remove and prevent barriers to persons with disabilities.

Duties:

- Review recent initiatives and successes in identifying, removing and preventing barriers.
- Identify barriers that may be addressed in the coming year.
- Set priorities and develop strategies to address barrier removal and prevention.
- Specify how and when progress is to be monitored.
- Write, approve, endorse, submit, publish and communicate the plan.
- Review and monitor the plan.

Curent Membership 2004 - 2005:

Working Group Member	Department
Derek Lall	Facilities Planning and Development
Purvi Desai	Facilities Management
Kathy Burrill	Communications
Phyllis Brady	Patient Relations / Risk Management
Beth Schroeder	Volunteer Services / Patient Relations - Parkwood
Rory Patten	Volunteer Services (St. Joseph's Mount Hope)
Terry Kaban	Ivey Eye Institute
Wendy Reed	Occupational Health and Safety
Sarah Webb	Complex Continuing Care
Chris Judd	Pharmacy
Margaret Belliveau	Organizational Development and Learning Services
Chris Fraser	Spinal Cord Injury / Acquired Brain Injury-Parkwood
Catherine Glover	Specialized Geriatric Services
Karen Shuttleworth	Organizational Development Learning Services

Each member brings their special expertise, experience, and commitment to identifying, removing and preventing barriers to improve access and opportunities for people with disabilities. Each member does not represent the concerns of only one disability or group. All members of the committee will work together to develop a common approach which is reasonable and practical.

The Accessibility Working Group may form sub-committees as necessary to address specific issues. These sub-committees will draw upon members of the Accessibility Working Group as well as resource people from within or outside the hospital as deemed necessary.

The Accessibility Working Committee will appoint a Chair. The Chair will be responsible for co-ordinating and developing the plan and should have an understanding of:

- The organization's facilities, by-laws, legislation, policies, programs, practices and services.
- The range of access issues people with disabilities live with every day.
- The organization's annual business and capital planning cycles.

Guidelines:

There is a general guide to accessibility planning under the Ontarians with Disabilities Act, 2001. The current guide can be found on the internet at the following address:

<http://www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm>

The OHA with the help of many of its members has created a Toolkit for Annual Accessibility Planning under the Ontarians with Disabilities Act. The toolkit will be used as a guide to create the accessibility plan.

Accountability:

The Accessibility Working Group will report to an ODA Steering Committee consisting of members from both LHSC and SJHC. All initiatives to identify and remove barriers will then be reported to the Joint Committee and Joint ELT / SLT groups and final approval of the plan will be given by the Boards of both hospitals.

Frequency of meetings:

The Accessibility Working Group will meet monthly, or at the discretion of the Coordinator.

Deliverables:

By Sept. 30 of each year, an accessibility plan must be drafted.

APPENDIX B

ST. JOSEPH'S HEALTH CARE, LONDON
Corporate Policy

DRAFT

Subject: Ontarians with Disabilities

Number:

Approval:

Original Date:

Review Date:

Revised Date:

Policy Reviewer:

Policy

In compliance with the Ontarians with Disabilities Act, St. Joseph's Health Care ensures that its by-laws, policies, programs, practices and services are assessed to determine their affect on accessibility for persons with disabilities.

An annual accessibility plan identifying, removing and preventing barriers to patients, residents and clients and their family members, staff, health care practitioners, volunteers and visitors is prepared and published annually.

The accessibility plan includes:

- a) a report on the measures the organization has taken to identify, remove and prevent barriers to persons with disabilities;
- b) the measures in place to ensure that the organization assesses its proposals for by-laws, policies, programs, practices and services to determine their affect on accessibility for persons with disabilities;
- c) a list of the by-laws, policies, programs, practices and services that the organization will review in the coming year in order to identify barriers to persons with disabilities;
- d) the measures that the organization intends to take in the coming year to identify, remove and prevent barriers to persons with disabilities;
and
- e) all other information that the regulations prescribe for the purpose of the plan.

Procedure

A Working Group is appointed annually by the Senior Leadership Team to develop the annual accessibility plan and regularly assess the access to SJHC by persons with disabilities.

The Working Group reports to the City Wide Ontarians with Disabilities Steering Committee.

The annual accessibility plan is approved by the Senior Leadership Team and the Board of Directors.

Complaint/comments/suggestions regarding accessibility issues are forwarded to the Patient Relations Coordinators to be addressed and summarized for review by the Working Group.

Definitions

Disability

Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;

- a condition or mental impairment or a developmental disability
- a learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- a mental disorder, or
- an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

Barrier

Anything that prevents a person from disability from fully participating in all aspects of society because of his or her disability, including a:

- physical barrier (a door that cannot be operated by a person with limited upper body mobility and strength)
- architectural barrier (a hallway or door that is too narrow for a wheelchair or scooter)
- informational barrier (typefaces that are too small to be read by a person with low vision)
- communicational (a health care professional who talks loudly when addressing a deaf person)

- attitudinal (staff who ignore patients/visitors in a wheelchair)
- technological (a paper tray on a printer that requires two strong hands to open)
- policy/practice (announcing important messages over an intercom that people with hearing impairments cannot hear clearly or at all)

References

The Ontarians with Disabilities Act, 2001
www.gov.on.ca/citizenship/accessibility/