

# University Health Network Policy & Procedure Manual

## Administrative: Accessibility for People with Disabilities – Customer Services

### Policy

University Health Network (UHN) is committed to promoting an accessible and inclusive environment in the provision of services and facilities for all people receiving and providing services at UHN.

UHN is committed to the Accessibility for Ontarians with Disabilities Act (AODA), 2005, the standards, and all other relevant legislation concerning accessibility are rigorously observed. UHN strives to ensure that all people within its community are aware of their rights and responsibilities to foster a respectful and accessible environment with and for peoples with [disabilities](#).

This policy covers:

- [application](#)
- [training](#)
- [providing goods and facilities to people with disabilities](#)
- [communication](#)
- [inclusive meetings](#)
- [telephone services](#)
- [format of documents](#)
- [assistive devices](#)
- [use of service animals](#)
- [support persons](#)
- [notice of temporary disruption](#)
- [feedback process](#)

### Application

This policy applies to all members of the UHN community, including all stakeholders (including, but is not limited to, patients, families, visitors, employees, interns, students, volunteers, physicians, researchers, suppliers, contractors and any person providing services on behalf of UHN) who may interact with the public on behalf of UHN. This policy aligns with existing UHN accessibility policies, [Accessibility for Ontarians with Disabilities Act – Integrated Accessibility Standards Regulation](#) policy 1.20.007 and [Accommodation in Employment for Persons with Disabilities](#) policy 2.10.012.

This policy applies to UHN activities occurring on premises or off-site.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>1 of 14</b>

## Training

UHN will provide mandatory training to all stakeholders and those who are involved in the development and approval of customer service policies, practices and procedures. This training includes how to interact with people with disabilities who are accompanied by a [service animal](#).

## Providing Services and Facilities to People with Disabilities

People with disabilities have the right to equal opportunity to obtain, use and benefit from UHN products and services. UHN will provide all services and facilities respectful of the dignity and independence of people with disabilities, in a manner which takes into account the person's [disability](#).

## Communication

UHN service providers will communicate with people with disabilities in ways that respectfully takes into account their disabilities. This includes, but is not limited to: large print, Braille, American Sign Language (ASL), Quebec Sign Language (QSL), captioning, videos, [UHN Deaf, Deafened, Hearing Loss and Hard of Hearing Toolkit](#) and CNIB Clear Print Guidelines.

## Inclusive Meetings

UHN 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.

## Telephone Services

UHN will provide accessible telephone service, 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.

## Format of Documents

UHN will:

- provide information or documentation in an agreed upon format that takes into account the person's [disability](#), and
- accommodate the need for accessible format on request.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>2 of 14</b>

## Assistive Devices

People with disabilities have the right to use their own [assistive devices](#). In the event that the assistive device appears unsafe, UHN 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 person's consent, attempt to identify and temporarily provide a substitute assistive device.

The following assistive devices and services are available at UHN:

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

## Use of Service Animals

People with disabilities accompanied by a [service animal](#) have the right to access UHN's services and facilities. Service animals are welcome to remain with the owner (patient or visitor) at all times when accessing UHN services and facilities in areas within UHN where the public or third parties have access, unless the service animal is prohibited by law.

All reasonable efforts will be made to accommodate the patient and [service animal](#) when no advanced notification of the service animal has been received.

A letter from a regulated health professional (e.g. 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.

If a service animal is prohibited by law from the premises, UHN will ensure that alternate means are available to people with a disability to obtain, use or benefit from the UHN's services and facilities.

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

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>3 of 14</b>

- 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 UHN. 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 UHN.
- 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.

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. Alternatively, the manager or in-charge may contact Security to transfer the service animal to the kennel in the Security Office for **2 hours or less**.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>4 of 14</b>

## 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, in-charge or Nursing Administration Coordinator (NAC) will 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.
- The [site veterinarian technician](#) (Monday to Friday, 07:00h to 15:00h) if support is required for the service animal while in the Security office.
- The AODA committee service animal consultant (416-716-8539) if support is required after hours.

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, in-charge or NAC 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

UHN employees, including physicians and individuals providing a service on behalf of UHN, 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.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>5 of 14</b>

- 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 UHN 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, in-charge or NAC in emergency situations.

**Note:** For more information about service animals refer to the [UHN Service Animal Toolkit](#) or contact [accessibility@uhn.ca](mailto:accessibility@uhn.ca).

**Leader (Manager, In-Charge or Nursing Administration Coordinator)**

- Inform employees/individuals providing a service on behalf of UHN 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 UHN 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, employees/individuals providing a service on behalf of UHN 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 UHN premises.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>6 of 14</b>

## Resources for Service Animals

Monday to Friday, 07:00h to 15:00h, a UHN veterinarian technician may be available (workload permitting) to consult or provide support where a [service animal](#) is temporarily separated from the patient/owner and the service animal displays non-threatening and anxious or distressed behaviour.

**Table 1: UHN Site Veterinarian Technician Resources**

Site	First Contact	Second Contact
<b>Princess Margaret (PM) Cancer Centre</b>	<b>Site Supervisor:</b> 416-946-2995, mobile: 647-964-7881	<b>Manager:</b> 416-946-4501 (ext. 4914), mobile: 416-882-7106
<b>Toronto General (TG)</b>	<b>Site Supervisor:</b> 416-340-3105	<ul style="list-style-type: none"> <li>• <b>Manager:</b> 416-946-4501 (ext. 4914), mobile: 416-882-7106</li> <li>• <b>Site Supervisor:</b> 416-581-7721, mobile: 416-937-4408</li> </ul>
<b>Toronto Rehab (TR) – University Centre (UC)</b>	<b>Site Supervisor:</b> 416-946-2995, mobile: 647-964-7881	<b>Manager:</b> 416-946-4501 (ext. 4914), mobile: 416-882-7106
<b>TR – Bickle Centre</b>	<b>Service Animal consultant:</b> 416-716-8539	<b>Service Animal consultant:</b> 416-617-8217
<b>TR – Lyndhurst Centre</b>	<b>Service Animal consultant:</b> 416-716-8539	<b>Service Animal consultant:</b> 416-617-8217
<b>Toronto Western (TW)</b>	<b>Site Supervisor:</b> 416-603-5800 (ext. 7384), mobile: 647-881-7692	<b>Manager:</b> 416-946-4501 (ext. 4914) mobile: 416-882-7106
<b>Hillcrest: Service Animal consultant:</b> 416-716-8539		
<b>After hours (all sites): Service Animal consultant:</b> 416-716-8539 and 647-244-1932		

## Safety

If any person (patient, family member, visitor, employee or any individual providing a service) sustains an injury from a [service animal](#), a safety report must be completed via the [Safety Event Portal](#). The report must detail the name of the injured person, circumstances, and nature of the injury. Refer to [Accident/Incident Reporting & Investigation](#) policy 6.60.001 and [Incident Reporting & Review](#) policy 3.20.005.

All bites must be reported to Toronto Public Health.

- **During business hours (Monday to Friday, 08:30h to 16:30h):** Call 311 or 416-338-7600
- **After hours:** Call 416-392-2489

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>7 of 14</b>

## 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 UHN 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.

## Support Persons

People with [disabilities](#) who are accompanied by a [support person](#) have the right to that support person while accessing services at UHN. The support person may accompany the person with a disability in all areas of the Hospital except where excluded by law for health and safety reasons. Where a support person is excluded by law, UHN will explore alternative ways to support the patient's access its services.

Where a support person is required, any UHN fee (if applicable) for the support person must be waived.

## Employee Responsibilities

### Manager, In-Charge or Nursing Administration Coordinator

- Inform employees and individuals providing a service on behalf of UHN about the role of the [support person](#) and appropriate interaction with the patient and support person.

### Employees & Individuals Providing Service on Behalf of UHN

- **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.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>8 of 14</b>



- 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.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>9 of 14</b>

## 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.

## Emergency Admissions

[Support persons](#) will be reasonably accommodated during emergency situations.

## Notice of Temporary Disruption

In the event of a planned or unexpected disruption in the services used by people with [disabilities](#), UHN will post alternative format notices in conspicuous locations, including but not limited to, public entrances, information desks, and reception desks. The notification of planned or unexpected temporary disruptions to services will include information about the reason for the disruption, expected duration and a description of alternative facilities or services, if available.

Temporary service disruptions affecting the provision of UHN 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.
- For service, program or clinic closures due to severe weather, disease outbreak or mechanical difficulties (such as power shutdowns), notices will be posted on the intranet and communicated by a general outgoing message from the main switchboard.
- All notices will include information about the reason for the disruption, the expected duration (when known), and a description of alternative facilities or services, if available.
- Notices will be posted in conspicuous locations, including, but not limited to, public entrances, information and reception desks, on the UHN website and intranet, and any other reasonable location under the specific circumstances.
- Information agents located at the information counters at the Hospital entrances 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.

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>10 of 14</b>

## Feedback Process

The feedback process outlines the actions that UHN will take if a patient, visitor or employee expresses a concern about access to UHN services and facilities, in accordance with [Patient Compliments & Complaints, Grievances & Conflicts](#) policy 3.40.016, and [Fostering Respect in the Workplace](#) policy 2.50.005, to ensure [service equity](#).

All feedback will be reviewed and forwarded to the appropriate department, individual or service provider for follow-up.

### Receiving, Responding & Taking Action on any Concerns

All feedback may be provided in person, in writing, by telephone, email, or other method.

Feedback, including questions, concerns, comments or compliments about access to UHN, will be followed-up upon within two business days of receiving the information.

All information will be kept confidential until consent to disclose is provided, unless required by law.

Information related to the feedback process will be available on UHN's website, or information can be requested via email to [accessibility@uhn.ca](mailto:accessibility@uhn.ca).

During the feedback process:

- The department/unit **may** provide feedback or refer the person seeking assistance to the appropriate department/unit.
- If follow-up information or feedback is required by patients or visitors, contact Patient Relations via email to [patientrelations@uhn.ca](mailto:patientrelations@uhn.ca).
- Follow-up information or feedback required by employees, physicians, fellows, interns, students, volunteers or contractors can be requested via email to [accessibility@uhn.ca](mailto:accessibility@uhn.ca).

## Definitions

**Assistive device:** Any technical aid or communication device that is designed, made, adapted or customized to assist a person with a disability to increase, maintain, or perform a particular task. Assistive devices include, but are not limited to, canes, crutches, walkers, wheel chairs, and shower chairs.

**Barrier:** As defined by the Ontarians with Disabilities Act, 2001, anything that prevents a person with a disability from fully participating in all aspects of society because of their

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>11 of 14</b>

disability. Types of barriers include physical barriers, architectural barriers, informational or communications barriers, attitudinal barriers, and policy or practice barriers.

**Disability:** Disability refers to all disabilities protected in the Human Rights Code, R.S.O. 1990, Ch.H.19, Section 10 (1) of the Code defines “disability” as follows:

“because of disability” means for the reason that the person has or has had, or is believed to have or have had,

(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”

**Service animal:** Defined under Section 4(9) of the Accessibility Standards for Customer Service, O. Reg. 429/07, as follows:

“an animal is a service animal for a person with a disability,

(a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or

(b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.”

**Service equity:** A process designed to result in consistent and fair quality of service to people who have been historically excluded from receiving equitable service; and elimination of [barriers](#) to access in service.

**Support person:** Defined under Section 4(8) Accessibility Standards for Customer Service, O. Reg. 429/07, as follows:

This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>12 of 14</b>

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

## References

1. Accessibility for Ontarians with Disabilities Act, 2005.
2. Accessibility Standards for Customer Service (2007). Ontario Regulation 429/07 made under the Accessibility for Ontarians with Disabilities Act, 2005.
3. Blind Persons' Rights Act, Chapter 40 of the Revised Statutes, 1989, s.1.
4. Blind Persons' Rights Act, R.S.O. 1990, c. B.7, s. 1 (1).
5. CNIB: Clear Print Accessibility Guidelines:  
<http://cnib.ca/en/services/resources/clearprint/pages/default.aspx>
6. MMWR Recommendations and Reports, "Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)," June 6, 2003.
7. Ministry of Community and Social Services: Making Ontario accessible. Accessibility for Ontarians with disabilities.
8. Mount Sinai Hospital (2009). Use of Service Animals policy I-d-80-83. Toronto, ON.
9. Human Rights Code, R.S.O. 1990, c. H.19
10. Ontario Hospital Association, Health Achieve (2008). Accessibility for Ontarians with Disabilities Act, 2005. Taking a close look at the standards: impact and implications. Toronto, ON.

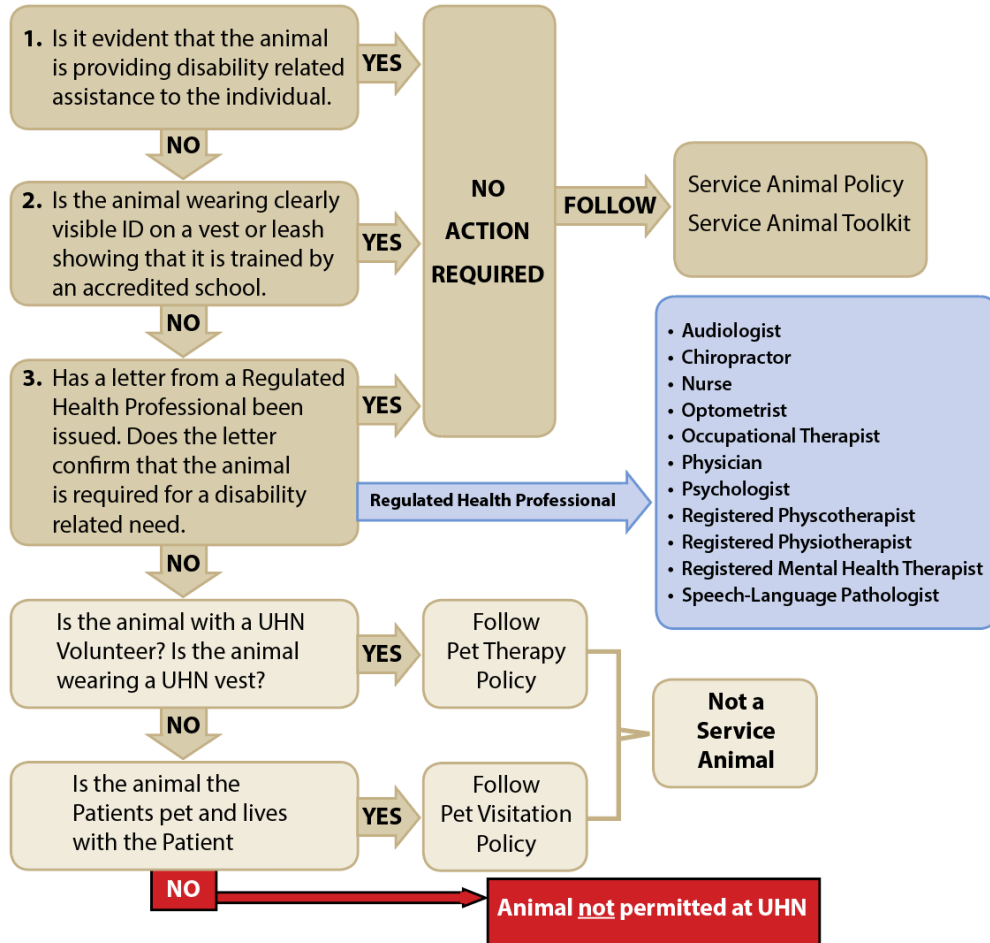
This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>13 of 14</b>

# Appendix

## Service Animal Flow Chart

### Service Animal Flow Chart



This material has been prepared solely for use at University Health Network (UHN). UHN accepts no responsibility for use of this material by any person or organization not associated with UHN. No part of this document may be reproduced in any form for publication without permission of UHN. A printed copy of this document may not reflect the current, electronic version on the UHN Intranet.

Policy Number	<b>1.20.011</b>	Original Date	<b>03/10</b>
Section	<b>General Administration</b>	Revision Dates	<b>12/13; 04/18</b>
Issued By	<b>Human Resources</b>	Review Dates	
Approved By	<b>Executive Vice-president, Human Resources &amp; Organizational Development</b>	Page	<b>14 of 14</b>