

Providing Accessible Customer Service

Background

In 2005, the government of Ontario passed the *Accessibility for Ontarians with Disabilities Act (AODA)*. Under this act, the Ontario government created accessibility standards for the following areas: customer service, employment, information and communications, transportation, and built environment.¹ The Accessibility Standard for Customer Service will affect the private, non-profit, and public sectors and will apply to all people and organizations in Ontario that provide goods or services, and have one or more employees. The deadline for compliance in the private and non-profit sectors is January 1, 2012. Accessible customer service under this regulation requires organizations to ensure that the accommodation needs of people with disabilities are met.

How Does This Apply to Dental Hygienists?

As primary oral health care providers, dental hygienists provide a variety of services in a variety of settings, for the purpose of improving the oral health of the client and the public. Regardless of the practice setting, dental hygienists have an obligation to their clients to establish and maintain practice environments that have organizational structures, policies and resources in place that are consistent with legal, professional and ethical responsibilities and promote safety, respect, and support for all persons within the practice setting.² This would include ensuring that all provincial legislative requirements for the practice environment are met. While a dental hygienist who is an employee of a setting may not be the primary person to ensure that the accessibility standard is being met, it is within the best interest of that dental hygienist and the public, that the dental hygienist play an active role in helping that setting meet the accessibility standard requirements.

The guidelines below are intended to aid the dental hygienist in developing a plan on how to provide effective care and service to clients with disabilities. To achieve this goal, the Accessible Customer Service Plan must:

- consider a client's disability and respond to their accommodation needs when communicating with them;
- consider alternative methods when possible to ensure that clients with disabilities have access to the same services, in the same place and in a similar manner, and engage in creative thinking as to how this can be accomplished (e.g., perhaps providing services in a client's home if possible);
- accommodate assistive devices in the office and operatory, such as wheelchairs, walkers, and oxygen tanks;

¹ Ministry of Community and Social Services: Accessibility Standard for Customer Service – Training tips for employees – Organizations with fewer than 20 employees: http://www.mcscs.gov.on.ca/documents/en/mcscs/accessibility/Tools/TrainingTips_less20_en.pdf

² CDHO Dental Hygiene Standards of Practice: <http://www.cdho.org/reference/english/standardsofpractice.pdf>

- allow service animals;
- welcome support persons or caregivers;
- let clients know when accessible services are not available;
- give clients an opportunity to provide feedback on accessibility issues;
- establish a set of policies, practices and procedures on how you and your colleagues or employees will provide goods and services to patients with disabilities;
- provide training for staff on accessible client care and service, including training on your accessible policies, practices and procedures and any assistive devices that you may have in your office (e.g., an oxygen tank or a stair lift).

To view a sample Accessible Customer Service Template Plan from the Ministry of Community and Social Services, visit http://www.mcsc.gov.on.ca/documents/en/mcss/accessibility/Tools/GettingStarted_less20_en.pdf

You can also access a fill-in-the-blanks guide for accessible policy, feedback and temporary disruption of service templates tailored to health care providers created by Excellence Canada to help you meet three of the requirements, by going to <http://www.accessibilityconsultants.ca/>.

Accommodating, communicating and interacting effectively with clients with different types of disabilities can be challenging, however, responding to your client's needs is key in establishing an inclusive practice.³ Below are guidelines a dental hygienist may use to help her/him provide accessible dental hygiene care and improved interactions with clients who have various disabilities. It is always prudent to ask a client with a disability to tell you the best way to help. As well, if you know or sense that a client has a disability, be sure to treat them with the same respect you have for all your other clients. We can all learn from one another's experiences so if you have an experience accommodating a client with a disability, we encourage you to share your information with your colleagues to help make Ontario more accessible to everyone.

Clients with physical disabilities

This may include people in wheelchairs or scooters, people who use walkers or canes, people on crutches, people with severe arthritis, or anyone with a medical condition that makes walking, bending, reaching, lifting, or any range of manual tasks, such as holding a pen or turning a doorknob difficult.

- Sufficient time should be allowed so that clients are not rushed; it may be difficult for clients with physical disabilities to hurry.⁴
- Lengthy conversations, such as medical history questioning, or filling out paperwork, can be tiring. Consider having the client sit down to fill out these forms. If the client is in a wheelchair, consider sitting so that you can make eye contact at the same level.
- Except in an emergency situation, do not touch or move assistive devices, such as canes, walkers, wheelchairs, or scooters without the client's permission.
- If you have permission to move a client's wheelchair or scooter, don't leave the client in an awkward, dangerous or undignified position, such as facing a wall or in the path of opening doors.
- Plan a signal that a client can give you to show discomfort when you are treating them.

³ Ministry of Community and Social Services: Accessibility Standard for Customer Service – Training tips for employees – Organizations with fewer than 20 employees http://www.mcsc.gov.on.ca/documents/en/mcss/accessibility/Tools/TrainingTips_less20_en.pdf

⁴ Wilkins, E.: *Clinical Practice of the Dental Hygienist*, 10th Edition, Lippincott, Williams and Wilkins, Philadelphia, 2009.

Clients with vision loss

Vision loss can restrict someone's ability to read, locate things, or see hazards. Some clients may use a white cane, others may use a service animal, others may have no visible assistive device or service animal.

- Do not make assumptions of the degree of vision loss a client may have. Clients who have low vision may still have some sight.
- Identify yourself as a registered dental hygienist when you approach and speak directly to the client.
- Check with the client to see if they would prefer you read any printed material out loud to them (e.g., privacy policy, medical history forms).
- Be precise and descriptive when providing directions or instructions.
- When you leave the operatory, explain your absence; prevent embarrassment of client speaking to someone who is not there.⁵
- Offer your elbow to help escort them if needed and give notice of any changes in the walking path ahead.
- Clients who use a service animal must be allowed to bring their service animal into the parts of your premises that are open to the public (e.g., waiting rooms, operatory) and should be encouraged to sit close to or with a clear view of the client during all procedures.
- Service animals are not pets. Avoid touching or addressing them so you don't break their concentration on their owner.
- Service animals should not be left alone as they may become extremely anxious in the absence of their owners.⁶
- Plan a signal that a client can give you to show discomfort when you are treating them.

Clients with hearing loss

Clients with hearing loss may fall under different categories; deaf, deafened, hard of hearing, or oral deaf (unable to hear but prefer to talk instead of using sign language).

- Make sure that you interact with the client in a well-lit area so they can see your face and read your lips if necessary.
- To attract the client's attention, before speaking, wave your hand, or tap them gently on the shoulder.
- If your client uses a hearing aid, try to reduce background noise or move to a quieter area.
- When using instruments with high-pitched noises (e.g., ultrasonic scalers or high speed handpieces) advise the client that they may want to turn the volume on their hearing aid down or off completely.
- Using pen and paper is another effective way to communicate if necessary.
- Plan a signal that a client can give you to show discomfort when you are treating them.

Clients who are deafblind

Clients who are deafblind may have some degree of both hearing and vision loss. These clients are usually accompanied by an intervenor (a professional support person who helps with communication).

⁵ Wilkins, E.: *Clinical Practice of the Dental Hygienist*, 10th Edition, Lippincott, Williams and Wilkins, Philadelphia, 2009.

⁶ Darby, M.L. and Walsh, M.M. *Dental Hygiene Theory and Practice*, W.B. Saunders Company, 2010.

- A client who is deafblind will usually explain to you how to communicate with them.
- Speak directly to the client, not the intervenor, when communicating.
- Do not leave a deafblind client in a place where she/he cannot orient herself/himself.
- In situations where confidential information will be discussed, and an intervenor will be present, consent should be obtained from the client beforehand. You may also want to have the intervenor sign a confidentiality agreement.
- Plan a signal that a client can give you to show discomfort when you are treating them.

Clients with speech or language disabilities

Conditions such as Cerebral palsy, stroke or hearing loss may make it difficult for a person to pronounce words. Some clients may use an assistive device to help them. Speech or language disabilities can also include problems with pitch, loudness or stuttering. Their speech might sound hoarse, breathless or slurred.

- Do not assume that a client with speech impairment also has another disability.
- Whenever possible, ask questions that can be answered with “yes” or “no”.
- Being patient and not interrupting or finishing the client’s sentences will allow the client to communicate her/his message more effectively.
- Plan a signal that a client can give you to show discomfort when you are treating them.

Clients with intellectual and developmental disabilities

Clients with intellectual and/or developmental disabilities may take a little longer to process information, to understand and to respond.

- Avoid making assumptions as to a client’s abilities.
- Avoid using technical jargon.
- Provide one piece of information at a time as clearly as possible.
- Plan a signal that a client can give you to show discomfort when you are treating them.

Clients with learning disabilities

Since clients with learning disabilities may have unique profiles of strengths and weaknesses, there is no ‘one size fits all’ approach. Many will have developed coping and compensating strategies, including use of various technologies, and will know what help they need.⁷ Use the suggestions below however you see appropriate to your clients’ needs.

- During conversation, speak clearly, avoid technical jargon, and repeat requests.
- Using pictures or icons for signs in addition to text will make communication and understanding easier.
- Being patient and not interrupting or finishing the client’s sentences will allow the client to communicate her/his message more effectively.
- Complete the medical history form and any other paperwork for the client if requested.
- If the client has a difficult time remembering, allow the client to record the conversation or take notes.

⁷ Learning Disabilities Association of Ontario: Customer Service for Persons with Learning Disabilities. <http://www.ldao.ca/customer-service-for-persons-with-learning-disabilities/>

- When discussing the oral disease process or oral hygiene education, offer diagrams and offer to give instructions in writing.
- Plan a signal that a client can give you to show discomfort when you are treating them.

Clients with mental health disabilities

Mental health issues can affect a client's ability to think clearly, concentrate or remember things.

- Be confident, calm and reassuring.
- Be aware that some clients may be on medications with side effects that may require special appointment scheduling (e.g., early appointments or shorter appointments).
- If a client appears to be in crisis, ask them to tell you the best way to help.
- Plan a signal that a client can give you to show discomfort when you are treating them.

For more information on the *Accessibility for Ontarians with Disabilities Act, 2005*, please visit

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_070429_e.htm or <http://www.ontario.ca/AccessON>

The Fill-in-the-Blanks Guide created by Excellence Canada for health care providers also includes a useful set of questions and answers at the beginning that may help you better understand the scope and intent of the AODA and the accessible customer service standard. You can access it at

<http://www.accessibilityconsultants.ca/>.

Many associations such as the Learning Disabilities Association of Ontario, the Ontario Association of the Deaf, and the Canadian National Institute for the Blind (CNIB), to name a few, may have valuable resources as to how you can help accommodate people with particular disabilities.

References

* Guidelines adapted from:

Ministry of Community and Social Services © Queen's Printer for Ontario.

* This document was produced in conjunction with People Access, a division of Excellence Canada, an independent, not-for-profit organization. Excellence Canada is working closely with the Accessibility Directorate of Ontario to help Ontarians with disabilities and business and non-profit communities, better understand each other's needs, while also ensuring a seamless integration of the new AODA standards.

Approved by the Patient Relations Committee, December 2011.

