

MOUNT SINAI HOSPITAL

Joseph and Wolf Lebovic Health Complex

Bright Minds. Big Hearts. The Best Medicine.



Eliminating Barriers, Providing Support

A Helpful Staff Guide to Disability and
Interacting with People with Disabilities



Eliminating Barriers: An Important Part of “The Best Medicine”

Welcome to Mount Sinai Hospital.

As a staff member, you are part of a team that is dedicated to delivering The Best Medicine to all patients and families who come to us for help.

As part of our commitment to Patient and Family-Centered Care, the services Mount Sinai Hospital provides to its patients, families, visitors and employees will be delivered in a manner that respects the dignity and independence of all persons with disabilities.

The provincial Accessibility for Ontarians with Disabilities Act (2005) requires, by law, that all service providers remove barriers faced by people with disabilities. The long-term goal of the legislation is a barrier-free Ontario for people with disabilities by 2025 through the development and implementation of accessibility standards for the private and public sectors.

In the coming years we will see specific regulations covering:

- Customer Service
- Transportation
- Information and Communications
- Employment
- Built Environment

The new Customer Service Standard is the first regulation to be enacted. The standard came into effect January 1, 2008 and hospitals are required to comply by January 1, 2010.

The Customer Service Standard refers to delivering service to the public and covers such topics as business practices, employee training and the use of service animals and support persons. If you have any questions, please do not hesitate to ask.

Sincerely,

Sharon Currie,

Chair, Mount Sinai Hospital Accessibility for Ontarians with Disabilities Planning Committee



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Introduction

For many people, a hospital visit can be a stressful experience. For people with disabilities, it can be especially stressful because they can experience challenges in accessing the services we provide in the same way as people who don't have a disability.

This guide is meant to help staff at Mount Sinai Hospital have a better understanding of how to interact with people with disabilities so they can fully access the goods and services we provide.

It's important to remember that people with disabilities are individuals who have the same variety of attitudes, interests and personalities as the general population. As with other situations in life, if you don't know what to do, ask! The person who lives with the disability is the best resource for information on how to help.

You can help reduce stress and improve the overall patient experience.

To help you remember some of the basics of improving customer service for all our patients and families, we have provided a helpful short form:

- T** – Take the time to ask, “May I assist you?”
- A** – Ask, don't assume. Never assist unless asked.
- L** – Listen attentively, and speak directly to the person with a disability.
- K** – Know the accommodations and special services available at Mount Sinai.



General guidelines for serving people with disabilities

- Treat a person with a disability the same as a person without a disability (i.e. with dignity and respect)
- Just because a person has one disability doesn't mean they have another
- Offer to assist the individual, but don't insist. Remember that people with disabilities have their own individual needs and demonstrate various levels of independence
- If a person wants assistance, ask how to help, and what to do (e.g. speak clearly, take my arm, etc.)
- Try to convey the message that you are comfortable and not anxious when assisting. Relax and smile!
- Don't raise your voice unless asked to
- Avoid making assumptions—ask!
- Don't be afraid to ask someone to repeat something you didn't understand
- Ask if there is anything you can do to make the person more comfortable
- While acknowledging the presence of an interpreter, attendant, or companion remember to address the person with a disability directly

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- Don't touch anything without asking first (service animals, wheelchairs, etc.). Please note that a person's assistive device (e.g. wheelchair, cane, walker) is considered a part of their personal space

How to recognize a person with a visual impairment

A person with a visual impairment may:

- Wear dark glasses
- Use a white cane
- Have a guide dog
- Be accompanied by someone who will act as a guide

Some eye conditions may not be apparent if they are in the early stages. For all staff, it is important to recognize non-verbal clues that may indicate a visual impairment. These include:

- Squinting
- Reading at close range
- Getting close to people
- Asking someone to read a sign or document out loud
- Being unsure in their walk
- Bumping into things
- Looking around for signs or directions

How to assist a person with a visual impairment

Visual impairments reduce one's ability to see clearly. Very few people are totally blind. The majority have some vision. How much a person sees, and how functional their vision is, varies greatly from person to person. Some have tunnel vision, and can only see straight ahead. Others have no central vision, but can see around the edges. People with cataracts often have unclear vision, and see things through a 'foggy window.'

How to interact with a person who has a visual impairment:

- Address the person by name and identify yourself and your role (i.e. nurse, doctor, service assistant, dietician, social worker, etc.)
- Speak directly to the person in a normal tone of voice
- Ask if the person would like assistance and if so, ask him/her *how* you can help them and listen for instructions
- When giving directions, be precise and clear. If not sure, call the area where the person is going and confirm directions
- Ask the person how much they can see if you are unsure
- Check with the person before ever patting or distracting their guide dog
- Don't leave the person in the middle of a room. Show them to a chair, or guide them to stand by a wall, door, etc.
- Inform the person if and when you are leaving the area
- Inform and reassure the person by describing any procedures such as the administration of medication, physical examinations, tests, surgery, transportation needs, personal hygiene, etc.
- Orient the person to the surroundings: position of the furniture, closets, call bell, washroom, curtains, shape of room, roommate, etc.
- Remember to inform and orient the person of new locations or if you move any furniture or articles in their environment
- Identify any potential hazards (furniture, equipment) in the person's travel path
- Inform the person when the food tray is delivered and where it was placed. Use the "clock method" to describe the location of food on a plate
- Tell the person when you're giving them material or returning their health or hospital card or any other documents across a counter or table
- If the person administers his/her own medication, ask them how they'd like you to organize the medication

Interacting with a person who has a guide dog

In Ontario, any person who is blind accompanied by a guide dog has the right to enter any public place and all forms of public transportation. The guide dog has been specially trained to guide a person who is blind from place to place safely and independently and to lie quietly under a chair or table or sit in a corner until needed.

- Persons who are blind with guide dogs may not require physical assistance; they may choose to follow a guide or receive verbal directions that they can relay to the dog. The dog has been trained to react to commands given by the owner, such as *left, right, forward* and so on. By following these instructions the dog will guide the owner to his/her destination
- All guide dogs can be recognized by the leather harness and the u-shaped handle which is held in the owner's left hand
- If a guide dog is wearing a harness, do not distract or touch the dog without the owner's permission. Such an action may be dangerous to them both

Assistance Dogs

Assistance dogs are intelligent and sensitive dogs that are trained to aid people with physical, cognitive, or seizure-related disabilities. There are different types of assistance dogs, each trained for different needs.

Guide Dogs: Assist people who are blind or visually impaired.

Service Dogs: Assist people who are mobility impaired. Some service dogs are very specialized. For example, seizure dogs are trained to alert their handler when they are about to have a seizure, by "predicting."

Hearing Dogs: Assist people who are culturally deaf, deafened, oral deaf or hard of hearing by making them aware of important sounds. They alert their handler to sounds such as the doorbell, telephone, a smoke alarm, passing traffic, or alarm clock.

Therapy Dogs: Bring comfort, cheer and motivation to people.



Etiquette with Assistance Dogs

When you meet a person with an assistance dog, remember that the dog is working. Don't do anything that may interrupt the dog from performing its tasks.

- Do not make distracting noises aimed at the assistance dog
- Do not touch the assistance dog without asking permission
- Do not feed the assistance dog
- Don't be offended if the handler declines to talk about the assistance dog

How to assist a person who has a hearing loss

- There are several different types of hearing loss: hard-of-hearing, deafened, oral deaf and culturally deaf. As with other disabilities, hearing loss has a wide variety of causes and degrees. People who are affected may require assistive devices or an American Sign Language (ASL) Interpreter when communicating
- Attract the person's attention before speaking. The best way is a gentle touch on the shoulder or gently waving your hand
- Look at and speak directly to the person. Make sure you are in a well-lit area where your patient can see your face. Avoid standing in front of a window as this will create a shadow on the face
- Keep hands and other objects away from your face so the person can see you and your lips clearly. If wearing a mask and it is possible for you to remove it, please do so before giving instructions
- Always use professional, qualified sign language interpreters. Do not rely on unqualified, untrained, well-intentioned 'signers' or friends or family to fill the role of a sign language interpreter. People who are deaf have a legal right to have access to a professionally trained language interpreter. Please call Volunteer Services at ext. 8200 for more information
- Assistive devices (pocket talkers) are available. Please call Volunteer Services at ext. 8200 for more information
- Make sure you have fully communicated to the person before the interpreter leaves the room
- Allow more time for communication
- If the person uses a hearing aid, try to speak in an area that has few competing sounds. Keep the person's hearing aids handy when removing them. If you remove a person's hearing aids, make sure they are placed in a secure location
- Speak clearly with a well-projected voice. Do not shout. Come closer to the person
- Do not use the intercom. Make a personal visit

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- A person with a severe or profound hearing loss may still not understand. Pen and paper or a demonstration may help. Gestures, body language and facial expressions are helpful
 - Use illustrations, drawings or key words/phrases to explain information. Lip reading is easier when you know the subject
 - Be clear and precise when giving directions, and repeat or rephrase if necessary. Make sure you have been understood. Facial expression and body language can substitute for the tone of the voice
 - When inserting an intravenous line (IV), use the person's non-dominant hand/arm whenever possible. Avoid placing an IV in both hands/arms at the same time
 - Hearing aids do not restore hearing to 100 per cent. Be prepared for some confusion
 - A personal hearing aid or cochlear implant battery should be the last thing removed or turned off before surgery (or other procedure) and the first thing made available in recovery

Types of Hearing Loss

Hard-of-Hearing: Generally describes people who use spoken language to communicate. Most hard-of-hearing people can understand some speech with or without hearing aids. They often also read lips to assist with communication. Hearing aids may be used as well as other assistive devices.

Deafened: Describes people who grew up hearing or hard-of-hearing who have suddenly or gradually lost their hearing to a significant degree. Those who lose their hearing later in life usually cannot understand speech without visual clues such as captioning, speech/lip reading or sign language.

Culturally Deaf: Describes people who identify with and participate in the language, culture and community of deaf people. Culturally deaf people may also use speech, residual hearing, hearing aids, speech/lip reading and gesture to communicate with people who do not sign.

Oral Deaf: Describes those with a severe to profound hearing loss, with little or no residual hearing. Some deaf people use sign language to communicate. Some may use speech to communicate using their residual hearing and hearing aids, technical devices or cochlear implants, and/or speech/lip reading.



Assistive devices for people with a hearing loss

To ensure effective communication with patients who are deaf, deafened or hard-of-hearing, Mount Sinai Hospital provides access to several assistive devices. Please contact Volunteer Services at ext. 8200 for more information.

Alertmaster Notification System: Alerts if telephone rings or to get patients attention via door button, baby cry rings via a flashing light or pillow shaker.

TTY or Teletypewriter: Rings via a flashing light. When the user types on the TTY, the words are turned into electrical signals that can travel over telephone lines. When the receiver gets the signal, it is converted back into letters where they can read the message.

Bed Shaker: Placed under a pillow or mattress to shake the patient awake. Used with the alertmaster.

Telephone Amplifier: Increases volume 100 times; makes calls louder, clearer and easier to understand.

Call Alert: Flashes an attached lamp when the phone or TTY rings.

Pocket Talker: Amplifies sound. Used by people who are hard of hearing when communication is difficult due to environmental background noise or hearing aid is unavailable.

How to assist people who are deaf-blind

People who are deaf-blind have lost both hearing and sight. This often results in greater difficulties in accessing information. Most people who are deaf-blind will be accompanied by an intervenor, a professional who facilitates communication.

Intervenors are trained in special sign language that involves touching the hands of the client in a two-hand, manual alphabet or finger spelling. There are also a number of other communications methods (auditory, visual, and tactile) that the intervenor will facilitate. He/she may also guide and interpret for the client.

How to interact with people who are deaf-blind

- Don't assume what a person can or cannot do. Some deaf-blind people have some sight or hearing, while others have neither
- A deaf-blind person is likely to explain to you how to communicate with them or give you an assistance card or a note explaining how to communicate with them
- Speak directly to the person as you normally would, not to the intervenor
- Identify yourself to the intervenor when approaching the patient who is deaf-blind
- Never touch a deaf-blind person suddenly, unless it is an emergency
- Don't shout or gesture wildly
- Be clear and precise when giving directions, and repeat or rephrase if necessary
- Never interfere with a deaf-blind person's guide dog

If asked, how can you assist people with physical disabilities?

There are many types and degrees of physical disabilities. Not all people who have physical disabilities require assistance. A physical disability isn't always obvious to identify.

Be patient and receptive; you will find that individuals will identify their needs.

When asked, you may be of assistance.

Scheduled procedures may be traumatic experiences for people who grew up with and/or acquire disabilities. This occurs whether or not the healthcare provider or the individual is able to identify that ahead of time: the reality of traumatic responses is that they are neither predictable nor intentional.

People with physical disabilities may experience symptoms of Post Traumatic Stress Disorder (PTSD) such as flashbacks, anxiety, depression and fear of witnessing and/or experiencing death. One appropriate response would be to validate and educate patients regarding PTSD and the medicalization of people with disabilities. Above all, it is important to be mindful of this reality and respond with compassion and respect.

How to interact with people who have physical disabilities

- Speak clearly and directly to the person
- If the person has an attendant and/or family member with him/her, create an opportunity for the patient to indicate whether or not he/she wants his/her attendant/family member in the appointment





- The patient may require extra time for appointments (to change, get in and out of the room, communicate etc.)
- Upon his/her arrival, be sure to enquire what time the patient needs to meet his/her ride and allow him/her time to get there. It is important to note that people who rely on Wheel-Trans are penalized if they are late for their scheduled rides. This is a daily stressor for people with disabilities who use Wheel-Trans
- Maintain eye contact
- People with physical disabilities often have their own ways of doing things. Ask before you assist
- Be patient and be sure you understand the person's needs. Be sure to clarify by reflecting back to them what you heard
- Avoid touching any assistive devices, including wheelchairs, unnecessarily unless it's an emergency. Please note that a person's assistive device (e.g. wheelchair, cane, walker) is considered a part of his/her personal space

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- Provide information about accessible features of the immediate environment (automatic doors, accessible washrooms, etc.)
 - Though it is understood that most hospitals do not provide attendant care services to patients, it can be validating for the individual to be asked whether or not he/she requires attendant care. This demonstrates to the patient that you understand his/her lifestyle as adequate attendant care provides personal choice, control, respect and dignity for people with physical disabilities

How to assist people with communication disabilities

Depending on the cause and severity of the disability, a person can have difficulty speaking; understanding what is said to him/her; reading and/or writing. Having limited or no speech does not imply a lack of understanding or limited intelligence.

However, some people do have difficulty understanding spoken and written language. Some conditions, such as Cerebral Palsy, can make it difficult for the person to pronounce words, resulting in slurred speech or no speech.

Other conditions such as aphasia, which can be caused by a stroke, can make it difficult to understand others, speak, read and/or write. People who have intellectual disabilities from birth or Alzheimer's disease can have problems with remembering, learning, or problem-solving. Many people have multiple disabilities. People with communication disabilities often use communication displays (e.g. point to pictures, letters) or speak out their messages on devices. In some cases, they may rely on a communication assistant to interpret what they are saying.

How to interact with people with communication disabilities

- If a person has difficulty communicating, do not assume they have an intellectual disability
- Speak in your regular tone of voice. Do not speak loudly or slowly
- Choose somewhere quiet and peaceful to talk whenever possible. That gives you both an opportunity to concentrate and not be distracted
- Do one thing at a time
- Look directly at the person you are talking to — not at the person who may be accompanying him/her
- If you are able, ask questions that can be answered with *yes* or *no*.
It is essential at the beginning of your interaction to find out how the person communicates
- If you don't understand, ask the person to repeat the information or try another way of communicating such as with pen and paper or gestures
- **Be patient!** Allow the person time to answer or make a request. Give the person a chance to communicate. Impatience on your part may have a negative effect on the other person's speech and overall experience
- Find out what you can do to make communication go smoothly. Many people with communication disabilities have written instructions that tell you what they want you to do
- If the person points to pictures, symbols or letters on a communication display, say the item out loud as he/she points to them. It can help to write down words as the person selects them
- If the person uses a device, give him/her time to construct his/her message. If you don't understand the speech from the device, tell the person. He/she will either repeat it, or signal for you to read the screen on the device
- If a person has difficulty understanding what you are saying, use short, clear sentences and avoid using jargon and medical terminology. Ask the person what you can do to help him/her understand. For some people it

is useful to write down key words as you speak, use gestures, point to objects and pictures or use drawings and diagrams

- People with communication disabilities may also have communication challenges because the language you are speaking is not their first language
- If the individual has a personal assistant, obtain his/her permission before discussing confidential matters in front of the assistant

How to assist people with intellectual disabilities

You may not know that someone has this disability unless you are told, or you notice the way the person acts, asks questions or uses body language. Be supportive and patient. Treat people with an intellectual disability like everyone else. They may understand more than you realize. Everyone deserves to be treated with dignity and respect.

How to interact with people who have intellectual disabilities

- Don't assume what a person can or cannot do
- Use simple words and short sentences. Speak directly to the person
- Ensure the person understands what you have said. Ask him/her to review the information with you or demonstrate that he/she understands. If this is not possible, ensure that the support person understands what has been said
- Written instructions may be useful
- If you can't understand what's being said, don't pretend. Just ask again
- Be prepared to repeat and rephrase your sentences. Give one piece of information at a time
- Be polite and patient

Talk about disabilities: Words make a difference

Words are powerful and can influence and reinforce the public's perception of people with disabilities. They can create a positive view of people with disabilities or an indifferent or negative impression.

Here are some general tips that can help make your communication and interactions with or about people with all types of disabilities more successful:

- Use disability or disabled, not handicap or handicapped
- Never use terms such as retarded, dumb, psycho, moron or crippled. These words are very demeaning and disrespectful
- Remember to put people first. It is proper to say person with a disability, rather than disabled person
- If you don't know someone or if you are not familiar with the disability, it's better to wait until the person describes his/her situation to you, rather than to make your own assumptions. Many types of disabilities have similar characteristics and your assumptions may be wrong

The following preferred words and phrases will help you choose language that is neither demeaning nor hurtful. People with disabilities prefer these terms.

Instead of:	Please use:
Afflicted by cerebral palsy, multiple sclerosis, arthritis, disability etc.	<ul style="list-style-type: none"> • person who has arthritis • person who has cerebral palsy • person with a disability • person who has multiple sclerosis
Aged (the)	<ul style="list-style-type: none"> • seniors or older adults
Autistic	<ul style="list-style-type: none"> • a person with autism • a person who has autism
Birth defect, congenital defect, deformity	<ul style="list-style-type: none"> • a person who has a congenital disability • a person with a disability since birth
Blind (the), visually impaired (the)	<ul style="list-style-type: none"> • a person with a visual impairment • a person who is blind • a person with vision loss
Brain damaged	<ul style="list-style-type: none"> • a person with a brain injury • a person with a head injury
Confined to a wheelchair, wheelchair bound	<ul style="list-style-type: none"> • a person who uses a wheelchair
Crazy, insane, lunatic, psycho, mental, mental patient, maniac, neurotic, psychotic, unsound mind, schizophrenic	<ul style="list-style-type: none"> • a person with a mental health disability • a person with schizophrenia • a person who has depression
Cripple, crippled, lame	<ul style="list-style-type: none"> • a person with a disability • a person with a mobility impairment • a person who walks with crutches • a person who uses a walker • a person who uses a mobility aid • a person with arthritis, etc.
Deaf (the), hearing impaired (the)	<ul style="list-style-type: none"> • a person who is deaf (with profound hearing loss who communicates using sign language) • a person who is deafened (deaf later in life) • a person who is hard of hearing (person with hearing loss who communicates primarily by speech) • a person with a hearing loss

Instead of:	Please use:
Deaf and dumb, deaf mute	• a person who is deaf
Deaf-Blind (the)	• a person who is deaf-blind (person who has any combination of visual and auditory impairments)
Differently abled	• a person with a disability
Disabled (the)	• people with disabilities
Elderly (the)	• seniors, older adults
Epileptic	• person who has epilepsy
Fits, spells, attacks	• seizures
Handicapped (the)	• person with a disability
Invalid	• a person with a disability
Learning disabled, learning disordered	• a person with a learning disability • persons with learning disabilities
Mentally retarded, idiot, simple, retarded, feeble minded, imbecile	• a person with an intellectual disability • a person with a developmental disability
Midget, Dwarf	• a person of short stature • a person who has a form of dwarfism • a person diagnosed with "achondroplasia, SED, or what ever their specific diagnosis is," a form of dwarfism
Mongoloid, Mongolism	• a person with Down Syndrome • a person with an intellectual or developmental disability
Normal	• person who is not disabled • person who is able bodied • person who is sighted • a hearing person • a person who is ambulatory
<i>*The word patient may be used when referring to a relationship between a medical professional and a client.</i>	

Use this terminology only when it is directly relevant:

Instead of:	Please use:
Physically challenged	• person with a physical disability
Spastic	• person who has muscle spasms
Stutterer	• a person with a speech impairment or impediment
Victim of/suffers from/stricken with cerebral palsy, multiple sclerosis, arthritis, disability, etc.	• person who has cerebral palsy • person who has multiple sclerosis • person with arthritis • person with a disability
Visually impaired (the)	• a person with a visual impairment • a person with low vision • a person with vision loss • a person with a vision disability

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<http://www.mcscs.gov.on.ca/mcscs/english/pillars/accessibilityOntario/>



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