



**Alzheimer Society**  
P E E L

**Annual Accessibility Plan  
January 1, 2013 – December 31, 2013**

## **Introduction**

Alzheimer Society Peel's (ASP) mission is to anticipate and respond to the changing unique and diverse health care needs of our clients and communities, by delivering superior health care in the region. Our expression of that commitment is a long-term focus on accessibility for persons with disabilities. It began about 12 years ago with new parking spots for persons with disabilities. Amongst all of the accessibility achievements so far, the most significant has been the development of "barrier free" facilities in the Adult Day Programs and our Respite Home (Nora's House). As we go forward, accessibility planning remains an ongoing process: barriers are identified on a continuous basis and solutions are continually planned and implemented.

## **Accessibility Objective**

Alzheimer Society Peel's objective is to continue moving toward accessibility for all persons with disabilities by preventing, identifying and facilitating the removal of barriers.

## **Definition of a Barrier (AODA 2005)**

"Barrier" means anything that prevents a person with a disability from fully participating in all aspects of ASP, because of his or her disability, including a physical barrier, an architectural barrier, information or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice; ("obstacle").

## **Definition of a Disability**

(Directly from the Ontario Human Rights Code and AODA 2005)

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or 'received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; ("handicap")'

## Barrier Identification Methodology

Barriers will be identified through:

- Feedback obtained through public Website
- Annual Client Satisfaction Surveys
- Client use Feedback Questionnaires(satisfaction)
- Monthly & Annual Accessibility Status Reports

## Categories of Barriers

In alignment with the standards of accessibility enabled by the AODA, barriers at Alzheimer Society Peel will be categorized as:

- Customer Service Barriers
  - Policies and procedures
  - Attitudinal barriers
  - Employee training
  - Access to services
- Information and Communication Barriers
  - Signage
  - Print materials
  - Telephones and messages
  - Electronic
  - Personal communications
- Built Environment Barriers
  - Physical
  - Architectural
- Employment
- Transportation

## Barriers Requiring Action or Identified Action Items

| Identified Barriers                                    | Plan of Action   | Next Steps   | Who               | Deadline | Complete |
|--|--|--|-------------------|----------|----------|
| No automatic Doors                                     | Signs at entrances asking individuals to ring bell for assistance with door. Doors cannot be installed due to 'Mag lock/security' issues | Create signs (x5) and distribute to each site for posting  | Jamie             | 09/01/12 |          |
| Phone Services   | Change phone message to allow option to be to press "0" for assistance   | Inform Administration staff at each site to make changes   | Jamie             | 01/10/12 |          |
| No Handicapped Parking at MVDC                         | To clarify whether parking is required and available   | Inquiry indicates that parking for handicapped spot is within Lot but not directly in front of our unit. | Jamie<br>Danielle | 01/12/12 |          |
| No questions about barriers on annual survey presently | Add question to Annual Survey using Survey Monkey and paper surveys.   | Make Changes   | Danielle          | 01/12/12 |          |
| No ability top   | Add ability to website   | Catherine Jagdeo   | Danielle          | 01/12/12 |          |

|   |   |   |                    |          |  |
|---|---|---|--------------------|----------|--|
| change font size, shape on website        |   | on behalf of Danielle   |                    |          |  |
| Lack of TTY for organization              | Add access to Bell Canada customer service for TTY and IP Relay for clients and families with hearing difficulties                            | Follow up with Catherine J.   | Danielle           | 01/12/12 |  |
| Offices don't have barrier free washrooms | Allow Head Office visitors to use DP washroom .   | Create sign to direct people to request access to DP washroom when required | Jamie              | 01/12/12 |  |
| Training Guide                            | Creation of a guide to assist staff and volunteers, in being knowledgeable about and aware of Act and its requirements on ASP and all members | Create Guide in conjunction with Senior Management                          | Jamie and Danielle | 01/10/12 |  |
| Annual Accessibility Status Report        | Gather information, create draft, vet report and train staff  | Approval  | Jamie and Danielle | 25/10/12 |  |

## Community Engagement

In keeping with Alzheimer Society Peel's strategic theme "integration and partnerships", we foster relationships with others in order to deliver the services our community needs. Once per year, the Health and Safety Committee will meet with invited persons from our communities in order to test our barrier removal initiatives and to learn from their experiences with Alzheimer Society Peel services.

## Communications

The Alzheimer Society Peel's Accessibility Plan will be posted on the Alzheimer Society Peel website as well as at **Ontario.ca/One-Source**, per the Government of Ontario's requirements for compliance. Hard copies will be available on request; large print format is also available on request.

- For information on the accessibility planning process, please contact Danielle Farrell, Accessibility Officer at 905.278-3667 extension 211 or [d.farrelle@alzheimerpeel.com](mailto:d.farrelle@alzheimerpeel.com)
- For general inquiries about accessibility planning or the legislation, please contact Head Office at 905.278.3667 or [c.rawn-kane@alzheimerpeel.com](mailto:c.rawn-kane@alzheimerpeel.com)
- For Family and client feedback and concerns, please contact Head Office at 905.278.3667 or [d.schell@alzheimerpeel.com](mailto:d.schell@alzheimerpeel.com)

## Appendix A

**Monthly Accessibility Status Report:** Will be filled in monthly at each site location by the Joint Health and Safety Representative. Barriers will be identified by the representative from the Joint Health and Safety Committee as they do their monthly environmental checks of each site. All staff, students, and volunteers of the Alzheimer Society Peel have been instructed to identify barriers to accessibility, that they themselves are aware of, to the Joint Health and Safety Representative at their location. Identified barriers will be placed on the Monthly Accessibility Status Report along with a plan of action and timelines for removing the barrier.



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PEEL

**Monthly Accessibility Status Report – Month & Year:** \_\_\_\_\_



| Identified Barriers | Plan of Action | Next Steps | Who | Deadline |
|---------------------|----------------|------------|-----|----------|
|                     |                |            |     |          |
|                     |                |            |     |          |
|                     |                |            |     |          |
|                     |                |            |     |          |
|                     |                |            |     |          |
|                     |                |            |     |          |

**Other notes:**

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## Appendix B

**Annual Accessibility Status Report:** Will be completed by the Chair of the Joint Health and Safety Committee and will log when the identified barrier was removed, any outstanding barriers and reason for non –removal of barrier, and the next steps in the action plan.



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**Annual Accessibility Status Report:** \_\_\_\_\_

| Identified Barriers | Completed By | Completion Date | Outstanding & Reason | Next Steps |
|---------------------|--------------|-----------------|----------------------|------------|
|                     |              |                 |                      |            |
|                     |              |                 |                      |            |
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|                     |              |                 |                      |            |

**Other notes:**

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## Appendix C

### Alzheimer Society Peel Policy on Accessibility

|   |   |
|---|---|
|  <p><b>Alzheimer Society</b><br/>P E E L</p> | <p><b>Client Services Policies and Procedures Guide</b></p> <p><b>Policy Number: CS-11</b><br/><b>Last Reviewed: New</b><br/><b>Effective Date: October 1, 2012</b></p> |
| <p><b>ACCESSIBILITY</b></p>   |   |

### ACCESSIBILITY

#### Purpose

To ensure that all those who are in contact with the Society are provided with an accessible environment.

#### Policy Statement

The Society is conscientious that accessibility is about understanding that people with disabilities may have different needs, therefore continuously strive to improve the identification, removal and prevention of barriers faced by persons with disabilities.

#### **GUIDELINES**

1. The Joint Health and Safety Committee must complete the Annual Accessibility Status Report.
2. Floor Plans denote where wheelchair accessible washrooms are located, as well as where the entrances and exits are located. Floor Plans must be posted at all service locations, and visible to all staff and clients.
3. New staff must read and review the Accessibility Training Guide during orientation. The Accessibility Training Guide will be accessible to staff anytime thereafter.
4. The Accessibility Training Guide will be reviewed on a yearly basis.
5. Staff must provide clients/caregivers that require supports to access our services with resources, as described in the Accessibility Training Guide. Resources include Peel Community Resource Listing which includes transportation options, and a subsidy application form.

## Appendix D

**Accessibility Training:** All staff, students, and volunteers of the Alzheimer Society Peel are trained on Accessibility using the Alzheimer Society Peel Accessibility Training Guide, and sign an acknowledgement form that they have received the training.

# Accessibility Training Guide for Employees

## How to Communicate with People with Different Types of Disabilities:

1. **People with physical disabilities: Some disabilities will be visually notable but remember some physical limitations can be unseen, such as difficulty walking long distances due to arthritis or a heart condition.**
  - **When speaking to someone who uses a wheelchair or scooter, sit down yourself while conversing so that you are able to make eye contact.**
  - **Do not touch their equipment, such as canes, walkers, wheelchairs, without asking for permission first.**
  - **Do not leave the individual in a wheelchair in an awkward, dangerous, or undignified position, such as facing a wall or in the path way of an entrance/exit.**
  - **Do not move assistive devices or equipment out of individuals reach.**
  - **Let the individual know about accessible features in the immediate environment that are appropriate to their needs (wheelchair accessible washrooms, location of spare wheelchairs, grab bars etc...)**
  
2. **People with vision loss: Vision loss can restrict someone's ability to read, locate landmarks and see hazards. Some individuals may use guide dogs, or white canes, but some may not use any aids.**
  - **Do not assume that the individual can not see you – he/she may have some sight.**
  - **Identify yourself when you approach and speak directly to the individual.**
  - **Ask the individual if they would like you to read any printed material out loud to them.**
  - **When providing directions or instructions, be precise and descriptive.**
  - **Offer your elbow to guide the individual if needed.**

- 3. People with hearing loss: People with hearing loss may be deaf, deafened, or hard of hearing. A person can also be oral deaf – unable to hear, but prefers to talk instead of using sign language.**
  - If an individual has identified themselves as having hearing loss, make sure that you are in a well-lit area where they can see your face and read your lips.
  - As needed, attract the individual's attention before speaking.
  - If an individual uses a hearing aid, reduce background noise or move to a quieter area.
  - If necessary ask the individual if another method of communicating would be easier (i.e. pen and paper)
  - Speak clearly – keep your hands away from your face when speaking.
  
- 4. People who are deafblind: A person who is deafblind may have some degree of both hearing and vision loss.**
  - An individual who is deafblind will often be accompanied by an intervener (professional support person); speak directly to the individual and not the intervener.
  - An individual who is deafblind may explain how to communicate with them by handing you an assistance card or a note. Follow the directions given on the card or note.
  
- 5. People with language or speech impairments: Some people, who have severe difficulties, may use a communication board or other assistive devices.**
  - Do not assume that an individual with a speech impairment has another disability.
  - Whenever possible ask questions that can be answered with “yes” or “no”.
  - Be patient and do not interrupt or finish the individual's sentences.
  - Remember that for some medical conditions an individual may have slurring of their speech. Do not assume that they are under the influence of drugs or alcohol.
  - Paraphrase what has been said.
  
- 6. People with learning disabilities: The term “learning disabilities” refers to a variety of disorders.**
  - Be patient, as individuals with learning disabilities may take a little longer to process information, to understand, and to respond.
  - Try to provide information in a way that takes into account the individual's disability. For some, information presented orally is easier than written, and the opposite for others. For some individual's, numbers are difficult to comprehend. Ask the person in which mode they would like to receive information.
  
- 7. People with intellectual developmental disabilities:**
  - Do not make assumptions about what a person can and can not do.
  - Use simple or plain language.
  - Provide 1 piece of information at a time.

**8. People with mental health disabilities:**

- If you sense, or know, that an individual has a mental health disability be sure to treat them with the same respect and consideration that you would show to everyone else.
- Be confident, calm, and reassuring.
- If a person appears to be in crisis, ask them to tell you the best way to help.
- Do not be confrontational.
- Do not take things said personally.

**9. People who have a service animal: People with vision loss may use a guide dog, but there are other types of service animals as well. There are hearing alert animals that help people who are hearing impaired, and there are service animals trained to alert an individual to an oncoming seizure.**

- Avoid touching or addressing the animal, as it is in work mode.
- If you are unsure if the animal is a service animal ask the individual before assuming it is a pet.
- Alzheimer Society Peel allows service animals on its premises.

**10. People accompanied by a support person: A support person can be a Personal Support Worker, a volunteer, a family member or a friend that might help the individual with communicating, mobility, personal care or medical needs.**

- Alzheimer Society Peel allows for support persons to be on the premises.
- Speak directly to the person you are serving and not their support person.

**IMPORTANT:** Use the term “person with disability” rather than “a disabled person”.

**SERVICES:**

- 1) **Bell Relay:** The Bell Relay Service Operator “BCRS” is available to assist in placing or receiving calls to/from persons who use teletypewriter “TTY”. There is no charge for local calls. To place a call through the BCRS call 1-800-855-0511.
- 2) **Sign Language:** Book a Sign Language Interpreter by contacting the Canadian Hearing Society at 905-608-0271.