Annual Accessibility Plan

October 2009 – March 31, 2011

Submitted to the St. Joseph's Board of Directors, September 28, 2009

Prepared and Submitted by St. Joseph's Accessibility Working Group

Executive Summary

St. Joseph's Health Care, London, (St. Joseph's) prepared this Accessibility Plan in compliance with the Ontarians with Disabilities Act (ODA) (2001). The ODA requires hospitals 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.* The act also stipulates that the plan shall be available to the public.

This plan will:
- Briefly discuss the relationship between the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontarians with Disabilities Act (ODA);
- Summarize the actions taken to identify, remove and prevent barriers in the 2008/09 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions to be taken from October 2009 to March 2011 to identify, remove and prevent barriers;
- Include an action that will assess and describe how St. Joseph's assesses it proposals for policies and by-laws in relation to their effect on accessibility for persons with disabilities: and
- Describe how the plan will be communicated internally and to the public.

The timing of this plan has been changed to align with St. Joseph's business planning cycle. The time period for this plan runs from October 2009 to March 2011; following which it will match the hospital's fiscal year.

St. Joseph's is committed to continual improvement of facilities access, 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.

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1. Description of St. Joseph's Health Care, London

St. Joseph's Health Care, London is a major patient care, teaching and research centre. It is comprised of St. Joseph's Hospital, Parkwood Hospital, Mount Hope Centre for Long Term Care, Regional Mental Health Care London (RMHC London), Regional Mental Health Care St. Thomas (RMHC St. Thomas), and other clinics and outreach facilities. About 5,000 staff members work at St. Joseph's, which in 2008/09 had a total operating budget of $450 million. For detailed information about St. Joseph's go to www.sjhc.london.on.ca.

2. Aim of the Accessibility Plan

This plan will:
- Briefly discuss the relationship between the Accessibility for Ontarians with Disabilities Act (AODA) and the Ontarians with Disabilities Act (ODA);
- Summarize the actions taken to identify, remove and prevent barriers in the 2008/09 Accessibility Plan;
- Outline the methodology used to identify barriers;
- Set out the actions to be taken from October 2009 to March 2011 to identify, remove and prevent barriers;
- Include an action that will assess and describe how St. Joseph's assesses its proposals for policies and by-laws in relation to their effect on accessibility for persons with disabilities: and
- Describe how the plan will be communicated internally and to the public.

3. Accessibility Working Group

In accordance with the ODA, senior leaders from St. Joseph's Health Care, London (St. Joseph's) formally constituted a steering committee and working group in April 2003. The terms of reference for St. Joseph's Accessibility Working Group can be found in appendix 1.

Roy Butler, Integrated Senior Director of Planning and Operational Improvement, is the senior leader sponsor and Susan Greig, Coordinator Special Projects, is chairing the Accessibility Working Group and leading the planning process.

While some members of the working group have disabilities such as hearing and visual impairments and mobility challenges, other members work directly with patients and staff members who have a range of disabilities.

4. Planning Cycle

According to the Act, each year every scheduled organization shall prepare an accessibility plan. The first plan was due in September 2003 and since then each accessibility plan has covered time period from October to September.

This current plan will cover the period from October 2009 to March 2011; therefore, this and future plans will be aligned with the hospital's business planning cycle. To comply with the Act, a review and update of the plan will be completed by the end of September 2010.

5. Brief Comparison of the Ontarians with Disabilities Act (ODA) and the Accessibility for Ontarians with Disabilities Act (AODA)

Both Acts are aimed at creating a barrier free Ontario by 2025. The intent of the ODA is to support the rights of people with disabilities *to enjoy equal opportunity and to participate fully in the life of the province* through the development of accessibility plans; where as the purpose of the AODA is to develop, implement and enforce standards to achieve accessibility for Ontarians with disabilities.   Both Acts are consistent with our values of respect and compassion; they use the same definitions for disabilities and barriers; and both have fines to encourage compliance. However the section of the ODA that outlines the fines has not been proclaimed, in contrast the section of the AODA that describes the fines was proclaimed as part of the Act.

Communications announcing the AODA included a preamble that stated the ODA would be repealed once the AODA became law. To date this has not occurred.

6. Barrier removal initiatives for October 2008 to September 2009

The following initiatives were recorded to identify, remove and prevent barriers to people with disabilities for the period of 2008 – 2009.

a) Healthy Vision Day – 2009
The London Advisory Committee for the Visually Impaired (LACVI) is organizing Healthy Vision Day for November 21, 2009, to be held at the Wolf Performance Hall at the London Public Library (251 Dundas Street). Physicians, educators and others will provide information on various aspects of eye diseases and treatment. For further information, go to the Healthy Vision Day website at www.healthyvision.ca.
Project Status: Completed in 2008 and planning completed for 2009

b) RMHC London - Washroom Modifications, Room G270
Changes were made to the G270 washroom at RMHC London. Renovations include installing a larger door, a raised toilet seat, a grab bar, and a barrier free shower with padded shower seat.
Project Status: Complete

c) Accessibility brochure
The Accessibility Working Group developed a brochure to assist in education and awareness pertaining to the ODA and AODA. The brochure described the Group's responsibilities, outlined what barriers are, how they can be identified and communicated.
Project Status: Most of the information intended for this brochure will be incorporated into the public documents that will be prepared to meet the requirements of AODA.

d) Disability Awareness Workshops
Organizational Development and Learning Services (ODLS) partnered with an outside agency to customize and provide three two-hour awareness and education sessions for staff. Sessions included video, personal stories, disability simulation exercises, and literature on various barriers and accessibility needs of the disabled.

Workshop objectives included:
• Acquiring an increased understanding of barriers faced by persons living with disabilities
• Examining stereotypes and attitudes and increased sensitivity towards persons with disabilities
• Learning how to foster change to enhance accessibility and inclusiveness in the work environment

Workshops were held on the following dates:
ODA01 – October 16, 2008, 13:00 – 15:00 hours Room R110, Mount Hope Centre for Long Term Care
ODA02 – December 4, 2008, 13:00 – 15:00 hours Room V222 Parkwood Hospital
ODA03 – April 21, 2009, 13:00 – 15:00 hours Room T33, RMHC London
Project Status: Complete

e) Parkwood Hospital Elevator Accessibility Upgrades
This project entails installing equipment within the elevator lift-car and at appropriate floor landings which allows residents and staff to independently access the elevator functions such as floor selection, door hold, and the emergency phone. These functions will be operational through the use of adapted infrared wireless technology.
Project Status – This project has been put forth as a project request

f) St. Joseph's Hospital – Renovations
Renovations have been completed and the new spaces contain many features which allow patients and staff easier access to services.
- Ivey Eye Institute
- Urology
- Diabetes
- In-patient
- *Project Status – Complete*

g) St. Joseph's Hospital – Parking Garage
Install automated door openers from the parking garage to the elevator vestibule at the corner of Richmond and Grosvenor Streets.
Project Status: Include in 2009/11 plan

h) Upgrade Elevator Phones
Upgrade older style hand set phones to hands free versions in elevators located in Mount Hope Centre for Long Term Care, St. Joseph's Hospital and Parkwood Hospital.
Project Status: Standing requirement to upgrade telephones within elevators when elevator maintenance companies conduct upgrades.

i) St. Joseph's Hospital - Wayfinding
Improve to signage in stairwells. Permanent signs will incorporate Braille.
Project Status: Corridor signs are complete. Installation has begun to mount Braille signs in stairwells. Signs will be mounted in stairwells in construction zones once access is obtained.

j) St. Joseph's Hospital A3 zone – barrier free door
Door in the main corridor on the third floor is not accessible to patients in electric wheelchairs or on scooters due to patient wandering system for the Mother Baby Unit. An automatic opener will be installed.
Project Status: Complete

k) Accessible Entrances

Review the accessibility of main entrances to Parkwood Hospital, St. Joseph's Hospital, Mount Hope Centre for Long Term Care, RMHC London, and RMHC St. Thomas.

Project Status: The main entrances to these sites are accessible, except for St. Joseph's Hospital which has two accessible entrances in close proximity. For future Accessibility Plans, consider assessing the accessibility from the accessible parking spot to the front lobby.

l) Standardize Wayfinding

Standardize department names and mappings; use comprehensive, consistent nomenclature and signage that meets universal design standards.

Project Status: Updating of wayfinding and department names is underway. Improvements are being made to font size and style; as well signs will include directional arrows. The switch to the new style of signs will progress as construction nears completion. Mapping has been provided for some departments and standard maps have been developed for information desks and several other areas.

m) St. Joseph's Hospital - Accessible washroom in Nuclear Medicine

The fifth floor accessible washroom in Nuclear Medicine at St. Joseph's Hospital is operational.

Project Status: Complete

n) Parkwood Hospital - Transitional Care Unit Accessibility Modifications

Modifications to the space to improve accessibility in preparation for the opening of the Transitional Care Unit in November 2008, included installing automatic door openers on the main door and other doors, and equipping beds with overhead ceiling lifts to facilitate patient movement from bed to chair.

Project Status: Complete

o) Automatic Doors

In the spring of 2009, Physical Plant has installed automated doors in the following areas: two in the Monsignor Roney Building, one at Mount Hope Centre for Long Term Care, and two at RMHC London.

Project Status: Complete

7. Barrier Identification Methodology

Individual programs and services are encouraged to identify barriers in their areas and implement actions to enhance accessibility. Some of these actions are brought to the attention of the Accessibility Working Group. People throughout the organization can also email identified barriers to a member of the Planning team who then triages the barriers.

The Accessibility Working Group used the following barrier-identification methodologies:

Methodology	Description	Status
Patient Feedback System (FM Pro software) generated reports	Patient, visitor and family complaints and compliments regarding barriers are captured by the software	Feedback is reviewed in the Working Group meeting
Electronic leaders' survey	42 people responded to survey conducted in July 2009	Survey results were reviewed by the Accessibility Working Group and recommendations identified
Observations/brainstorming exercise of working group members	Working group members identified barriers and initiatives to overcome barriers.	This input has informed the 2009/11 plan
Review of AODA Customer Service Standard	Several initiatives identified dovetail with initiatives required to meet the Customer Service standard of the AODA	These initiatives will be put forth during the planning for the AODA Customer Service Standards
Review of initiatives from 2008/09	Some initiatives are ongoing from the 2008/09 plan	Each ongoing initiative was reconsidered for the 2009/11 plan

8. Opportunities and Barriers to be addressed from October 2009 to March 2011

Progress made in addressing the following barriers will be evaluated in September 2010. Additional actions may be added at this time. The Leaders' Survey conducted in July 2009 will continue to serve as a rich source of additional actions.

The following barriers can be categorized according to seven barriers: physical, architectural, informational, communication, attitudinal, technological, and policy/practice.

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Indicator of success	Timing
Policies and Practices	Many new Accessibility Working Group members seek to know more about the design of renovated or new buildings from an accessibility perspective	Architect and/or person from Planning to provide inservice presentation on standards and accessible design	Working group has knowledge of how accessibility is considered/ addressed in the design of renovated or new space	Complete 03/11
Policy / Practice – Corporate	Inconsistent approach to assessing the impact of new policies, practices and programs on people with disabilities	Understand how policy and by-law development occurs and determine whether the processes ensure consideration of people with disabilities	Consistent and intentional approach to considering the impact of new policies and by-laws on persons with disabilities	Complete by 03/11
Physical/ Architectural St. Joseph's Hospital	Identify visual barriers throughout the Ivey Eye Institute		Tour the space and formulate recommendations for the next plan	Complete by third quarter 2009
Physical/ Informational	Parking 1. Insufficient parking for high vans/ wheelchair vans	1. Advocate for one or two parking spots for high vans by contacting the City of London for two parking spaces on Wellington Street	1. Engage City of London in discussion	Complete 03/11
	2. Location of accessible parking spots should be accessible to those providing directions and to patients and care givers	2. Acquire or create a map of accessible parking spots for each site and post on internet home page	2. Post a map of accessible parking places and communicate the presence of the map to receptionists and others providing directions	Complete 03/11
Physical St. Joseph's Hospital	Insufficient functional adult and bariatric wheelchairs throughout St. Joseph's Hospital creates a mobility barrier for patients with disabilities. This has become a more prominent issue with:	Establish a Wheelchair System with the following components: 1. procurement 2. maintenance 3. inventory/tracking 4. placing wheelchairs at	Functional clean wheelchairs located at entrances	Complete 10/09

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Indicator of success	Timing
	- the increase in distances between care areas and entrances related to the redevelopment of the hospital - aging of our population - growth of the bariatric population	entrances and other areas where needed 5. theft deterrence 6. cleaning		
Communication St. Joseph's Hospital	People do not know the location of the payment kiosk in one specific section of SJH Parking Garage	Post sign indicating where to pay for parking	Sign posted	Complete 03/11
Physical	Heavy Doors 1. Install automated door openers from the SJH parking garage to the elevator vestibule at the corner of Richmond and Grosvenor Streets	1. Automate door(s) in SJH parking garage	Automated doors	Complete 03/11
	2. Many heavy doors identified in leaders' survey	2. The Accessibility Working Group will develop criteria, assess and prioritize the doors identified as requiring automation. The list will be provided to Physical Plant.	A process to identify and prioritize doors requiring automation.	Complete 03/11
Communication/ Attitudinal	Need for efficiency and/or lack of knowledge of available resources and/or attitude about hearing loss and aging presents barriers to communicating with people with hearing loss	AODA training should include information on: - available resources such as interpreters, equipment(TTY machines, Bell Relay, personal amplifiers etc) - changing the physical environment to minimize barriers - creating an understanding that hearing loss is not a normal	Include messages in AODA training Long term indicator: reflected in patient, caregiver and staff surveys Accessible devices at each site	Complete 03/11

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Indicator of success	Timing
		function of aging - ensuring patient confidentiality is maintained - accommodating people with hearing loss in a group setting		
Policies and Practices	The following should align with the AODA structure and processes. The Accessibility Working Group's - terms of reference (appendix 1) - membership - reporting structure - policy (appendix 2) - role	Review and revise the Accessibility Working Group's - terms of reference - membership - reporting structure - policy - role	Approved - terms of reference - policy - reporting structure	2nd quarter 2010, or earlier
Technological	External website does not contain accessibility tools	Rebuild website to meet W3C standards	Redeveloped website meets or exceeds W3C standards	Complete 09/10
Attitudinal	Increase awareness and sensitivity about disabilities	External agency to provide workshops	Workshop content is aligned with AODA Customer Service Standards	Complete 10/09
Actions for Consideration in 2010 Update				
Physical – RMHC London	When elevators are out of order there are limited wheelchair washrooms on the wards	Assess options such as widening the door of washroom on G2 and remove lip from shower	Determine whether this action will be included in update	
Physical - SJH	Washrooms - Mother Baby unit are not accessible - in Family Medical Centre are not accessible	Understand the guidelines for accessible washrooms and assess these washrooms	Determine whether these actions will be included in the update	
Physical - SJH	Some hand wash dispensers are mounted too high on the wall for people in wheelchairs to reach	Determine whether there is a standard height for hand wash dispensers		

Category of Barrier and location	Identified Barrier	Means to prevent or remove barrier	Indicator of success	Timing
Physical	Overhead paging is used to communicate codes, investigate whether visual signals are required to convey these messages for people who are hearing impaired or deaf (White Paper)	Consult with audiologist and others to understand the extent of the need	Determine whether this action will be included in update	
Physical	Assess each site to determine whether there are barriers from the accessible parking spot to the main lobby	Include recommendations to remove barriers in next plan	No barriers exist from an accessible parking spot to the main lobby of each of St. Joseph's principle sites	
Physical/ Architectural RMHC London	Changes in security measures have eliminated an accessible entrance at the north end of RMHC London	Investigate options for accessible entrances	RMHC London is accessible from the parking lot to the main lobby	

9. Review and monitoring process

The Accessibility Working Group meets six times a year to prepare the annual report and review progress. Subcommittees may be formed to address one or more barriers. At each meeting, the subcommittees will report to the Accessibility Working Group on their progress in implementing the plan. The Chair of the Accessibility Working Group will present the plan and updates to senior leaders as required.

Communication of the plan

Each year, St. Joseph's publishes the Accessibility Plan on its Internet website and in hard copy form. Publication of the plan is announced by the following means:

- In Imprint to staff members
- Notice in the electronic staff newsletter, E-Print

A copy of the plan is posted on the St. Joseph's website under the Publications section and is available in hardcopy format at the libraries at each hospital site and from Communications and Public Affairs.

On request, the plan is available on computer disk, in large print, or in Braille.

10.   Appendices

1.   Accessibility Working Group Terms of Reference
2.   Ontarians with Disability Policy
3.   Interpretation and translation policy

Appendix 1

SJHC Accessibility 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.

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.mcss.gov.on.ca/mcss/english/pillars/accessibilityOntario/what/AODA_guide.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 a City Wide Steering Committee consisting of members from both LHSC and St. Joseph's Hospital, London. All initiatives to identify and remove barriers will then be reported to the Joint Senior Leadership Taskforce (SLT) group and final approval of the plan will be given by the Boards of each hospital.

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.

Policy Administration Console

Policy: Ontarians with Disabilities
Policy Owner: Chair, Accessibility Working Group
SLT Sponsor: IVP, Facilities Management & Restructuring
Approval By: Senior Leadership Team   **Date:**
Effective Date: **Reviewed Date:**   **Revised Date:**
2005-09-15   2007-08-01   2007-08-01

This policy applies to: ☑SJHC ☑Parkwood ☑Mount Hope ☑RMHC S & L

Similar policy at LHSC: **Policy Name:**   Abuse
                             Policy Owner(s): N/A

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.

Please refer to the On-line Corporate Policy Manual for the most up to date version of this policy. SJHC cannot guarantee that hard copy versions of policies are up-to-date.

Policy Administration Console

Policy:	Interpretation Services
Policy Owner:	Professional Practice Leader, Social Work
SLT Sponsor:	IVP, Nursing & Allied Health Education and Affairs & Chief Nursing Executive
Approval By:	Senior Leadership Team (SLT) **Date:** 2009-09-15

Effective Date: **Reviewed Date:**   **Revised Date:**
2009-09-15

This policy applies to: ☑ SJHC ☑ Parkwood ☑ Mount Hope ☑ RMHC S & L

Similar policy at LHSC: **Policy Name:**   Interpretation Services
                              Policy Owner(s): PPL, Social Work

POLICY

St Joseph's Health Care, London (St. Joseph's) ensures that all reasonable efforts are made to communicate effectively with patients/substitute decision makers (SDM), families, residents, and clients consistent with St Joseph's mission, vision and values.

Professional interpretation services or assistive devices are the most appropriate means of communication for critical moments in the provision of care, such as:

- Informed consent for treatment / invasive procedures
- Assessment and history taking
- Diagnostic tests
- Patient/SDM/family education
- Discharge planning
- Treatment sessions
- Detailed technical explanations
- Treatment options
- Reporting of results

When a communication barrier is identified, staff and affiliates inquire about the preferred language.

When a need for interpretation or assistive device is identified, a professional interpretation service or assistive device will be used to facilitate the communication process (refer to Appendix B -Resources Decision Guide).

Consent from the patient/SDM is required for the involvement of an Interpreter service, with the exception of a medical emergency. Consent is documented on the health record by a member of the treatment team.

St Joseph's reserves the right (in collaboration with the patient/SDM/family) to select the most appropriate interpreter/translation service.

PROCEDURE
1.   **Interpretation Services**
    1.1.   **Available Interpretation Services:**
        1.1.1.Professional Health Care Interpreters - Spoken Language Interpreters, Across Languages, Language Line Services

        1.1.2. Sign language interpretation for the Deaf - <u>Canadian Hearing Society of Ontario Interpreter Services</u>

        1.1.3. Deaf- Blind Interveners - <u>Canadian National Institute for the Blind (CNIB)</u>

        1.1.4. Assistive Devices - <u>TTY</u> (Teletypewriter)/TDD (telephone devices for the deaf), <u>Bell Telephone Relay Service</u>

  1.2. **Access and Use of Interpreter Services**

      1.2.1. Each Program is responsible for payment of Interpreter service.

      1.2.2. Consent must be obtained from the patient/SDM for use of an Interpreter Service:

        a.   The interpreter service obtains the consent;

        b.   If consent is obtained, continue with the process;

        c.   Consent is documented on the health record by a member of the treatment team;

        d.   If consent is declined, the interpreter service is directed to inform the patient that treatment may be compromised, or it may not be possible to provide treatment.

      1.2.3. Utilizing the chart in <u>Appendix A</u> which outlines the criteria for using the various interpreter resources, decide on the interpreter resource that best meets the need of the patient in that particular circumstance.

      1.2.4. To access the various interpretation resources, follow the guidelines in <u>Appendix A.</u>

      1.2.5. When contacting be prepared to provide the following information:

        a.   Language required and dialect if applicable;

        b.   Client name;

        c.   Client telephone number (out-patients);

        d.   Location (department/unit) and phone extension;

        e.   Unit/department contact person;

        f.   Gender preference for interpreter, if appropriate;

        g.   Type of situation (admission, test procedure information, etc.);

        h.   Date and time request needed, estimated amount of time needed; and

        i.   Method of billing (determined by the Program).

      1.2.6. Language Line Services will also ask for client ID number 252002 and personal code which is the extension of phone being used.

2. **Translation**

  2.1. **For translation of documents contact Corporate Communications.**

DEFINITIONS

Affiliates - Individuals who are not employed by the organization but perform specific tasks at or for the organization, including the following:

- Professional with hospital privileges – refers to those professionals formally affiliated with the hospital through the process of review of credentials and approval of privileges (e.g. physicians)
- Students – individuals gaining practical/clinical experience in the hospital whether directly affiliated with the hospital or not
- Volunteers – individuals who perform recognized functions within the hospital on a volunteer basis

Interpretation: The process of rendering spoken language into another spoken language OR The process of rendering spoken language into a visual language (e.g. American Sign Language ASL for the Deaf).

Translation: The process of rendering written communication into another language OR The process of rendering written communication into Braille.

Interpreters: Any person who formally provides interpretation for the purposes of this policy must meet the standards for health care interpreting: maintain confidentiality, impartiality/objectivity, have respect for the all individuals, be culturally sensitive, be accurate and proficient in using both languages and in medical terminology, maintain role boundaries, and use a standardized interpreting format.

Telephone Device for the Deaf (TDD/TTY): The Telephone Device for the Deaf (TDD) or Teletypewriter (TTY) transmits a visual signal over the standard telephone line. This technology is available for individuals with severe to profound hearing loss or poor speech recognition ability. As one person types their message,

the signal is transmitted along the telephone line and is decoded at the other end by the TTY device. It is necessary for both parties to have a system to communicate.

Bell Relay Service: This service can also be used for telephone communication with the Deaf. The hearing person speaks to the operator who will type the conversation to the Deaf patient and transmit the message to the patient's TTY. With Voice Carry Over the hearing impaired person can read your message on the TTY and respond using their voice.

REFERENCES
Accessibility for Ontarians with Disabilities Act
Consent Policy
Ontario Human Rights Code
Supreme Court of Canada Elridge Decision
Canadian Charter of Rights and Freedoms
Regulated Health Professions Act
Social Worker and Social Service Work Act

APPENDICIES
Appendix A – Criteria for using various Language/Sign Language Interpreters
Appendix B – Interpreter Resources Decision Guide

Please refer to the On-line Corporate Policy Manual for the most up to date version of this policy. SJHC cannot guarantee that hard copy versions of policies are up-to-date.