

Human Resources Department



People First

A Helpful Guide to Disability



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“Human beings, who are almost unique in having the ability to learn from the experience of others, are also remarkable for their apparent disinclination to do so.”

- Douglas Adams

If you have ever tried to communicate with someone who doesn't speak your language, you probably felt somewhat uncomfortable. People depend heavily on spoken language and you might feel nervous or lost when this method is removed.

The same thing can happen when communicating with a person with a disability. You may not know what to do or how to act. You may be afraid to act because you don't want to embarrass yourself or the other person. This can block your communication, ultimately hampering, in our case, the quality of patient care.

The best way to overcome this barrier is to focus on the person rather than the disability. This 'people first' concept is why we use the term “people with disabilities”, instead of “disabled person” or “handicapped”. It can provide a very different perspective when meeting a “person who uses a wheelchair”, as opposed to a “crippled person” or “an invalid”. See the ability, not the disability!

“We all should know that diversity makes for a rich tapestry, and we understand that all the threads of the tapestry are equal in value no matter what their colour.”

- Maya Angelou

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Did you know?

A 2005 survey by the Canadian Council in Social Development revealed that:

- 3.4 million Canadians report having a disability that restricts them in their daily activities (about 1 in every 10 people).
- Disability rates increase with age and of the population 65 and over - 40% report having some form of disability.
- 70% of all persons with disabilities report needing support with daily activities.
- Over half a million adult Canadians report having some form of vision loss and over a million report some form of hearing loss - not corrected by eyewear or hearing aids.
- 57% of adults with disabilities require some type of aid or device.



Accessibility at TBRHSC

The Ontario Government recognizes that persons with disabilities are no different than anyone else in terms of the services they have a right to expect. It was this recognition that gave rise to the 2001 Ontarians with Disabilities Act (ODA) and more recently the 2005 Accessibility for Ontarians with Disabilities Act (AODA).

Through the development, implementation and enforcement of accessibility standards, the main objective is to have a barrier free and fully accessible Ontario by 2025. The accessibility standards apply to TBRHSC and as such the Hospital must produce an annual report on the current year's accomplishments and the subsequent year's strategies with respect to accessibility.

TBRHSC has formed an Accessibility Advisory Team, comprised of members from the Hospital, community and special interest groups. The Team works actively during the year, through meetings and internal audits, to prepare the Annual Accessibility Plan and continually improve our accessibility.



What is a Disability?

Disability and handicap have two very different meanings.

“Disability” refers to a restriction in a person’s ability to participate in a specific activity. “Handicap” refers to an environmental or attitudinal barrier that prevents the person with a disability from participating to their maximum potential.

eg. A disability is the restriction a person who is deaf has in their ability to hear spoken conversation, a handicap would be another person’s reluctance to use means other than speech to communicate with this person.

General Communication Tips

- **PEOPLE FIRST!** Focus on the person, rather than the disability.
- **Approach the person from the front, where they can see you.** This position allows you to communicate with expressions or body language that often times speak louder than words.

- **Speak directly to the person**, rather than to an attendant, companion or interpreter.
- **Speak in a normal voice.** It can be insulting to speak loudly or slowly to a person with a disability, they will let you know if they have difficulty hearing or understanding you.
- **Avoid actions and words that suggest the person should be treated differently.** It is fine to invite a person in a wheelchair to “go for a walk” or to ask a person who is blind if they “see what you mean”.
- **Listen to what people say.** Do not assume you know what they want or what is best for them.
- **Don’t hesitate to offer assistance if the situation warrants.** Respect the person’s right to accept or refuse your offer.
- **If you are unsure how to act or what is appropriate – ask the person.**



People who are deaf, deafened or hard of hearing

Facts:

- People who are Deaf or deafened are those that have a loss of hearing sound that can range from mild to profound. Those that are hard of hearing can often hear some sounds but may not be able to understand speech.
- People may use speech, sign language, lip reading, speech reading, reading and writing or an interpreter to communicate.
- If a person uses sign language, it may actually be their first language, which means they may or may not be able to understand English or any other spoken language.

Tips:

- Make sure you have the person’s attention before you start to speak. You may need to tap them on the shoulder or use other visual cues to get their attention.
- Speak slowly and clearly, directly to the person and try to maintain eye contact.
- Speak to the person in a quiet area (if possible).
- Do not over-emphasize words or distort lip movements.
- Keep your hands away from your face.
- Use pantomime, body language and facial expressions, these are vital communication tools.
- Rephrase a thought, rather than repeating it. Some words are more recognizable for speech/ lip readers.

People who stutter or have trouble speaking

Facts:

- Stuttering is a pattern of speech where the speaker repeats or prolongs sounds for an unusually long time.
- Stuttering may be aggravated by anxiety or stress.
- Profoundly pre-lingually deaf people are those who were born with insufficient hearing to enable them to acquire speech normally, or who lost their hearing prior to the age at which speech is required and thus have difficulty forming the words the way they are commonly heard.

- Neither situation is indicative of a developmental or psychiatric disability.

Tips:

- Listen patiently and do not finish their sentences.
- Listen to what they are saying, rather than how they are saying it.
- Do not interrupt the person, but ask for clarification if needed.
- Attempt to create a relaxed environment where both of you feel at ease.
- Do not suggest that they slow down or start over. This can call attention to the disability and increase anxiety.



People who are blind or have low vision

Facts:

- Low vision denotes a level of vision that is 20/70 or worse and cannot be fully corrected with glasses - indicating you see at 20 ft what a person with good vision sees at 70 ft.
- Low vision is not the same as blindness - a person with low vision has some residual sight and usually requires adaptations for the performance of daily activities, such as reading.

- A person is considered “legally blind” when the best corrected central acuity is 20/200 (normal acuity is 20/20) or the peripheral vision is narrowed to 20 degrees or less in the better eye.
- People who are legally blind may still have some vision - very few people experience total loss of vision.

Tips:

- Identify yourself do not assume the person will recognize your voice.
- Offer your arm, rather than grabbing theirs.
- Let them know of possible hazards, such as doors, steps, changes in terrain (concrete to gravel or grass) etc.
- Never interfere with a guide dog by petting or distracting it. A guide dog provides a service to the owner and when working should not be distracted. Do not pet a service dog unless you have permission.
- Let the person know when you are leaving and if possible leave them in contact with a tangible object such as a table or a wall. This will eliminate the problem of leaving them in an open space with no point of reference.

People with physical or mobility disabilities

Facts:

- Physical disabilities occur widely and can range from arthritis to paralysis.
- Physical disability goes beyond having to use a wheelchair or wear a back brace. There are many medical conditions, such as sclerosis and chronic fatigue syndrome which may affect person's mobility.
- Physical disabilities cannot be generalized because each person will have different causes, symptoms and management strategies.

- Physical disabilities do not necessarily indicate other disabilities as well, such as difficulty hearing or a developmental disability.

Tips:

- Try to sit or crouch, so that you are speaking at eye level.
- Respect personal space. A person's wheelchair is essentially an extension of their body. Do not lean on it or move them without their permission.
- Do not assume help is needed and accept that person's right to refuse help.
- Be aware. Take notice of what is accessible and inaccessible to people in wheelchairs.



People with developmental disabilities

Facts:

- A developmental disability should not be confused with a psychiatric or mental illness.
eg. Developmental disability - Downs Syndrome
eg. Psychiatric disability - Schizophrenia
- A developmental disability is characterized by a difficulty in understanding, communicating, mobility, controlling behaviour or a combination of these.
- A developmental disability does not necessarily mean the person is of low intelligence.

- People with developmental disabilities may have difficulty with both receptive and expressive language (communicating and understanding what is being communicated).
- Sensory issues (over or under stimulated senses) are a problem with many types of developmental disabilities.

Tips:

- Do not be offended by lack of/inappropriate response(s) or unconventional behaviour.
- Maintain eye contact. This shows respect and that you are genuinely listening and trying to help.
- Do not use complex terminology or jargon - use simple sentences.
- Clearly identify yourself, your role and that you are trying to assist/help them.
- Offer physical assistance and direction when necessary.
- Address any inappropriate behaviour immediately - explain any rules/regulations or behaviour expectations. It can be more difficult to explain why behaviour is inappropriate if it is not dealt with the first time.

For more information on all the services and accommodations available at Thunder Bay Regional Health Sciences Centre please refer to our website.



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