	Page 1 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

**PURPOSE:**

An explanation of Brant Community Healthcare System’s (BCHS) commitment to providing customer service to people with disabilities.

**POLICY STATEMENT:**

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) was enacted in 2005 in order to facilitate the development of specific standards with respect to improving accessibility across the province. The Customer Service Standard came into force on January 1, 2008. The standard outlines what organizations must do in order to ensure that customer service is accessible to everyone, including people with disabilities. All public sector organizations with more than 20 employees must comply with the standard.

**DEFINITION (S):**


**DISABILITY:** The definition of disability under the AODA is the same as the definition of disability in the Ontario Human Rights Code. The definition of disability that applies to the customer service standard is found under Section 2 in the AODA.

In this Act, “disability” means,

- (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.

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	Page 2 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

**ASSISTIVE DEVICES:** is a tool, technology or other mechanism that enables people with disabilities to carry out their everyday tasks and activities, such as moving, communicating or lifting.

**SERVICE ANIMALS:** animals individually trained to assist people with disabilities in the activities of normal daily living, to enhance quality of life and mitigate their disabilities. These animals provide persons living with disabilities 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. A service animal is afforded access to all places the public is invited when accompanying their human partner. A service animal is not considered a ‘pet’ because it is specially trained to help a person overcome the limitations of their disability.

**SUPPORT PERSON:** individual hired or chosen by a person with a disability to provide services or assistance with communication, mobility, personal care, medical needs or with access to goods or services. Personal care needs may include, but are not limited to, physically transferring an individual from one location to another or assisting an individual with eating or using the washroom. Medical needs may include, but are not limited to, monitoring an individual’s health or providing medical support by being available in the event of a seizure. The support person could be a paid personal support worker, a volunteer, a friend or a family member. He or she does not necessarily need to have special training or qualifications.

**PROCEDURE:**

The Brant Community Healthcare System, including the Brant Community Healthcare System Foundation, will make reasonable efforts to ensure that its policies, practices and procedures are consistent with the core principles of the standard: to provide its goods and services in a way that respects the dignity and independence of people with disabilities, to give people with disabilities the same opportunity to access its goods and services and allow them to benefit from the same services, in the same place and in a similar way as other customers.


The Brant Community Healthcare System is committed to excellence in serving all customers including people with disabilities and will carry out its functions and responsibilities in the following areas:

**1. COMMUNICATION**

The Brant Community Healthcare System will communicate with people with disabilities in ways that take into account their disability. This will include, but is not limited to: large

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	Page 3 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

print, Braille, American Sign Language (ASL), Quebec Sign Language (QSL), captioning and CNIB clear print guidelines.

All staff and volunteers will be trained on how to interact and communicate with people with various types of disabilities.

## 2. INCLUSIVE MEETINGS

BCHS will strive to ensure that meetings are inclusive, planned and organized in a manner that integrates products and services that maximize the participation of people with disabilities.

## 3. TELEPHONE SERVICES

BCHS will provide accessible telephone services, including, but not limited to, Bell Relay Services, and will train all applicable employees, volunteers and others dealing with the public on how to communicate over the telephone in clear and plain language.

## 4. FORMAT OF DOCUMENTS

BCHS will:

- provide information or documentation in an agreed upon format that takes into account the persons disability, and
- accommodate the need for accessible format on request

## 5. ASSISTIVE DEVICES


The Brant Community Healthcare System is committed to serving people with disabilities who use assistive devices to obtain, use or benefit from its goods and services. The BCHS will make reasonable efforts to ensure that assistive devices can be used to access service. The BCHS will ensure that staff are trained and familiar with various assistive devices that may be used by customers with disabilities while accessing its goods or services. In the event that the assistive device appears unsafe, BCHS will speak with the person using the assistive device to determine whether they have access to another assistive device of their choice or with the persons consent, attempt to identify and temporarily provide a substitute assistive device.

The following assistive devices and services are available at BCHS:

- Wheelchairs at all entrances
- Walkers, where possible
- Paper and pens for hand written notes
- Large print, hyperlink, audio format, braille, with reasonable notice and on request

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	Page 4 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

- ASL and QSL
- Bell Relay Services for individual use
- Telephone amplifiers

**6. USE OF SERVICE ANIMALS**

The Brant Community Healthcare System is committed to welcoming people with disabilities who are accompanied by a service animal on the parts of its premises that are open to the public and other third parties. This requirement does not apply where an animal is excluded by law from being on the premises, or if the presence of the service animal adversely effects the health and/or safety of other users. Where a service animal is excluded by law, the BCHS will make reasonable efforts to ensure its goods and services can still be provided by alternative means. A letter from a regulated health professional (eg.chiropractor, audiologist, and optometrist, etc.) is sufficient documentation to confirm that a person requires a service animal. This is only required if it is not readily apparent that the animal is a service animal.

Service animals are not permitted and excluded where sterile procedures occur. in accordance with the Health Promotion and Protection Act, including, but not limited to:

- Pre-operative, post anesthetic, intensive/critical care, and step down units
- Operating rooms
- Clean or sterile supply storage areas
- Isolation rooms
- Medication preparation or storage areas
- Food preparation and food storage areas
- Procedure rooms where radiation exposure occurs (e.g., x ray , CT)


**Patient Responsibilities**

It is preferred, where possible, that the patient make pre-arrangements for the custody and care of the service animal during any period of separation while at BCHS. The patient is responsible for:

- Pre-arranging the care of the service animal if it is known in advance that the patient will be unable to retain control of their service animal.
- Providing care, well-being and supervision of their service animal's behavior while at BCHS
- Making clearly visible the service animal's ID on the harness, leash or jacket.
- Ensuring that the service animal's ID includes: the animal's training school contact information, emergency and after-hours contact details, and up-to-date immunization records, if required.

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	Page 5 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

All patients are responsible for notifying the manager, in-charge, or healthcare provider of any concerns about allergies, objections based on religion, or fear related to the presence of a service animal for themselves, family or visitors.

### **Inpatients**

An inpatient who knows that, while in hospital due to a medical procedure, they will be unable to care for their service animal should pre-plan and make their own arrangements for the care of their service animal, where possible.

During pre-admission, the patient and healthcare provider should discuss options related to the service animal and document the details related to the service animal, including room assignments. The assignment of a room will take into consideration other patients.

### **Outpatient Procedures or Clinic Appointments**

An outpatient who knows that they will be separated from their service animal should make pre-arrangements for the care of their animal, where possible.

Where an outpatient needs to be separated from their service animal for **2 hours or less** due to a clinical procedure and a support person has not been arranged, the service animal may remain in a quiet area in the department, where possible.

### **Emergency Patients**

Patients who are **conscious** and able to control their service animal will not be separated unless consent is given, there are medical reasons or there are concerns from others in the area about allergies, religious exceptions or fear.

For patients who need help with their service animal for **2 to 6 hours** due to unforeseen circumstances, who do not have a support person with them and a contact person is not available, the manager, or Leader on call will be contact:

- The contact or support person to pick-up and assume responsibility for the service animal.
- Security to transfer the service animal to a kennel in the Security office. The service animal may remain in the kennel for up to 6 hours while waiting to be picked up.


For patients who are separated from their service animal for **more than 6 hours** during the day, night or weekends and no support person or contact person for the patient is available, the manager, or leader on call should contact the emergency service telephone number identified on the service animal's vest or in the pocket of the vest.

The emergency service will arrange to pick up and take temporary responsibility for the Service Animal. The service animal will remain in the kennel while waiting to be picked up by the emergency service. The emergency service is responsible for returning the service animal to the patient to resume its duty, when possible.

### **Employees Responsibilities**

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	Page 6 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

BCHS employees, including physicians and individuals providing a service on behalf of BCHS, should:

- Notify the manager about any allergies, religious exceptions or fears about animals.
- If uncomfortable being exposed to a service animal, employees are to notify the manager and assist in finding an alternative healthcare provider who is willing to switch to provide care to the patient with the service animal.
- Document in the patient’s chart any changes to healthcare provider.
- Report to the manager if the patient cannot consent to be separated from their service animal due to medical reasons.
- Only ask for documentation where it is not **readily apparent** that the animal is a service animal.
- **Not separate** a patient from their service animal without consent.
- **Not pet, touch, play, feed or interact** with the service animal.
- **Not deliberately startle or distract** a service animal from its duties.
- **Not feed, walk, exercise, clean or provide any other care** for the service animal.


If a BCHS employee or an individual providing service volunteers to assist or provide care for the service animal during their off-duty hours, it is at the individual’s own risk and liability. This does not include responsibilities that are delegated by the manager, or leader on call in emergency situations.

**Leader (Manager, Leader on Call)**

- Inform employees/individuals providing a service on behalf of BCHS about the role of the service animal and how to appropriately interact with the patient/owner of the animal.
- Encourage employees/individuals providing a service on behalf of BCHS to report allergies, objections based on religion or fear about interacting with a service animal.
- Notify other patients, family or visitors of the service animal’s presence and address any concerns including allergies, religious belief and/or fear. Document in the patient chart any alternative arrangements that are necessary.
- Discuss with the patient/owner, healthcare providers, and employees/individuals providing a service on behalf of BCHS the responsibilities for service animals and arrange for available supports to assist with the service animal, if required.
- Discuss with family or visitors accompanied by a service animal the responsibilities for feeding, handling and cleaning issues while visiting or attending BCHS premises.

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	Page 7 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

**Removal or Exclusion**

Removal or exclusion of a service animal may only occur for reasons that are **readily apparent and demonstrable**, i.e. not speculative. Assumptions or speculations about how the animal is likely to behave based on experience with other animals are not valid. An objection or complaint about the presence of a service animal that is not related to the animal’s behavior, safety or health will **not** result in the eviction of a service animal. The person with objections to the service animal should be consulted with and provided alternatives that do not compromise access to BCHS services. Each situation is to be considered individually and in consultation with the owner. Discussion with Patient Relations is recommended in difficult situations, where possible.

A service animal may be removed, excluded or separated from its owner **only if**:

- The animal’s actual behavior or health poses a direct threat to the health or safety of others, and/or
- Recommended by the attending physician for sound medical and/or safety reasons.

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

The BCHS will also ensure that all staff, volunteers and others dealing with the public are properly trained in how to interact with people with disabilities who are accompanied by a service animal.

**7. USE OF SUPPORT PERSONS**

The Brant Community Healthcare System is committed to welcoming people with disabilities who are accompanied by a support person. Any person with a disability who is accompanied by a support person will be allowed to enter the Brant Community Healthcare System’s premises with his or her support person.

**Employee Responsibilities**

**Manager, Leader on call**


- Inform employees and individuals providing a service on behalf of BCHS about the role of the support person and appropriate interaction with the patient and support person.

**Employees & Individuals Providing Service on Behalf of BCHS**

- **Not to separate, or attempt to separate**, a patient from their support person without the patient or patient designee’s consent unless there are actual sound medical reasons for the separation.

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	Page 8 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

- If, for any reason, the employee does not agree to provide care to a patient with a support person, to find an alternative professional who will provide that care and to document this in the patient's health record.

### Waiver of Rights

If the patient consents to the support person's presence during any disclosure of health information, the healthcare provider must document the consent in the patient's health record.

Support persons may be permitted in areas where some sterile procedures occur, in accordance with the Health Promotion and Protection Act, including, but not limited to:

- Pre-operative, post-anesthetic, intensive/critical care, and step down units
- Operating rooms
- Clean or sterile supply storage areas
- Isolation rooms
- Medication preparation or storage areas
- Food preparation and food storage areas
- Procedure rooms where radiation exposure occurs (x-ray, CT)

If the support person is informed of the risks related to being present during a procedure that may pose some risk (e.g. an x-ray), their consent must be included in the patient's health record and a copy must be provided to the support person. A patient or support person may not waive any health or safety risks that will have an adverse effect on themselves or others.

Pre-admission representatives will inform the person with a disability of areas where the support person is not allowed and, where possible, will develop a plan with the individual identifying alternative support arrangements.

### Control & Stewardship

The individual with a support person is responsible for their conduct and well-being.

### Eviction or Exclusion

A support person may only be evicted, excluded or separated from the patient if:

- Their actual behaviour poses a direct threat to the health or safety of others
- The attending physician has sound medical reasons


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

### Outpatient Procedures or Clinic Appointments

All reasonable efforts will be made to accommodate a patient with a support person if no advanced notification is received.

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	Page 9 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

### Emergency Admissions

Support persons will be reasonably accommodated during emergency situations

The BCHS will make reasonable efforts to ensure that people with a disability who are accompanied by a support person are not prevented from having access to his or her support person while on its premises.

### 8. NOTICE OF TEMPORARY DISRUPTION

The Brant Community Healthcare System will provide customers with notice in the event of a planned or unexpected disruption in the facilities or services usually used by people with disabilities. This notice will include information about the reason for the disruption, its anticipated duration, and a description of alternative facilities or services, if available.

Temporary service disruptions affecting the provision of BCHS services will be communicated as follows:

- For physical facility service interruptions to access to washrooms, elevators, doors, entrances, corridors, stairwells, internal and external walkways and driveways, notices will be posted at the location of the service disruption (e.g. on the door of the elevator or washroom).
- Local disruptions (e.g. class, information session cancellations) will be communicated directly to those affected.
- Notices will be posted in conspicuous locations, including, but not limited to, public entrances, information and reception desks, on the BCHS website and intranet, and any other reasonable location under the specific circumstances.
- Volunteers located at the information counters will provide verbal information about suspension of such services. If requested, and where available, a volunteer will guide the individual to the available alternative service.


### 9. TRAINING

The Brant Community Healthcare System will provide training to all employees, volunteers and others who deal with the public or other third parties on its behalf, and all those who are involved in the development and approvals of customer service policies, practices and procedures. Training will be provided to individuals as soon as practicable after that individual or group is assigned the applicable duties. Any substantive amendment to a policy, practice and procedure with respect to the provision of accessible customer service may also necessitate further training.

### 10. FEEDBACK PROCESS

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	Page 10 of 10
<b>Title:</b> Accessibility - Providing Customer Service to People with Disabilities	
<b>Document #:</b> 7497	<b>Issuing Authority:</b> Chief Human Resources Officer
<b>Last Revised Date:</b> 5/12/2025	<b>Version Number:</b> 1.1 (Current)

The ultimate goal of the Brant Community Healthcare System is to meet and surpass customer expectations while serving customers with disabilities. Comments on its services regarding how well those expectations are being met are welcome and appreciated.

Feedback regarding the way the Brant Community Healthcare System provides goods and services to people with disabilities can be made by telephone, in writing, by email, or in person. All feedback will be directed to Public Relations. Customers can expect to hear back in 10 days.

Complaints will be addressed according to procedures outlined in *Compliments and Complaints* policy, located in the Brant Community Healthcare System Admin manual.

**RELATED PRACTICES AND / OR LEGISLATIONS:** None.

**REFERENCES:**

- Accessibility for Ontarians with Disabilities Act, 2005.
- Accessibility Standards for Customer Service (2007). Ontario Regulation 429/07 made under the Accessibility for Ontarians with Disabilities Act, 2005.
- Blind Persons' Rights Act, Chapter 40 of the Revised Statutes, 1989, s.1. Blind Persons' Rights Act, R.S.O. 1990, c. B.7, s. 1 (1).
- CNIB: Clear Print Accessibility Guidelines:  
<http://cnib.ca/en/services/resources/clearprint/pages/default.aspx>
- Ministry of Community and Social Services: Making Ontario accessible. Accessibility for Ontarians with disabilities.
- Human Rights Code, R.S.O. 1990, c. H.19
- Ontario Hospital Association, Health Achieve (2008). Accessibility for Ontarians with Disabilities Act, 2005.

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