



ST JOSEPH'S HOME CARE

**Accessibility for People with Disabilities
Customer Service Standard
Program**

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1. DEFINITIONS AND GLOSSARY OF TERMS

The language related to accessibility and equity is evolving. Terms may change as our understanding evolves. At times, terminology changes because people become empowered enough to self-identify or name themselves.

Ableism: Discrimination based on a person's disability, coupled with a belief in the inherent superiority of those who do not have a permanent disability.

Agility: as a disability describes people who experience difficulty bending, dressing or undressing themselves or using their fingers to grasp or handle objects.

Amputation: This is the loss or removal of a limb, or part of a limb, as the result of an illness (often Diabetes) or an accident. (Note: Some people who are born without one or more limbs choose to call themselves amputees.)

Anti-ableism: Work to eliminate discrimination based on disability.

Anxiety Disorders:

- **Phobias:** fear of objects, animals or situations to the point where a person will alter their life to avoid the subject of the phobia. For example a person who has a phobia of the number 13 may refuse to live in an apartment #13, or work on the 13th floor.
- **Panic disorders:** a condition where a person experiences repeated, sudden, and intense episodes of fear accompanied by symptoms such as perspiration, nausea, and difficulty breathing.
- **Obsessive-Compulsive disorder:** a condition in which the person is unable to control repeated thoughts or the urge to perform certain tasks or actions over and over again.

Assistive Device: Any technical aid, 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: A barrier is defined as "anything that prevents a person with a disability from fully participating in all aspects of society because of their disability. It includes a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier ... a policy or a practice barrier." (Ontarians with Disabilities Act, 2001).

Bias: A subjective opinion, preference, or stereotype without basis in fact. It is detrimental to a group's or an individual's ability to treat ideas or people objectively.

Blind: is a phrase used to describe people whose vision is within the realm of Blindness. While they are called blind; most of them can see some things such as shadows, etc.

Blind-Deaf: This refers to an individual who has both sight and hearing loss.

Cerebral Palsy: This is a neurological condition caused by damage to the brain during development before, during and after birth, but never over the age of two).

Cerebral vascular Accident (also called Stroke): This is a condition caused by a blockage or hemorrhage of blood vessels inside, or surrounding the brain (this is also called a stroke). The impairment occurs over a period of seconds, minutes or hours. Neurological symptoms (paralysis, speech impairment, loss of consciousness, etc.) vary in severity depending on the site and extent of cerebral involvement.

Chronic Arthritis: This is a chronic inflammatory condition affecting joints. In some cases the joints build up calcium deposits, causing the joints to look lumpy and deformed. Caution is needed when providing assistance to a person who has arthritis, because pressure on the joints is extremely painful. For example, in helping someone rise from a chair, if it accidentally causes a bent finger or elbow to straighten, the joint could be damaged by the pressure.

Deaf: This is the preferred term describing an individual who has severe to profound hearing loss, with little or no residual hearing (hearing that remains).

Deafened: This term describes an individual who has acquired loss of hearing slowly or suddenly in adulthood.

Deaf-Blind: This refers to an individual who has both hearing and sight loss.

Designated Groups: Federal and Provincial legislation has designated certain groups of people who have historically experienced discrimination and exclusion in Canada. They are: Aboriginal people, racial minorities, Francophones, people with disabilities and women.

Developmental Disability: A person who has a developmental disability shows the signs before they reach the age of twenty-two (but often before then). Developmental disabilities are likely to continue indefinitely and are attributable to neurological conditions such as cerebral palsy, epilepsy, autism or other conditions which impair general intellectual functioning or behavior.

A key guideline for discussing all disabilities is to remember you are dealing with people first; and that any disability is secondary. A disability is only one part of a person. A good solution is to avoid any labeling of a person, unless the description is absolutely relevant.

Disability:

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

Discrimination: The unequal treatment of groups or individuals, either by a person or a Group or an institution which, through the denial of certain rights, results in inequality, subordination and/or deprivation of political, educational, social, economic and cultural rights.

Eating Disorders: The majority of those affected are females under the age of 30. They are considered to be in the range of mental illness:

- **Anorexia Nervosa:** an aversion-to-food syndrome causing a loss of appetite and weight.
- **Bulimia:** characterized by insatiable hunger and eating binges, followed by purges, vomiting and/or laxatives.

Employment Equity: Employment Equity is a process designed to result in:

- Fair representation of historically disadvantaged group members through levels of an organization;
- Elimination of discriminatory barriers to employment;
- Remedying the effects of past discrimination through positive measures.

Epilepsy: A physical condition characterized by sudden, brief changes in how the brain works. The change in the brain displays itself in the form of seizures.

Friedreich's Ataxia: This is a disease of the spinal cord characterized by difficulty in coordinating voluntary movements, although some muscular strength is retained. Friedreich's Ataxia is a hereditary condition - several children of both sexes in a family may be affected

Guide dog: A guide dog as defined in section 1 of the Blind Persons' Rights Act, is a dog that has been trained at one of the facilities listed in Ontario Regulation 58 under the Blind Persons' Rights Act to act as a guide dog for people who are blind.

Handicap: Describes the difficulty an individual may have functioning in an environment. It reflects the value attached to an individual's status and describes the disadvantage and disability. It is not a word that the communities of persons with disabilities want used. They prefer a person with a disability. Example, A damaged spinal cord (impairment) brings loss of movement of lower limbs (disability), leading to the impossibility of entering a building with stairs (handicap).

Hard of Hearing: This is a term describing an individual who uses their residual hearing and speech to communicate. Some People who are Hard of Hearing use devices to amplify whatever hearing they have

Impairment: Is the medical condition, which is an actual injury, disease or other disorder, which produces a reduction in physical or mental function.

Inequity: is the situation which results from the systematic exclusion of groups of people from opportunities that will lead to full participation in all strata social structures from decision making to task execution.

Intellectual Disability:

- Intellectual disability is characterized by intellectual development and capacity that is significantly below average.
- It involves a permanent limitation in a person's ability to learn, with effects ranging from mild to profound.
- The emphasis should be placed, on what each individual CAN achieve and find ways to help them reach their potential.

Kidney failure & use of dialysis: While this does not always come about due to aging, it often occurs in seniors, particularly those who have diabetes. We spend considerable time discussing diabetes, kidney failure and dialysis to enhance your understanding of the realities that people who have failing kidneys experience.

Learning Disability: A learning disability is essentially a specific and persistent disorder of a person's central nervous system. This affects people's ability to either interpret what they see and hear, or to link information from different parts of the brain. Although an individual with a learning disability probably has average or above-average intelligence, the disability becomes evident in academic and social situations.

Mobility as a disability describes when someone has difficulty walking half a kilometre or walking up and down a flight of stairs. It also includes someone's difficulty taking 12 steps without resting, and challenges standing for long periods of time.

Mood Disorders: (such as depression and bipolar disorder [also known as manic depression]). This affects 10% of the population. People with mood disorders experience "highs" and "lows" with greater intensity and for longer periods than most people do. People with bipolar disorder are susceptible to cycles of intense "highs" followed by severe depression, or "lows". Hyperactivity, rapid speech, racing thoughts, heightened creativity and reckless or aggressive behaviour characterize manic phases. The depressive phase is often marked by lethargy, general apathy, loss of appetite, etc. Some people who have bipolar syndrome avoid taking medication to control the condition because the "high" feels good.

Multiple Sclerosis: A degenerative condition of the nervous system caused by deterioration of the myelin sheath that covers nerve fibres. This is comparable to the insulation around electrical wiring, myelin protects nerve fibres. Its deterioration causes an interruption of nerve impulses. Over time hardened scar tissue forms in the affected areas. The term Multiple Sclerosis means, literally, many scars.

Muscular Dystrophy: Muscular Dystrophy (MD) is the name of a group of muscle disorders that are characterized by progressive weakness and wasting of the voluntary muscles that control body movement. As muscle tissue weakens and wastes away, fatty and connective tissue replaces it. There is progressive muscular deterioration, involving weakening to the point

of atrophy, and leading to paralysis.

Organic Brain Disorders: Affect approximately 1% of the general population, and is the result of physiological disease or injury to the brain, i.e.:

- Alzheimer's disease, or Parkinson's
- AIDS-related dementia (caused by damage to brain cells by the HIV virus)
- Damage caused by strokes
- Accidents

Pain as a disability relates to a limitation in the amount or kind of activities that a person can do because of long-term pain that is constant or recurring.

Paraplegia: This is a back or lumbar injury causing total or partial paralysis of the lower limbs, which may be spastic or flaccid.

Personality Disorders: There are many separate medical conditions that fall under this heading. Individuals with this type of disorder experience difficulty relating to themselves and others. As a result they may be difficult to get along with and may seem irritable, demanding, and/or manipulative. Moreover, few seek professional help, believing that the problem lies with others and not themselves.

Persons with Disabilities: Persons who, because of a long-term or recurring physical or mental condition, experience difficulties in carrying out the activities of daily living. Many people prefer this terminology when referring to them.

Poliomyelitis: This is a viral condition, prevalent in North America from 1920 to 1940, that affects spinal cord motor cells. It is still contracted by residents of countries where universal inoculation is not available.

Politically Correct: Unfortunately, people who do not want to bother treating people with disabilities better than they have been, or do not want to learn the respectful terms to use when addressing or referring to people who have disabilities hide behind the term 'political correctness.' One of the ways people who seek justice in society is through recommendations about changes to language, where the language itself reinforces the power of the privileged members of society.

When the relatively less privileged in society begin to assert their rights - especially their right to define themselves - those in power use every means at their disposal to retain their power. One strategy is to try to put down those in the struggle for justice. This has been particularly true in the struggle to ensure that all people who have disabilities are thought of as people, first.

Quadriplegia: This is total or partial paralysis of all four limbs and the torso, caused by trauma or present from birth.

Schizophrenia: It affects 1% of the population. Persons with schizophrenia may exhibit one or more of these symptoms: confused thoughts, delusions (false or irrational beliefs), hallucinations (seeing or hearing things that don't exist), and bizarre behaviours. Type, intensity, and frequency of symptoms vary greatly from person to person.

Service Animal: May apply to animals other than dogs that provide service to people who have disabilities, including: cats, rabbits, etc. Such service animals may be used to assist a person who is Blind, has a vision impairment or low vision; a person who is Deaf, deafened or hard of hearing; a person who has a mobility disability or difficulties with strength or dexterity; a person who has autism or a developmental disability; a person who has a mental health disability; and many other reasons.

Service Equity: Is 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.

Spina Bifida: This is a congenital malformation of the vertebrae and spinal cord characterized by a protrusion of the meninges.

Stereotyping: Attributing the supposed characteristics of a whole group of people to all of its individual members – very prevalent in terms of myths about people with disabilities, particularly mental illness. It results in exaggerating the uniformity within a group and its distinctness from other groups.

Support Person: A support person is an individual hired or chosen by a person with a disability. The support person could be a paid personal support worker, a volunteer, a friend or a family member. The support person does not necessarily need to have special training or qualifications. The Support Person accompanying the person with a disability may provide some of the following tasks: accompany the person; communication information on the person's behalf; taking care of details, money, etc.; physically transferring an individual from one location to another; assisting an individual with eating; provide medications or medical care; tend to personal care such as using the washroom; and access to goods and services.

Systemic Discrimination: Discrimination resulting from systemic policies, practices and procedures which have an exclusionary impact on different groups of people with shared identities, such as race, age, sexual orientation, gender, and/or disability. A great number of policies and practices that discriminate against people with disabilities are systemic in nature and very difficult to address unless an organization makes a serious effort and examines all policies, practices and procedures.

Vision Impairment: refers to vision that is less than 20/20 vision. It can mean that a person sees only a little or their sight is less clear than people who have good sight. They see better with the assistance of technical aids such as magnifiers, telescopes, special glasses and computers with special features like large print.

2. Individuals Who Have Disabilities

Guidelines on providing service to individuals with disabilities

- If you're not sure what to do, ask an individual, "May I help you?" An individuals with disabilities know if they need help and how you can provide it.
- Speak directly to the person with a disability, not to his or her support person or companion.
- Avoid stereotypes and make no assumptions about what type of disability or disabilities the person has. Some disabilities are not visible and individuals are not required to give you information about any disabilities they may have.
- Take the time to get to know an individual's needs and focus on meeting those needs just as you would with any other individual.
- Be patient. People with some kinds of disabilities may take a little longer to understand and respond. A good start is to listen carefully.
- Make an effort to learn about appropriate language and terminology to use when referring to people with disabilities.
- If you cannot understand what an individual is saying, politely ask them to repeat themselves.
- Don't touch or speak to service animals – they are working and have to pay attention at all times.
- Don't touch assistive devices, including wheelchairs, without permission.
- Consider offering interactive devices (such as self-serve checkouts, direct payment devices) that can be used by people with various types of disabilities or offering alternate services.
- Consider including people with disabilities in the testing or evaluation of your communication services.

3. Individuals Who Have Vision Loss

Vision loss reduces a person's ability to see clearly. Few people with vision loss are totally blind. Many have limited vision such as tunnel vision, where a person has a loss of peripheral or side vision, or a lack of central vision, which means they cannot see straight ahead. Some people can see the outline of objects while others can see the direction of light.

Vision loss can restrict an individual's abilities to read signs, locate landmarks or see hazards. Some may use a guide dog or white cane, but others may not. Sometimes it may be difficult to tell if a person has vision loss.

Types of assistance an individual may use:

- Braille
- Large print
- Magnification devices
- White cane
- Guide dog
- Support person such as a sighted guide.

General Tips

- Don't assume the individual can't see you.
Don't touch an individual without asking permission.
- Offer your elbow to guide the person. If he or she accepts, walk slowly, but wait for permission before doing so. Lead – don't pull. See below for tips on guiding an individual who has vision loss.
- Identify landmarks or other details to orient the individual to the environment around him or her.
- Don't touch or speak to service animals – they are working and have to pay attention at all times.
- Don't leave an individual in the middle of a room. Show him or her to a chair, or guide them to a comfortable location.
- If you need to leave an individual, let him or her know you are leaving and will be back.
- Identify yourself when you approach an individual and speak directly to him or her, even if he/she is accompanied by a companion.
- There is generally no need to raise your voice because the person does not necessarily have hearing loss. Say your name even if you know the person well as many voices sound similar.
- Be clear and precise when giving directions, e.g., two steps behind you, a metre to your left, etc. Don't use "over there" or point in the direction.
- If you're uncertain about how to provide directions, ask the person how to do so.
- Do not be afraid or embarrassed to use words such as "see", "read" and "look." People with vision loss also uses these words.
- When providing printed information, offer to read or summarize it.
- Offer to describe information. For example, verbally itemize the bill or explain what the specials are or what is on the menu.

Guidelines for guiding an individual who has vision loss

- Ask first if an individual wishes to be guided. If the answer is “yes,” offer your arm. Ask which arm is better? Walk at a normal pace. The person will walk about a step behind.
- Announce handrails, doors (to the right/left, push/pull to open, etc.) and describe the surrounding areas such as what is in an aisle.
- If you are guiding towards stairs:
 - ✓ Let the individual know if they have to walk up or down
 - ✓ Approach the stairs head on, not at an angle and come to a full stop in front of the stairs
 - ✓ Lead or guide an individual to the rail side to allow them to take hold of it
 - ✓ Let them find the first step and then start to climb or descend the stairs
 - ✓ Try to be one step ahead and announce the last step.
- If you are going through or entering a room, explain the circumstances and describe the area.
- Keep the person informed when others approach or leave.
- If you must leave the individual alone, do not leave them standing in the middle of the room, with nothing to hold onto. If they are not seated, guide them to a door, wall, or piece of furniture to stand next to. This will help the person to stay spatially oriented.
- Before opening the door for an individual with vision loss, ask if they want you to open it.
- Indicate whether the door opens to the right or left and whether the door will be pushed or pulled. They may be using the door’s location as a reference point.

4. Individuals Who Are Deaf, Oral Deaf, Deafened or Hard of Hearing

- People who are profoundly deaf may identify themselves as culturally Deaf or oral deaf. In Deaf culture, indicated by a capital “D,” the term is used to describe a person who has severe to profound hearing loss, with little or no hearing.
- Oral deaf is a term describing a person who was born deaf or became deaf before learning to speak, but is taught to speak and may not typically use Sign Language.
- The term “deafened” describes a person who has lost their hearing slowly or suddenly in adulthood. The person may use speech with visual cues such as captioning or computerized note-taking, speech reading or sign language.
- The term “hard of hearing” describes a person who uses their residual hearing (hearing that remains) and speech to communicate. The person may supplement communication by speech reading, hearing aids, sign language and/or communication devices.

Types of assistance an individual might use:

- Hearing aid
- Paper and pen
- Personal amplification device (e.g., Pocket Talker)
- Phone amplifier
- Relay Service
- Teletypewriter (TTY)
- Hearing ear dog
- Support person such as a sign language interpreter.

Guidelines for interacting with people who are Deaf, oral deaf, deafened or hard of hearing

- Attract the individual’s attention before speaking. Generally, the best way is by a gentle touch on the shoulder or with a gentle wave of your hand.
- Ask how you can help. Don’t shout.
- Move to a well-lit area, if available, where an individual can see your face.
- Don’t put your hands in front of your face when speaking. Some people read lips.
- If necessary, ask if another method of communicating would be easier, for example, using a pen and paper.
- Be patient if you are using a pen and paper to communicate. American Sign Language may be an individual’s first language. It has its own grammatical rules and sentence structure.
- Look at and speak directly to an individual. Address an individual, not the interpreter or support person.
- Be clear and precise when giving directions, and repeat or rephrase if necessary.
- Confirm that an individual understands you.
- If the person uses a hearing aid, reduce background noise or move to a quieter area, if possible, so the person can hear or concentrate better.
- Don’t assume that the individual knows sign language or reads lips.

5. Individuals Who Are Deaf blind

A person who is deaf blind can neither see nor hear to some degree. This results in difficulties in accessing information and managing daily activities. Many people who are deaf blind will be accompanied by an intervener, a professional who helps with communicating.

Types of assistance an individual might use:

- Braille
- Large print
- Print on paper (using black felt marker on non-glossy white paper or using portable white and black boards)
- Communication boards
- Hearing aid with built-in FM system
- Magnification equipment such as monocular or magnifier
- Teletypewriter (TTY)
- White cane
- Service animal
- Support person, such as an intervener.

Guidelines for interacting with individuals who are deaf blind:

- Don't assume what a person can or cannot do. Some people who are deaf blind have some sight or hearing, while others have neither.
- An individual who is deaf blind is likely to explain to you how to communicate with him or her or give you an assistance card or a note explaining how to communicate with him or her.
- Identify yourself to the intervener when you approach an individual who is deaf blind, but then speak directly to an individual as you normally would, not to the intervener.
- Don't touch or address service animals – they are working and have to pay attention at all times.
- Don't suddenly touch a person who is deaf blind or touch them without permission.

6. Individuals Who Have Physical Disabilities

There are many types and degrees of physical disabilities, and not all require a wheelchair. People who have arthritis, heart or lung conditions or amputations may also have difficulty with moving, standing or sitting. It may be difficult to identify a person with a physical disability.

Types of assistance an individual might use:

- Elevator
- Mobility device (i.e., wheelchair, scooter, walker, cane, crutches)
- Support person.

Guidelines for interacting with individuals who have physical disabilities

- Speak naturally and directly to an individual, not to his or her companion or support person.
- If you need to have a lengthy conversation with someone in a wheelchair or scooter, consider sitting so that you can make eye contact.
- Ask before you help. People with physical disabilities often have their own ways of doing things.
- Respect an individual's personal space. Do not lean over him or her or on his or her assistive device.
- Don't move items or equipment, such as canes and walkers, out of the person's reach.
- Don't touch assistive devices without permission. If you have permission to move a person in a wheelchair, remember to:
 - ✓ Wait for and follow the person's instructions
 - ✓ Confirm that an individual is ready to move
 - ✓ Describe what you're going to do before you do it
 - ✓ Avoid uneven ground and objects
 - ✓ Don't leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.
- Let an individual know about accessible features in the immediate area (i.e., automatic doors, accessible washrooms, elevators, ramps, etc.).

7. Individuals Who Have Mental Disabilities

Mental health disabilities are not as visible as many other types of disabilities. You may not know that an individual has a mental health disability unless you're informed of it. Examples of mental health disabilities include schizophrenia, depression, phobias, as well as bipolar, anxiety and mood disorders.

A person with a mental health disability may have difficulty with one, several or none of these:

- Inability to think clearly
- Hallucinations (e.g., hearing voices, seeing or feeling things that aren't there)
- Depression or acute mood swings (e.g., from happy to depressed with no apparent reason for the change)
- Poor concentration
- Difficulty remembering
- Apparent lack of motivation.

If someone is experiencing difficulty controlling his or her symptoms, or is in a crisis, you may want to help out. Be calm and professional and ask an individual how you can best help.

Types of assistance an individual might use:

- Service animal
- Support person.

Guidelines for interacting with individual that may have mental disabilities

- Treat a person with a mental health disability with the same respect and consideration you have for everyone else.
- Be patient.
- Be confident and reassuring. Listen carefully and work with an individual to try to meet their needs.
- If someone appears to be in a crisis, ask him or her to tell you the best way to help.

8. Individuals Who Have Intellectual or Development Disabilities

People with intellectual or developmental disabilities may have difficulty doing many things most of us take for granted. These disabilities can mildly or profoundly limit the person's ability to learn, communicate, socialize and take care of their everyday needs. You may not know that someone has this type of disability unless you are told.

As much as possible, treat an individual with an intellectual or developmental disability like anyone else. They may understand more than you think, and they will appreciate that you treat them with respect.

Types of assistance an individual might use:

- Communication Board
- Speech generating device
- Service animal
- Support person

Guidelines for interacting with individuals who may have these disabilities:

- Don't assume what a person can or cannot do.
- Use plain language and speak in short sentences.
- To confirm if an individual understands what you have said, consider asking the person to repeat the message back to you in his or her own words.
- If you cannot understand what is being said, simply ask again.
- Provide one piece of information at a time.
- Be supportive and patient.
- Speak directly to an individual, not to their companion or support person.

9. Individuals Who Have Learning Disabilities

The term “learning disability” describes a range of information processing disorders that can affect how a person acquires, organizes, expresses, retains, understands or uses verbal or nonverbal information. Examples include dyslexia (problems in reading and related language-based learning); dyscalculia (problems in mathematics); and dysgraphia (problems in writing and fine motor skills).

It is important to know that having a learning disability does not mean a person is incapable of learning. Rather, it means they learn in a different way.

Learning disabilities can result in different communication difficulties for people. They can be subtle, such as difficulty reading, or more pronounced. They can interfere with an individual’s ability to receive, express or process information. You may not know that a person has a learning disability unless you are told.

Types of assistance an individual might use:

- Alternative technology for writing
- Calculator
- Scanning or reading technology
- Tape recorders, mini pocket recorders.

Guidelines for interacting with individuals who may have learning disabilities:

- When you know someone with a learning disability needs help, ask how you can help.
- Speak naturally, clearly, and directly to an individual.
- Allow extra time if necessary - people may take a little longer to understand and respond.
- Remember to communicate in a way that takes into account the individual’s disability.
- Be patient and be willing to explain something again, if needed.

10. Individuals Who Have Speech or Language Impairments

Some people have problems communicating because of their disability. Cerebral palsy, hearing loss or other conditions may make it difficult to pronounce words or may cause slurring or stuttering. They also may prevent the person from expressing themselves or prevent them from understanding written or spoken language. Some people who have severe difficulties may use communication boards or other assistive devices.

Types of assistance an individual might use:

- Communication board
- Paper and pen
- Speech generating device
- Support person.

Guidelines for interacting with individuals who may have speech/language impairments:

- Don't assume that because a person has one disability, they also have another. For example, if an individual has difficulty speaking, it doesn't mean they have an intellectual or developmental disability as well.
- Ask an individual to repeat the information if you don't understand.
- Ask questions that can be answered "yes" or "no" if possible.
- Try to allow enough time to communicate with an individual as they may speak more slowly.
- Don't interrupt or finish an individual's sentences. Wait for them to finish.

11. Individuals With Disabilities Over The Phone

- Speak naturally, clearly and directly.
- Don't worry about how the person's voice sounds. Concentrate on what they are saying.
- Don't interrupt or finish an individual's sentences. Give an individual time to explain or respond.
- If you don't understand, simply ask again, or repeat or rephrase what you heard and ask if you have understood correctly.
- If a telephone individual is using an interpreter or a Relay Service, speak naturally to the individual, not to the interpreter.
- If you encounter a situation where, after numerous attempts, you and an individual cannot communicate with each other due to the individual's disability, consider making alternate arrangements.

12. Assistive Devices

An assistive device is a tool, technology or other mechanism that enables a person with a disability to do everyday tasks and activities such as moving, communicating or lifting. It helps the person to maintain their independence at home, at work and in the community.

There are a variety of assistive devices that some individuals may use, depending on their disability. Many will be personal assistive devices, meaning they are owned and brought along by the individual, while others may be provided by St. Joes.

How do I interact with an individual who uses an assistive device?

- Many individuals with disabilities will have their own personal assistive devices, such as
- wheelchairs, scooters or walkers. Don't touch or handle an assistive device without permission.
- If you have permission to move a person in a wheelchair remember to:
- Wait for and follow the person's instructions.
 - ✓ Confirm that an individual is ready to move.
 - ✓ Describe what you are going to do before you do it.
 - ✓ Try to avoid uneven ground and objects.
 - ✓ Don't leave the person in an awkward, dangerous or undignified position such as facing a wall or in the path of opening doors.
- Don't move items or equipment, such as canes and walkers, out of an individual's reach.
- Respect an individual's personal space. Don't lean over him or her or on his or her assistive device.
- Let an individual know about accessible features in the immediate environment (e.g. automatic doors, accessible washrooms, etc.).

Assistive devices that may be provided by your business or organization

- Mobility devices such as a wheelchair
- Elevator
- Teletypewriter (TTY)
- Accessible interactive kiosks
- Adjustable desk/workstation - changes the height or tilt of a writing surface
- Automatic door opener
- Lift - raises or lowers people who use mobility devices

Communicating using a TTY and Bell Relay Service

- A teletypewriter (TTY) is a device that allows users to send typed messages across phone lines.
- Many people who are Deaf, oral deaf, deafened, hard of hearing or deafblind use TTYs

to call other individuals.

- This device generally has a keyboard and display that lets the user send and receive typed messages over telephone lines. People who are deafblind may use an additional large print or braille display to read the typed messages.

13. Service Animals

A service animal is an animal with a job to do for a person with a disability. Under our policy, an animal is a service animal if it is readily apparent that the animal is used by the person for reasons relating to their disability, or if the person has a letter from a physician or nurse verifying that the animal is required for reasons relating to their disability. These designated service animals will be allowed on our premises that are open to the public otherwise excluded by law from the premises.

Guidelines for interacting with an individual who uses a service animal

- Remember that a service animal is not a pet. It is a working animal.
- Avoid touching or addressing the animal – they are working and have to pay attention at all times.
- Avoid making assumptions about the animal. Not all service animals wear special collars or harnesses. If you're not sure if the animal is a pet or a service animal, ask an individual.
- Remember an individual is responsible for the care and supervision of their service animal. You are not expected to provide care or food for the animal. However, you could provide water for the animal if an individual requests it.