



WEST PARK
HEALTHCARE CENTRE

REHABILITATION, COMPLEX CONTINUING AND LONG-TERM CARE

CHANGING THE WAY PEOPLE LOOK AT BARRIERS:

Accessibility Planning at West Park Healthcare Centre
October 2007-September 2008

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Executive Summary

Disability is not only about the physical, mental and other impairments faced by individuals, but about society's response to this form of diversity. Everyone is challenged to take action, whether the disability is one's own or someone else's. Two of the most important responses to disability are creating an accessible environment and providing services, such as rehabilitation, to help people participate more fully in society and exercise their human rights. West Park does both.

For example, the Centre's Augmentative and Alternative Communication (AAC) Clinic helps patients with severe communication disorders take greater advantage of accessible environments. One of only seven such services in the entire Greater Toronto Area, the AAC Clinic has specialized staff who assess communication challenges (including speaking, writing or using the telephone), prescribe assistive technology and provide training to enhance communication. AAC strategies can also be brought to bear on behalf of West Park's inpatients. An expansion of the Centre's Chronic Assisted Ventilatory Care (CAVC) in 2007/08 includes an equipment trial of computer hardware and software that allow people with insufficient use of their limbs and neck to control a computer through eye motion. That gives them access to the Internet and a wide array of new possibilities, from communication to learning, entertainment and even earning income.

Annual accessibility planning by hospitals and other public-sector organizations is a requirement of the Accessibility for Ontarians with Disabilities Act (AODA), 2005, and the Ontarians with Disabilities Act (ODA), 2001. This document presents West Park Healthcare Centre's fifth annual accessibility plan (October 2007-September 2008) as well as the results of the plan for 2006/07. The Centre's Board of Directors has declared its intention to comply with the spirit as well as the letter of the law, in keeping with West Park's motto that "we change the way people look at barriers".

As a hospital for specialized rehabilitation, complex-continuing and long-term care, the Centre was designed from the start to be highly accessible to people with many disabilities. In addition, understanding of a wide range of disability issues tends to run high, with expertise readily available and daily operations under close scrutiny by many people with disabilities and their families. At the same time, because the Centre is a highly accessible environment, the remaining accessibility barriers that are most frequently cited tend to be difficult, and therefore costly, to address. Under the existing legislation, steps to improve accessibility must be undertaken within organizations' existing resources. As a result, many improvements can be made only as part of larger projects with special funding.

Nonetheless, Year Four was marked by accomplishments that will contribute to enhanced accessibility and the elimination or alleviation of barriers:

- ▶ A plan progressed to address the main-entrance grade (slope of the walk to/from parking lots and grounds) as well as the accessibility of services located in West Park's oldest remaining building (opened in 1938), with the submission to the Ministry of a "pre-proposal" for campus redevelopment. The objective of the pre-proposal is to gain Ministry support for continued planning through a grant to cover the substantial costs of architects, engineers and other planners.
- ▶ As part of a proposal submitted in November 2006 to expand the CAVC service, another of West Park's inpatient units would undergo major renovations, including accessibility improvements, acquisition of special equipment to monitor patients who cannot access a call bell when they need assistance, and assistive technology to enable computer use by patients with insufficient use of their limbs and neck.
- ▶ Concrete walkways were repaired or replaced around the front of the Main Building, the roof garden, recreation therapy and the visitor parking lot to improve wheelchair navigation.
- ▶ An automatic door connecting inpatient units to the roof garden was replaced with a more-accessible sliding door, and an adjacent sidewalk was widened, to facilitate access by persons with disabilities.

- ▶ Ongoing orientation was provided to staff and new staff on accessibility planning and the identification/prevention of barriers, through the orientation program for new employees, employee handbook and newsletter, an annual accessibility event with guest speaker, and availability of a video for loan to groups and individuals.
- ▶ Ongoing activities were carried forward from previous years, including substitution of lever-style doorknobs for round knobs when replacement of doors or knobs is required (levers already standard in patient areas), reinforcement of groundskeeping standards for wheelchair safety, and tracking of accessibility issues through satisfaction surveys and the concerns process.

This plan for Year Five builds on the results of the previous four years, including extensive information gathering in 2003 to identify barriers. Accessibility improvements continue to be prioritized according to criteria that include the following: barriers that affect patients, barriers encountered often, barriers faced alone (i.e. without someone to assist), and barriers for which a practical solution is readily available. A summary of the planning for Year Five appears below.

In its accessibility planning, West Park builds on a longstanding commitment to people with disabilities. With its high rate of use particularly by people with physical disabilities, West Park is held to a high standard and wishes to continue demonstrating leadership in accessibility. The Premier's Award for Accessibility, won for the Centre's grounds, is an indicator of the seriousness with which West Park takes this responsibility.

West Park's ultimate goal is that, with a heightened awareness of the range of disabilities and the range of barriers, combined with a commitment to reducing barriers, the Centre will promote and maintain a culture of accessibility for all its stakeholders.

Summary of Barriers to Be Addressed in Year Five (October 2007-September 2008)

Accessibility factor (type of barrier)	Objective	Action
1. Cafeteria (<i>architectural, physical</i>)	Improved accessibility of dining facilities	Improvements to the outdoor seating area with installation of a patio, including an automatic door opener as well as the elimination of a step, to increase independent access by persons with disabilities. The area is already equipped with wheelchair-accessible picnic tables on the lawn.
2. Disability supports (<i>technological, communication</i>)	Application of assistive technology to enable access to computers by persons with insufficient use of their limbs and neck	Equipment trial of computer hardware and software that allow people to control a computer through eye motion; part of an expansion proposal for the Centre's Chronic Assisted Ventilatory Care (CAVC) service.
3. Doors – opening/closing (<i>architectural, physical</i>)	Independent use of doors by as many people as possible	Consideration of additional automatic door openers or magnetic hold-open devices that comply with fire code in high-traffic areas, as further needs are identified.
4. Integration of accessibility planning into all planning activities and operations (<i>policy/practice</i>)	Take advantage of opportunities presented by other projects to prevent new barriers, identify and remove existing barriers, and access additional funding	Specific action will depend on projects undertaken in the Centre each year.

Accessibility factor (type of barrier)	Objective	Action
5. Education/training on interacting effectively with people with disabilities (communication, attitudinal, policy/practice)	Encourage and enable behaviours that respect and protect human dignity and diversity	A formal education/training program for staff and volunteers, with written policies, practices and procedures, will be developed and implemented to comply with the Accessibility Standards for Customer Service Regulation, O. Reg. 429/07, under the Accessibility for Ontarians with Disabilities Act, 2005. The regulation comes into force on January 1, 2008, and the accessibility standards for customer service that it addresses will apply to designated public-sector organizations, including public hospitals, on and after January 1, 2010. The provincial government's accessibility directorate is expected to provide more information on training requirements as well as training materials; in the past the Ontario Hospital Association (OHA) has also provided tools to help hospitals comply with accessibility legislation. In the meantime, West Park will continue its present staff orientation and awareness-raising activities related to accessibility planning.
6. Ongoing activities from previous years	Build momentum and maintain gains in improving accessibility	<ul style="list-style-type: none"> - Continued improvements in communication with patients and the public (e.g. availability of current key information in large print/plain text, Web-site accessibility conforming to the Double-A international standard of the World Wide Web Consortium, information on accessibility features at West Park for people with disabilities) - Reinforcement of groundskeeping standards for wheelchair accessibility and safety - Clear paths of travel (e.g. storage/clutter in corridors) - Substitution of lever-style doorknobs for round knobs when replacement of doors or knobs is required (levers already standard in patient areas); - Tracking of accessibility issues through satisfaction surveys and the concerns process - Monitoring/reporting of results achieved through accessibility planning.

1. Aim of Accessibility Plans

The Accessibility for Ontarians with Disabilities Act, 2005, (AODA) and Ontarians with Disabilities Act, 2001, (ODA)¹ have been enacted to improve opportunities for people with disabilities and to promote their full participation in the life of the province. The purpose of the AODA is to develop, implement and enforce standards for accessibility related to goods, services, facilities, employment, accommodation and buildings. The provincial government's target date for reaching this goal is no later than January 1, 2025.

The acts require that certain types of organizations, including hospitals, prepare an annual accessibility plan in consultation with persons with disabilities and other stakeholders. Under the legislation, accessibility plans must be publicly available and identify:

- ▶ barriers in facilities, programs, services, policies and practices that affect people with disabilities
- ▶ steps to be taken over time, and within existing resources, to remove identified barriers and prevent new ones.

2. Objectives of Accessibility Planning at West Park

West Park has adopted a formal policy committing the organization to compliance with the requirements of the AODA and the ODA and to a process for continual improvement of accessibility. The policy's accompanying procedure specifies development and communication of an annual Accessibility Plan, attention to Centre by-laws and policies, and the establishment of responsibility for overseeing these processes. The policy and procedure have been incorporated into West Park's policy and procedure manual.

This plan:

1. Describes the process by which West Park is identifying barriers to people with disabilities in order to remove and prevent those barriers
2. Reviews completed efforts at West Park to remove and prevent barriers to people with disabilities
3. Describes measures West Park will take in the year ahead to identify, remove and prevent barriers to people with disabilities
4. Takes into consideration barriers affecting people with disabilities who live, work in or use the Centre – including patients and their family members, staff, health-care practitioners, volunteers and members of the community
5. Describes how West Park will make this Accessibility Plan available to the public.

3. Description of West Park Healthcare Centre

West Park is the regional rehabilitation centre for the western Greater Toronto Area (GTA), and currently operates 133 rehabilitation beds, 148 complex continuing care beds, 200 long-term care beds², and an array of ambulatory services. It is located near the intersection of Jane and Eglinton streets in the northwest quadrant of Toronto. Founded in 1904, the Centre is now in its second century of service. More information is available on request or by visiting West Park's Internet site at www.westpark.org.

¹Available at: www.mcass.gov.on.ca/accessibility/index.html .

²The long-term care centre, which opened in 2002 and is managed and maintained by a company under contract to West Park, is not included in this plan.

4. Accessibility Working Group

West Park's President and CEO authorized the formation of an Accessibility Working Group in 2003 to establish a process for accessibility planning at the Centre. As accessibility planning is now formally embedded in the normal course of activity of the Centre and everyday operational responsibility is shared by the Operations & Logistics and Corporate Planning departments, the terms of reference of the working group were amended in 2007 to focus on the annual preparation of the accessibility plan in consultation with persons with disabilities and other stakeholders.

5. West Park's Commitment to Accessibility Planning

The Centre's Board of Directors has declared its intention to comply with the spirit as well as the letter of the law, in keeping with West Park's motto that "we change the way people look at barriers". As a specialized facility for rehabilitation, complex continuing and long-term care, West Park builds on a longstanding commitment to accessibility for all people with disabilities. With its high rate of use particularly by people with physical disabilities, West Park is held to a high standard and wishes to continue demonstrating leadership in accessibility. The Premier's Award for Accessibility, won in 1990 for the Centre's grounds, is an indicator of the seriousness with which West Park takes this responsibility.

Disability is not only about the physical, mental and other impairments faced by individuals, but about society's response to this form of diversity. Everyone is challenged to take action, whether the disability is one's own or someone else's. Two of the most important responses to disability are creating an accessible environment and providing services, such as rehabilitation, to help people participate more fully in society and exercise their human rights. West Park does both.

For example, the Centre's Augmentative and Alternative Communication (AAC) Clinic helps patients with severe communication disorders take greater advantage of accessible environments. One of only seven such services in the entire Greater Toronto Area, the AAC Clinic has specialized staff who assess communication challenges (including speaking, writing or using the telephone), prescribe assistive technology and provide training to enhance communication. AAC strategies can also be brought to bear on behalf of West Park's inpatients. An expansion of the Centre's Chronic Assisted Ventilatory Care (CAVC) service in 2007/08 includes an equipment trial of computer hardware and software that allow people with insufficient use of their limbs and neck to control a computer through eye motion. That gives them access to the Internet and a wide array of new possibilities, from communication to learning, entertainment and even earning income.

West Park's ultimate goal is that, with a heightened awareness of the range of disabilities and the range of barriers, combined with a commitment to reducing barriers, the Centre will promote and maintain a culture of accessibility for all its stakeholders. Given the current fiscal environment, with hospitals facing budgetary pressures, it will also be necessary that creative solutions for reducing barriers be found, such as coordination with renovation projects as they are undertaken.

6. Status of Accessibility Plan for 2006/07 (Year Four)

Interest in, and support for, accessibility planning runs high at West Park by the very nature of the organization. The status of all of the priorities for Year Four as of September 2007 is indicated in the following table.

Year Four Projects (October 2006-September 2007)

Accessibility factor (type of barrier)	Objective	Action	Status
1. Main entrance grade – slope of walk to/from parking lots and grounds (<i>architectural, physical</i>)	Independent access to the Main Building in all seasons and all weather conditions	Engage architect/landscaping consultant to study the area at the main entrance and make recommendations to improve accessibility; take into consideration continuous railings and weather conditions in all seasons	“Pre-proposal” for campus re-development submitted to the Ministry of Health and Long-Term Care in April 2007; includes a solution to the main entrance grade as well as demolition of West Park’s oldest remaining building (opened in 1938), which has limited accessibility; will require Ministry approval and funding for implementation
2. Education/training on interacting effectively with people with disabilities (<i>communication, attitudinal</i>)	Encourage and enable behaviours that respect and protect human dignity and diversity	Build on the annual accessibility day to develop a more-formal education/training program for staff and volunteers, including strategies to maximize participation; explore collaboration with other organizations, such as hospitals or educational institutions	<ul style="list-style-type: none"> - Ongoing orientation of staff and new staff to accessibility planning and the identification/prevention of barriers, through the orientation program for new employees, employee handbook and newsletter - Video on issues faced by immigrants with disabilities available for internal use - Annual accessibility event, with guest speaker - A formal education/training program for staff and volunteers deferred, pending enactment of the new provincial standard on customer service, which is expected to include training requirements and materials produced by the provincial government’s accessibility directorate.
3. Doors – opening/closing (<i>architectural, physical</i>)	Independent use of doors by as many people as possible	Install automatic door openers or magnetic hold-open devices that comply with fire code in high-traffic areas	Automatic door connecting inpatient units to the roof garden was replaced with a sliding door, and an adjacent sidewalk was widened, to facilitate access by persons with disabilities
4. Cafeteria servery (<i>architectural, physical</i>)	Improved accessibility of food serving stations	Make servery area 95-100% accessible with additional improvements to self-service areas such as salad bar, breakfast bar, display cases	Project cancelled due to prohibitive cost and budget constraints in the Centre

Accessibility factor (type of barrier)	Objective	Action	Status
5. Integration of accessibility planning into all planning activities and operations	Take advantage of opportunities presented by other projects to prevent new barriers, identify and remove existing barriers, and access additional funding	Specific action will depend on projects undertaken in the Centre each year	Ongoing; major accomplishment in 2006/07: - Proposal submitted to the Ministry of Health and Long-Term Care in November 2006 to expand the CAVC service; major renovations would include accessibility improvements, acquisition of special equipment to monitor patients who cannot access a call bell when they need assistance, and assistive technology to enable computer use by patients with insufficient use of their limbs and neck
6. Other ongoing activities	Build momentum and maintain gains in improving accessibility	<ul style="list-style-type: none"> - Orientation of new staff to accessibility planning and identification/prevention of barriers - Information on accessibility planning in Employee Handbook - Communication with patients and the public (e.g. availability of current key information in large print/plain text, Web-site accessibility conforming to the Double-A international standard of the World Wide Web Consortium, information on accessibility features at West Park for people with disabilities) - Reinforcement of groundskeeping standards for wheelchair accessibility and safety; repairs to uneven walkways - Clear paths of travel (e.g. storage/clutter in corridors) - Substitution of lever-style door-knobs for round knobs when replacing doors or knobs (levers already standard in patient areas); - Tracking of accessibility issues through satisfaction surveys and concerns process; monitoring/reporting of results achieved through accessibility planning. 	All ongoing; major accomplishment in 2006/07: - Concrete walkways repaired or replaced around the front of the Main building, the roof garden, recreation therapy and the visitor parking lot to improve wheelchair navigation

7. Ongoing Identification of Barriers

The identification of accessibility initiatives continues to be informed by the list of barriers developed during the preparation of the first annual plan and augmented by information gathered in the course of the intervening years. The information-gathering methods that have been employed include: a review of existing documentation such as patient satisfaction surveys and Residents' Council minutes; a survey of all staff and medical staff and selected patients, former patients, family members and volunteers; focus groups; canvassing of West Park committees and departments; a pilot building audit by students; external consultations with people with disabilities and related organizations; and a telephone hotline. Accessibility issues are now routinely identified through the Centre's concerns process and satisfaction surveys.

The accessibility of the Centre's site and facilities is a major focus of the campus-redevelopment project. Accessibility planning will become more detailed in the upcoming functional-programming phase of the project.

8. Prioritization of Barriers Identified

The law states that organizations are expected to "develop and implement accessibility plans within their existing planning processes and using existing resources." Accordingly, accessibility planning at West Park has been incorporated into annual capital planning, development of annual operating plans (the Hospital Annual Planning Submission and, formerly, Business Planning Briefs), and departmental work plans. Major criteria established by the Accessibility Working Group to set priorities include the following:

- ▶ Frequency with which a barrier has been mentioned by stakeholders
- ▶ Number of people affected by a barrier
- ▶ Barriers affecting patients
- ▶ Barriers faced alone (i.e. without someone who can assist in overcoming the barrier)
- ▶ Availability of a practical solution that can be readily implemented
- ▶ Availability of a way to avoid a barrier (i.e. work around it)
- ▶ Availability of resources required to remedy a barrier (timing/phasing factor)
- ▶ Magnitude of risk posed by a barrier (i.e. estimated severity of the barrier)
- ▶ Relationship to scheduled renovations and other capital projects
- ▶ Potential influence on a person's decision to obtain treatment at West Park.

In addition to setting priorities on a vertical scale from high to low, a multi-year time frame is being used to set priorities on a horizontal scale from short-term to long-term. For example, while a particular barrier may be a high priority based on the above criteria, the cost of a solution to the barrier may affect whether it can be addressed in the shorter or longer term.

As a by-product of the identification of barriers, items outside the scope of accessibility planning are passed on as appropriate to those who can use the information. These include: safety factors; environmental factors; and multicultural services.

9. Barriers to Be Addressed in 2007/08 (Year Five)

The following priorities have been identified for the 2007/08 Accessibility Plan, subject to the availability of the required resources.

Accessibility factor (type of barrier)	Objective	Action
1. Cafeteria (<i>architectural, physical</i>)	Improved accessibility of dining facilities	Improvements to the outdoor seating area with installation of a patio, including an automatic door opener as well as the elimination of a step, to increase independent access by persons with disabilities. The area is already equipped with wheelchair-accessible picnic tables on the lawn.
2. Disability supports (<i>technological, communication</i>)	Application of assistive technology to enable access to computers by persons with insufficient use of their limbs and neck	Equipment trial of computer hardware and software that allow people to control a computer through eye motion; part of an expansion proposal for the Centre's Chronic Assisted Ventilatory Care (CAVC) service.
3. Doors – opening/closing (<i>architectural, physical</i>)	Independent use of doors by as many people as possible	Consideration of additional automatic door openers or magnetic hold-open devices that comply with fire code in high-traffic areas, as further needs are identified.
4. Integration of accessibility planning into all planning activities and operations (<i>policy/practice</i>)	Take advantage of opportunities presented by other projects to prevent new barriers, identify and remove existing barriers, and access additional funding	Specific action will depend on projects undertaken in the Centre each year.
5. Education/training on interacting effectively with people with disabilities (<i>communication, attitudinal, policy/practice</i>)	Encourage and enable behaviours that respect and protect human dignity and diversity	A formal education/training program for staff and volunteers, with written policies, practices and procedures, will be developed and implemented to comply with the Accessibility Standards for Customer Service Regulation, O. Reg. 429/07, under the Accessibility for Ontarians with Disabilities Act, 2005. The regulation comes into force on January 1, 2008, and the accessibility standards for customer service that it addresses will apply to designated public-sector organizations, including public hospitals, on and after January 1, 2010. The provincial government's accessibility directorate is expected to provide more information on training requirements as well as training materials; in the past the Ontario Hospital Association (OHA) has also provided tools to help hospitals comply with accessibility legislation. In the meantime, West Park will continue its present staff orientation and awareness-raising activities related to accessibility planning.

Accessibility factor (type of barrier)	Objective	Action
6. Ongoing activities from previous years	Build momentum and maintain gains in improving accessibility	<ul style="list-style-type: none"> - Continued improvements in communication with patients and the public (e.g. availability of current key information in large print/plain text, Web-site accessibility conforming to the Double-A international standard of the World Wide Web Consortium, information on accessibility features at West Park for people with disabilities) - Reinforcement of groundskeeping standards for wheelchair accessibility and safety - Clear paths of travel (e.g. storage/clutter in corridors) - Substitution of lever-style doorknobs for round knobs when replacement of doors or knobs is required (levers already standard in patient areas); - Tracking of accessibility issues through satisfaction surveys and the concerns process - Monitoring/reporting of results achieved through accessibility planning.

An annual budget to cover costs associated with the projects identified in each year's accessibility plan is subject to the investment priorities and pressures of the Centre's long-range capital plan as well as the overall financial position of the Centre.

10. Review and Monitoring Process

Accessibility planning will be built into West Park's way of doing business on an ongoing basis by a variety of means:

- ▶ Routine identification of potential accessibility issues as part of the concerns-resolution process, to trigger notification of Corporate Planning
- ▶ Continued information gathering, with solicitation of advice from authorities on accessibility, including people with disabilities themselves, e.g. through internal and external contacts as well as satisfaction surveys regularly conducted by the Centre
- ▶ Regular monitoring of progress of initiatives in the annual Accessibility Plan
- ▶ Status reports made through West Park's Corporate Committee to the Board of Directors
- ▶ Inclusion of accessibility on the Centre's balanced scorecard, community report card, and/or surveys of staff, patients and visitors.

Removal of barriers will be undertaken in compliance with the following guidelines:

1. Development of a project plan for management approval which includes the proposed consultation process, evaluation of alternatives, time line and budget
2. Gathering of information from authorities, including those affected by the barrier as well as internal and external experts as appropriate
3. Obtaining final approval of the preferred solution from management prior to initiation, with notification provided to Corporate Planning.

11. Communication of the Plan

Upon its final approval in September 2007, this plan will promptly be communicated in the Centre and to the general public, including: patients and residents, the Board of Directors, management, staff, medical staff, volunteers, and family members and visitors. Communication will take into consideration existing channels:

- ▶ Bulletin board displays
- ▶ West Park newsletter
- ▶ Corporate Intranet
- ▶ West Park Web site
- ▶ Employee orientation and handbook
- ▶ Patient/resident handbooks and other information
- ▶ Board orientation manual.

The plan will be posted on West Park's Web site in a format compatible with assistive technologies. On request, printed copies will be available from Corporate Planning, and the plan can be provided in large print. Based on evidence of need, consideration will be given to other alternative formats.

Promoting and fostering a culture of accessibility is viewed as an ongoing process. West Park's Accessibility Plan is included in information given to planning groups and in the orientation program for new staff and for students doing placements at West Park.

APPENDIX

I. Definitions

Disability

The Ontarians with Disabilities Act, 2001, (ODA) adopted the broad definition for disability that is set out in the *Ontario Human Rights Code*. “Disability” is:

- 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.

Barrier

A “barrier” is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

An example of each of the different kinds of barriers is shown below:

Barrier type	Example
Physical	A doorknob that cannot be operated by a person with limited upper-body mobility and strength
Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational	Typefaces that are too small to be read by a person with low vision
Communication	Talking loudly when addressing a deaf person
Attitudinal	Ignoring a person in a wheelchair
Technological	A paper tray on a laser printer that requires two strong hands to open
Policy/Practice	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly