

B480-02

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

Developed in partnership with



CSA Standards Update Service

B480-02

June 2002

Title: *Customer Service Standard for People with Disabilities*

Pagination: **73 pages** (vii preliminary and 66 text), each dated **June 2002**

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



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*Published in June 2002 by Canadian Standards Association
A not-for-profit private sector organization
178 Rexdale Boulevard, Toronto, Ontario, Canada M9W 1R3
1-800-463-6727 • 416-747-4044*

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The development of this Standard has been made possible with an EnAbling Change Partnership Project grant provided by the Government of Ontario — <http://www.gov.on.ca/citizenship>

ISBN 1-55324-866-X

Technical Editor: Ian Brodie

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In Memoriam

This edition of the B480 Standard is dedicated to the life and work of our friend and colleague, Brian Keown.

Preface

This is the first edition of CSA Standard B480, *Customer Service Standard for People with Disabilities*.

The *EnAbling Change Program* of the Ontario Ministry of Citizenship funds strategic partnerships to improve accessibility for people with disabilities throughout an industry or a sector or across several sectors. This Standard has been developed in partnership with the Ministry to demonstrate to businesses and other organizations how they can provide effective and excellent customer service to people with disabilities. Although the Standard was developed for use in Ontario, it is applicable for use in all of Canada.

The objective of this Standard is to assist individuals and organizations in planning and implementing good service delivery for all customers, including those with disabilities. People with disabilities should be treated as individuals who happen to have a disability. They should not be characterized by their disability, but by their needs, expectations, and other attributes, and they should be treated with the same level of courtesy and attention as is given all other customers. Provincial and territorial human rights legislation and the Canadian Charter of Rights and Freedoms assert that every person has the right to equal treatment in respect to services, goods, and facilities without discrimination. (See Appendix A.)

The Standard includes core principles, service policy development and planning, guidance on training, resources on how to recognize and meet specific needs of people with disabilities, and a management process to lead towards continual improvement. In establishing such a program, all requirements in the Standard should be addressed, but the processes for doing so will vary from one organization to another.

This Standard has not been prepared for reference in law or regulation: the intent is for it to be used voluntarily by organizations to achieve inclusive customer service. In the future, a program may be developed to assess and register organizations that meet the requirements of the Standard.

This Standard was prepared by the Technical Committee on Disability Awareness, under the jurisdiction of the Strategic Steering Committee on Personal and Community Issues, and has been formally approved by the Technical Committee. The Standard is available in both official languages in standard and alternative formats (ie, large print, Braille, audio, and e-text).

June 2002

Notes:

- (1) *Use of the singular does not exclude the plural (and vice versa) when the sense allows.*
- (2) *Although the intended primary application of this Standard is stated in its Scope, it is important to note that it remains the responsibility of the users of the Standard to judge its suitability for their particular purpose.*
- (3) *This publication was developed by consensus, which is defined by CSA Policy governing standardization — Code of good practice for standardization as “substantial agreement. Consensus implies much more than a simple majority, but not necessarily unanimity”. It is consistent with this definition that a member may be included in the Technical Committee list and yet not be in full agreement with all clauses of this publication.*
- (4) *CSA Standards are subject to periodic review, and suggestions for their improvement will be referred to the appropriate committee.*
- (5) *All enquiries regarding this Standard, including requests for interpretation, should be addressed to Canadian Standards Association, 178 Rexdale Boulevard, Toronto, Ontario, Canada M9W 1R3.*
 - Requests for interpretation should*
 - (a) *define the problem, making reference to the specific clause, and, where appropriate, include an illustrative sketch;*
 - (b) *provide an explanation of circumstances surrounding the actual field condition; and*
 - (c) *be phrased where possible to permit a specific “yes” or “no” answer.*

Committee interpretations are processed in accordance with the CSA Directives and guidelines governing standardization and are published in CSA’s periodical Info Update. For subscription details, write to CSA Sales Promotion, Info Update, at the address given above.

B480-02

Customer Service Standard for People with Disabilities

0. Introduction

0.1 Demographic and Economic Considerations

As many as one in six Canadians has a disability. These disabilities range in severity and type, including conditions such as limited mobility, hearing and vision loss, illness, speech disabilities, and also developmental, intellectual, cognitive, learning, and other hidden disabilities.

People with disabilities are coalescing as an economic and social power. The *Health and Activity Limitations Survey* by Statistics Canada showed that in 1991 more than 4.5 million Canadians had some level of disability (see Appendix B). They constitute a significant portion of the consumer market. It is estimated that people with disabilities are responsible for \$25 billion in annual consumer buying power in Canada and influence the spending decisions of an estimated 12 to 15 million other Canadians.

In addition, the tourism and travel sectors are important for many parts of the country; for example, up to 4.5 million international and a further 11 million interprovincial visitors travel to Ontario each year. In meeting the full needs of these visitors, including those with disabilities, businesses can enhance their customers' satisfaction and help ensure their own longer-term growth.

Moreover, as the population ages, the proportion of Canadians with disabilities will increase; seniors have a higher incidence of disability than the rest of the population. Half of the adults with disabilities are 65 or older, and these numbers will increase quickly as the population ages.

Taken together, these increasingly overlapping groups are a growing force among consumers. They will represent 20 to 25% of the recreation, retail, entertainment, workplace, and housing markets in the next ten years and beyond. Therefore, it makes good business sense to increase universal access, develop awareness and training for employees, and promote and provide enhanced service for all customers, including those with disabilities.

Cause-related marketing is an increasingly effective way to influence buying decisions, as customers have begun to demand that corporations become socially responsible. Therefore, corporate social responsibility is gaining support among business leaders, as well as consumers and activists. Increasingly, organizations are creating codes of conduct indicating their adherence to social commitments and establishing community outreach initiatives. Indeed, in "producing and/or delivering socially and environmentally responsible products and/or services in an environmentally and socially responsible manner," the Conference Board of Canada has defined corporate social responsibility as a business issue of the new century. Addressing the needs of people with disabilities is an important aspect of corporate social responsibility.

0.2 Legislative and Societal Considerations

Given the number of Canadians of all ages who live with disabilities — and our society's emphasis on protecting human rights — many steps have been taken in recent years to ensure that non-discrimination on the basis of disability is enshrined in law.

The Canadian Charter of Rights and Freedoms, 1982, states that every individual is equal before and under the law, without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability. Furthermore, people with disabilities comprise one of the four designated groups under the Employment Equity Act.

The Ontario Human Rights Code, 1992, in its “Freedom from Discrimination” section, specifies that “Every person has a right to equal treatment with respect to services, goods and facilities” without discrimination for many reasons, among them, disabilities.

The Ontarians with Disabilities Act (ODA), 2001, requires that all levels of government, transportation providers, the Ontario public service, and agencies in the broader public sector develop plans to make their buildings, programs, and services more accessible to people with disabilities. In addition, the Act contains a regulation-making authority to adopt codes and standards for the private sector.

In building an inclusive Ontario, the ODA will be supported by other non-legislated initiatives that will educate the public and promote a greater understanding of people with disabilities. The development of this Standard is one such initiative that is designed to assist business in serving customers with disabilities.

Note: *Excerpts from the Charter of Rights and Freedoms and the Ontario Human Rights Code are provided in Appendix A. These should be read in conjunction with other relevant parts of legislation to reach an understanding of the rights and obligations in specific circumstances.*

0.3 Goals of This Standard

Some organizations are leading the way in serving the needs of people with disabilities. Their commendable efforts have resulted in an extensive new body of knowledge around best practices and improved services for all.

The goal of this Standard is to document appropriate parts of this acquired knowledge and to present a management framework that enables customer service organizations to effectively serve all people, including those with disabilities. This framework should be viewed as a model that lays out critical elements for continuing improvement.

Customer service that accommodates the needs of people with disabilities must be championed at the highest levels of the organization. There it can become part of the organization’s cultural fabric and be an integral and expected way of doing business. Successful implementation therefore requires active participation by top management and business owners, and responsibility for it cannot be delegated to lower management levels.

It may not be possible or economically feasible for an organization to implement all the elements of this framework at once; nevertheless, it can take steps within this framework to encourage innovation and improvement in customer service so that it meets the needs of people with disabilities. Service considerations encompass the physical environment, operational processes, and human interactions.

The Technical Committee responsible for the development of this Standard envisioned a document that would greatly help any organization provide excellence in service to each and every customer. The Committee anticipates that this Standard will be used as a model that industry groups can adopt for the purposes of validation and recognition on a sectoral basis.

0.4 Benefits of Applying This Standard

Given the current demographics, an organization that fails to address the needs of people with disabilities runs the risk of abandoning or alienating as much as 20% of its market. It may also be perceived as unprogressive and at odds with human rights legislation.

On the other hand, organizations that do serve the needs of people with disabilities can have a competitive advantage. Not only do they maximize their customer base, they demonstrate in a very visible way their capacity to serve an increasingly diverse society on an equal basis.

Addressing the needs of people with disabilities can support an overall culture of corporate social responsibility with its related benefits, such as

- (a) protection and enhancement of corporate reputation, which in turn can attract skilled workers, differentiate the organization in the marketplace, win acceptance of its products and services, encourage higher valuation from financial markets, and sustain the organization during times of rapid change;
- (b) access to markets: companies with a proven record of social responsibility can have a competitive advantage over others with no such record in gaining entry to new markets; and
- (c) customer loyalty: with the rise of corporate social responsibility, many companies find that their relationships with customers are strengthened through disclosure of their practices. The cost of selling to an existing customer has been shown to be much lower than that of finding and securing a new customer.

1. Scope

1.1 Objectives

This Standard is for use by organizations that intend to provide people with disabilities with customer service that is equivalent to the quality of service provided to the population at large.

The objectives of this Standard are to assist individuals and organizations in planning and implementing good service delivery, verifying the service performance of the organization, and ensuring that the quality of service is continuously improved.

1.2 Application

1.2.1

The Standard sets out

- (a) general requirements, including core principles and the overall framework of the Standard;
- (b) requirements for the provision of customer service, including requirements for management leadership, provision of resources, service planning and delivery, and responsibilities of staff and associates;
- (c) important considerations in understanding disabilities, and how to interact with and meet the needs of people with disabilities;
- (d) a management system that can be implemented to monitor and improve customer service; and
- (e) further references and resources (see Appendices A to G).

Note: See Clause 4.7.4 for suggested approaches to appropriate timing for implementing changes to existing facilities and practices.

1.2.2

The Standard applies to all service delivery modes and may include, and not be limited to, those

- (a) in person, by telephone, or by electronic or mail correspondence;
- (b) through an intermediary, intervenor, or third party; and
- (c) by all personnel, whether professional, administrative, or full- or part-time.

1.3 Intended Users

This Standard is for use by those who are responsible for developing and bringing services to the public, which includes people with disabilities. It is applicable to large and small organizations, including public, commercial, and not-for-profit service providers.

Users of the Standard may include, but not be limited to, the following sectors:

- (a) communications;
- (b) education;
- (c) entertainment, recreation, and community (theatres, sports facilities and stadiums, arenas, places of worship, food service, restaurants, etc);
- (d) financial services (banks, insurance, etc);
- (e) government;
- (f) health care (hospitals, clinics, dentists, chiropractors, etc);
- (g) retail (food, clothing, etc);
- (h) property management (shopping malls, meeting rooms, libraries, etc);
- (i) service agencies for people with disabilities;
- (j) transportation and travel (air, rail, bus, taxi, travel agents, etc); and
- (k) accommodation (hotels, motels, lodges, bed and breakfast premises, etc).

1.4 Limitations

1.4.1

This Standard does not apply to the physical features or characteristics of a built environment or a product, unless they include a service delivery component. Barrier-free requirements for the built environment are addressed in CSA Standard CAN/CSA-B651.

1.4.2

The requirements of this Standard do not reduce or substitute for regulatory or other requirements for safety and functional provisions of a product, service, or environment.

When establishing a management system for customer service for people with disabilities, organizations should be knowledgeable about legislation and regulations that affect the safety of their customers.

1.5 Terminology

Though use of this Standard is voluntary, it is written in prescriptive language. In this Standard, “shall” is used to express a requirement, ie, a provision that the user is obliged to satisfy in order to comply with the standard; “should” is used to express a recommendation or that which is advised but not required; and “may” is used to express an option or that which is permissible within the limits of the standard. Notes accompanying clauses do not include requirements or alternative requirements; the purpose of a note accompanying a clause is to separate from the text explanatory or informative material. Notes to tables and figures are considered part of the table or figure and may be written as requirements. Legends to equations and figures are considered requirements.

2. Reference Publications and Definitions

2.1 Reference Publications

This Standard refers to the following publications and where such reference is made it shall be to the edition listed below.

CSA Standards

B44-00,
Safety Code for Elevators;

CAN/CSA-B651-95 (R2001),
Barrier-Free Design;

B651.1-01,
Barrier-Free Design for Automated Banking Machines;

CAN/CSA-Q830-96 (R2001),
Model Code for the Protection of Personal Information;

PLUS 9001-01,
The ISO 9000 Essentials: A practical handbook for implementing the ISO 9000 Standards.

SA*

AS 4269-1995,
Complaints handling.

ISO† Standards

9000:2000,
Quality management systems — Fundamentals and vocabulary;

9001:2000,
Management systems — Requirements;

9004:2000,
Quality management systems — Guidelines for performing improvements;

10018 (under development),
Complaints handling.

*Standards Australia

†International Organization for Standardization

2.2 Definitions

The following definitions apply in this Standard:

Capability — the ability of an organization, system, or process to realize a product or service that will fulfill the requirements for that product or service.

Customer satisfaction — a customer's perception of the degree to which his or her requirements have been fulfilled.

Disability — any restriction, or lack, resulting from an inability to perform an activity in the manner or within the range considered normal.

Note: *This definition was developed by the World Health Organization.*

Environment — conditions and influences from natural and built surroundings that affect the existence and conditions of a person. The influences may be medical, cognitive, physical, or psychological.

Functional limitation — the difficulty, which may be associated with aging, or temporary or permanent disability, that an individual may have in the performance of tasks or activities.

Handicap — the limitation experienced by an individual, resulting from the interactions between the individual and his or her physical and social environments. When the physical and social environment fails to accommodate, there is a handicap to that person's ability to fulfill his or her needs. Handicaps change and result from the continuous interaction between the person and the environmental situation.

Hazard — a source of potential harm, or a situation with a potential for causing harm, in terms of human injury; damage to health, property, the environment, and other things of value; or some combination of these.

Impairment — losses, problems, abnormalities in body function or structure, or psychological abnormality, such that there is an atypical condition that may be temporary or permanent. An impairment is the medical condition resulting from an actual injury, disease, or other disorder that produces a reduction in physical or mental function.

Management system — a system to establish policy and objectives and to achieve those objectives.

Quality — the totality of features and characteristics of a product or service that bears on its ability to satisfy stated or implied needs; also, the degree to which a set of inherent characteristics fulfills requirements.

Quality management system — a management system to direct and control an organization with regard to quality.

Rights — matters to which a person has a just claim and that are due by justice, law, morality, tradition, or nature.

Risk — chance of injury or loss as defined by a measure of the probability and severity of an adverse effect to health, property, the environment, or other things of value.

Safety — the condition of freedom from danger, risk, or injury.

Service — work or duties performed for the benefit of the recipient, in which the physical transfer of a product is incidental to the value obtained by the recipient.

Stakeholder — an individual, group, or organization able to affect or be affected by, or that believes it might be affected by, a decision or activity.

Top management — a person or group of people who direct and control an organization at the highest level.

User-friendly — the product, service, or environment is usable by the population for whom it is intended.

3. General Requirements

3.1 Core Principles

Organizational culture is built on shared values and principles. To effectively serve all customers, the organization shall incorporate the following core principles into its policies and practices:

- (a) **Equity:** Treat all customers in a way that is inclusive and equitable, without exclusions.
- (b) **Independence:** Provide maximum autonomy to people with disabilities, while respecting their right to privacy and security.
- (c) **Dignity:** Recognize all customers for their inherent value and treat them with respect.
- (d) **Responsiveness:** Identify and address the needs of all customers, including those with disabilities, through customer service policy and practices that respect and value the input and experiences of all customers.
- (e) **Accessibility:** Make services and their delivery methods accessible to all customers, removing both physical and attitudinal barriers and impediments for people with disabilities.
- (f) **Sensitivity:** Ensure that customer service personnel are aware of and understand the needs of people with disabilities, so that they can be sensitive and civil in their communications with all customers.
- (g) **Quality:** Develop a management system in service organizations that enables them to plan, execute, check, and act to improve their service processes and customer experiences.
- (h) **Commitment and resources:** Enable top management to develop a vision of service excellence and provide the organizational commitment and resources to implement customer service policy and practices that address the needs of all people.

3.2 Providing Customer Service for Persons with Disabilities

Providing appropriate customer service for people with disabilities requires that an organization have

- (a) an understanding of the varying needs and expectations of all its customers and how to meet those needs (see Clause 4);
- (b) an awareness of how to interact and communicate with people with disabilities (see Clause 5); and
- (c) a management system that can be implemented to monitor and improve its customer service (see Clause 6).

Viewed separately, customer service, disability awareness, and management systems are broad subject areas that are supported by the experience, training, knowledge, and the writing of specialists in those fields. Each subject is a large field, and not all factors are relevant to this Standard. Therefore, this Standard addresses the areas of interaction of the three subjects. In Figure 1, the common area overlapped by the three circles represents those common elements that are essential to providing appropriate customer service for people with disabilities.

Note: *Additional information from each of the three broad subject areas may be required to gain a good understanding of the wider implications of implementing customer service for people with disabilities. Appendix C provides some references for more specialized information.*

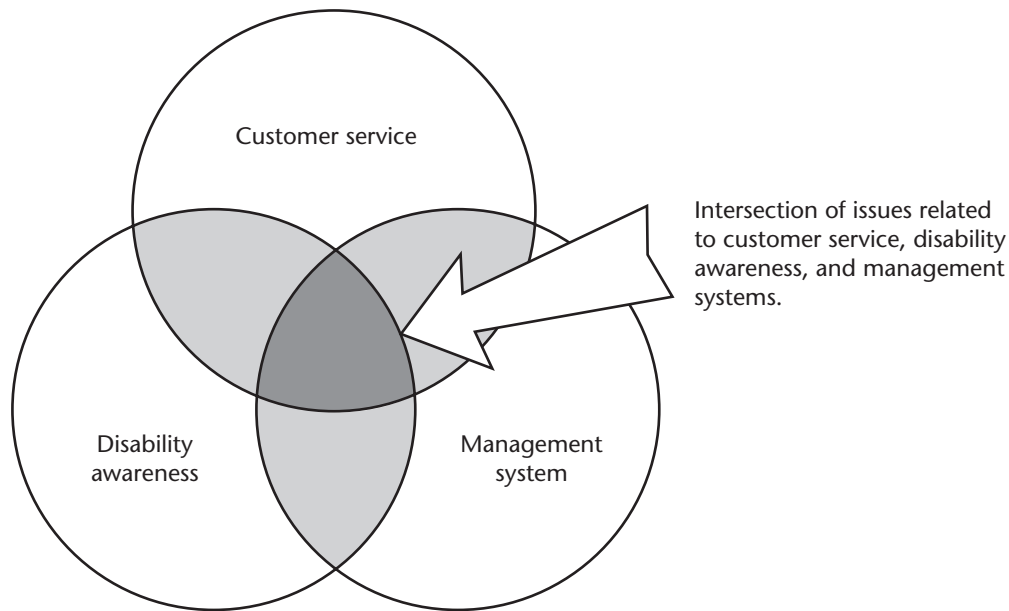


Figure 1
Relationship between Customer Service,
Disability Awareness, and Management Systems
 (See Clause 3.2.)

4. Customer Service

4.1 Benefits of Improving Customer Service

In this Standard, services are defined as “work or duties performed for the benefit of the recipient, in which the physical transfer of a product is incidental to the value obtained by the recipient”. Excellent customer service may be defined as the ability of an organization to consistently exceed the customer’s expectations.

Excellent customer service is the end result of all aspects of an organization and not just the work of front-line staff and associates; therefore, organizations should integrate all internal processes and functions around satisfying the needs of all customers.

The functions of all resources, including facilities design and operations; human resources management; buyers, order processing, warehousing, and distribution; finance and accounting; and communications and marketing will affect the type and qualities of the customer experience with the organization. All such functions should perform and support their own roles in achieving the objective of good, and improving, end-customer service. Often these functions are seen as internal customer relations between the relevant departments and as supporting the ability of front-line staff and associates in carrying out their responsibilities to external customers.

If good service is to be provided to all, organizations should not depend on the past experience and intuition of their staff and associates as the key resource. Excellent service is the result of identifying customer needs and expectations, planning and training to meet and exceed those needs, and implementing a corresponding system. The system must recognize the varying needs of all, including those with differing expectations and abilities.

Clauses 4.2 to 4.10 provide the features of and requirements for an effective service system and describe the activities that define the work of staff and associates. Methods for the implementation of a corresponding management system are provided in Clause 6.

4.2 Service Excellence

The core principles underlying customer service are equity, independence, dignity, responsiveness, accessibility, sensitivity, quality, and commitment and resources (see Clause 3.1).

Organizations that adhere to these principles will benefit from improving customer service and providing service excellence through

- (a) improved customer satisfaction, loyalty, and retention: the cost of securing a new customer may be 2 to 20 times the cost of satisfying a customer's service concerns and so maintaining that customer's loyalty;
- (b) higher staff and associate satisfaction: they gain satisfaction and motivation from an improved work environment and will be more likely to provide good and consistent customer service;
- (c) lower operating costs: improved service delivery practices may lower direct operating costs;
- (d) improved references and referrals: it has been shown that comments following a poor customer service experience are 3 to 5 times more likely to occur than following a good experience; the systems specified here reduce the incidence of poor customer experience;
- (e) competitive advantage through improved organizational capabilities; and
- (f) justifying a long-term view of the investments that sustain customer service operations: service operations are an integral and necessary part of the organization and should not receive a marginal investment of capital or staff resources.

Note: Numerical data on customer complaints for this Clause is from Appendix D.

4.3 Management Responsibility

4.3.1 Management Commitment

4.3.1.1

Customer service that accommodates the needs of people with disabilities shall be championed at the highest levels of the organization so that it becomes part of the organization's cultural fabric and an expected and accepted way of doing business.

4.3.1.2

Top management shall advocate the needs of people with disabilities and shall demonstrate commitment to a service system that addresses the needs of all customers by

- (a) establishing and maintaining a written customer service policy;
- (b) communicating to the organization the importance of meeting the needs of all customers, as well as satisfying statutory and regulatory requirements;
- (c) reviewing current practices and seeking input from service staff and associates, and continually improving the service system; and
- (d) ensuring the availability of resources.

4.3.1.3

A customer service policy should address the needs of the organization and its customers and should contain the following elements:

- (a) a vision of customer service and why it is important to maintain it;
- (b) core principles that shall be adhered to in customer service activities;
- (c) objectives of all customer service activities, including the goal of meeting the needs of people with disabilities;
- (d) specification of activities that support the customer service objectives;
- (e) periodic review to ensure that the policy continues to serve the needs of the organization's customers; and
- (f) a plan for implementing continuous improvement.

Note: Based on the varying needs of organizations, no prescribed policy statement will work under all circumstances and some may be more complex than others.

Figure 2 provides examples of corporate customer service vision statements that address the needs of people with disabilities.

4.3.1.4

Top management shall ensure that the organization's customer service policy

- (a) is in writing;
- (b) carries equal weight with other policies and strategies; and
- (c) is communicated and understood within the organization.

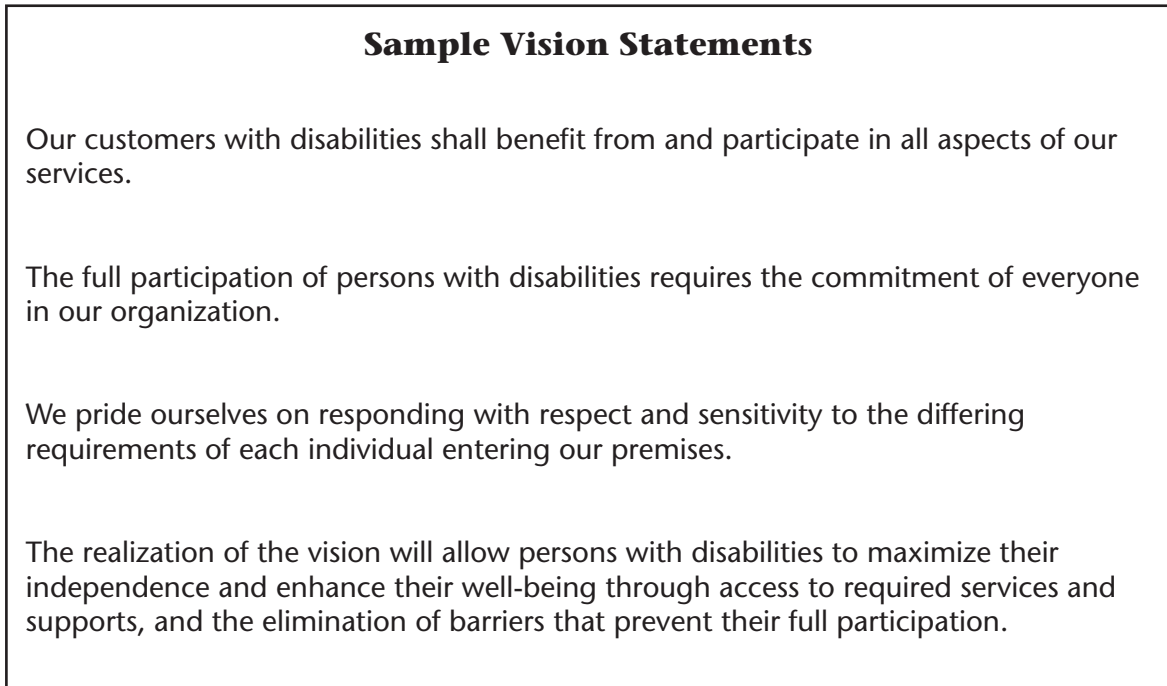


Figure 2
Vision Statements

(See Clause 4.3.1.3.)

4.3.2 Responsibility, Authority, and Communication

Top management, business owners, or their delegates shall have responsibility and authority for

- (a) the customer service system for people with disabilities;
- (b) communicating the importance of treating all customers, including those with disabilities, according to the core principles outlined in Clause 3.1;
- (c) ensuring that appropriate channels are established for communications regarding service to customers; and
- (d) actively encouraging feedback and providing both formal and informal methods for involving people in decisions regarding customer service.

4.4 Service Policy

4.4.1 Service Objectives and Specifications

People with disabilities are people first; that is, individuals with disabilities are people who happen to have a disability, and they shall be treated equally and with the same level of courtesy as all other customers.

The development of service objectives and the design of delivery processes require an understanding of the expectations and needs of customers (see Clause 4.4.2), the market characteristics, and the preferred service model of the organization (see Clause 4.7).

The core principles of customer service defined in Clause 3.1 are the primary customer service objectives for people with disabilities. In addition, customers have needs, preferences, and expectations that may be determined or influenced by

- (a) features of the service, which are defined by its attributes and characteristics (see also Clause 4.9.1);
- (b) image and aesthetics: the style of the service appeals to the senses and avoids stigmatizing the customer;
- (c) promptness: timeliness of service delivery;
- (d) reliability: consistent performance of service;
- (e) value: the perceived quality relative to price or effort required to obtain the service;
- (f) assured conformance, which can objectively show that services meet their specifications; and
- (g) confidence in the organization: based on the reputation, dependability, and credibility of its service performance.

4.4.2 Recognizing the Customer

Service organizations have traditionally designed their delivery models and performance for the perceived norms of the population. Therefore, the organization shall review its customer base and identify those whose service needs may not have been adequately met in the past. Those customers might include

- (a) existing and new customers who have disabilities;
- (b) friends and families accompanying them;
- (c) customers who may not consider themselves disabled;
- (d) seniors who may appreciate easier access;
- (e) customers carrying heavy shopping bags or luggage; and
- (f) customers with children.

4.4.3 Services Planning

Service staff and associates shall plan customer service practices to accommodate a range of customer abilities. This planning shall include consideration of

- (a) the abilities, needs, and expectations of their customers and how those will affect methods of service delivery;
- (b) the organization's present service delivery capabilities and the changes required to meet customer needs and expectations;
- (c) the need to conform to statutory and regulatory requirements;
- (d) the normal practices of its competitors and others providing similar or equivalent services; and
- (e) designing and developing service processes that meet the needs of all customers and that are consistent with the core principles stated in Clause 3.1.

Note: *When merchandising in retail locations, integration of such service planning activities can be effective in meeting the needs of people with disabilities.*

4.5 Resource Management

4.5.1 General

The organization shall determine and provide the resources needed to

- (a) develop policies and implement service systems to meet customer needs, including those of people with disabilities;
- (b) provide facilities that are accessible;
- (c) provide communications with staff, associates, and all customers; and
- (d) recruit and employ staff who have the education, training, skills, and experience to provide the planned services.

4.5.2 Involvement of Staff, Associates, and Volunteers

Management shall involve staff, associates, and volunteers in improving the effectiveness and efficiency of the organization's customer service activities by

- (a) providing ongoing training related to the needs of people with disabilities (see Clause 4.5.5);

- (b) defining people's roles and responsibilities with respect to serving customers, including people with disabilities;
- (c) involving those who serve people with disabilities in objective-setting and decision-making;
- (d) recognizing and rewarding behaviours that support customer service for people with disabilities; and
- (e) creating conditions to encourage innovation in customer service so that, among other benefits, the expectations of people with disabilities are met or exceeded.

4.5.3 Internal Communications

The organization shall define and implement an effective process for communicating policy, objectives, specifications, and expected results for service to customers, including people with disabilities. The organization shall also identify suitable communication channels, audiences, and frequency of communication.

These channels and methods shall not present barriers to people with disabilities and may include

- (a) management-led meetings;
- (b) team briefings and workgroup meetings;
- (c) notice boards, flyers, internal newsletters, and magazines;
- (d) audiovisual and electronic media, such as email and intranets;
- (e) employee surveys; and
- (f) suggestion schemes.

4.5.4 Staff and Associate Competence and Awareness

People whose work involves customer service shall be qualified for the functions they carry out and shall have

- (a) competence, knowledge, and experience about the services and products offered and other relevant organization-specific information;
- (b) the authority to communicate with customers;
- (c) good customer relations skills; and
- (d) a polite and courteous manner.

4.5.5 Staff and Associate Training

4.5.5.1

Training shall recognize and meet the specific needs of the organization, its customer service system processes, and its existing capabilities.

Training should be developed and delivered through recognized formal processes that include

- (a) conducting a training needs assessment to determine the level and type of training required to achieve the planned level of competency;
- (b) designing and developing a documented training program to address training needs;
- (c) providing the training; and
- (d) implementing methods for evaluating training effectiveness.

4.5.5.2

The review of the present competence of staff and associates should include

- (a) formal and informal reviews and interviews;
- (b) observations of job performance;
- (c) activities such as focus groups and surveys of staff and associates to define needs for improvement;
- (d) input from experts in the subject; and
- (e) staff and associate training and qualification records.

Note: See Appendix C for resources.

4.5.5.3

Staff shall be trained in awareness of the needs and expectations of customers with disabilities. Training should include

- (a) the nature and key characteristics of disabilities;

- (b) development of awareness and sensitivity for people with disabilities;
- (c) knowledge of appropriate methods of providing service and interaction for customers with disabilities;
- (d) role playing focussed on the responsibilities of front-line staff and associates;
- (e) simulation of an experience encountered by a person with a disability (an experiential program);
- (f) presentations and discussions led by people with disabilities;
- (g) assessment and evaluation of skills improvement and training outcomes; and
- (h) monitoring and debriefing of trainees, seeking input for improvement of the training processes.

Note: See Clause 5 for Items (a), (b), and (c); Appendix C for resources for Item (f); and Appendix E for further suggestions for training content.

4.5.5.4

Training may be carried out

- (a) in-house by staff or specialist consultants, or both; or
- (b) co-operatively with other local organizations through trade associations, municipalities, or a local chamber of commerce.

In preparing their training, organizations should seek the advice and guidance of people with disabilities about their disabilities, needs, and expectations.

Note: Appendix C lists organizations that have the required knowledge, skills, and competence, and that represent the interests of people with disabilities.

4.6 Safety

4.6.1

Planning and provision of safety shall include consideration of the abilities of all those using the services and shall, at a minimum, adhere to the applicable regulatory safety requirements.

4.6.2

In places where the public is customarily admitted, the planning and provision of services shall respect the right of people with disabilities to make their own decisions on the use of such resources and practices.

Note: All people have the right to take certain risks and to make their own judgements on the acceptability of such risks.

4.7 Service Delivery

4.7.1 Provision of Service

The organization shall

- (a) deliver services for people with disabilities, which are consistent with the requirements of its service policy (see Clause 4.4);
- (b) ensure that service staff and associates demonstrate an understanding of possible customer needs, preferences, and expectations, and respond appropriately to customers, including those with disabilities;
- (c) provide appropriate means of parallel access for all customers, including people with disabilities, that respects individual dignity; and
- (d) monitor, assess, and evaluate the customer service system in accordance with Clause 4.9.

4.7.2 Identifying and Marketing a Service

The organization should make it easy for customers to establish and maintain a strong and ongoing relationship with it. Each stage and function of the service delivery should be designed for convenience to all customers, including those with disabilities, and should include

- (a) initially identifying and locating the organization (eg, by advertising and public relations; listing in directories and with agencies, government, and other organizations; and appropriate external signs and directions);

- (b) making contact with the service provider, involvement with and accessing the service, and leaving the service area (eg, in person, by mail, or by electronic means);
- (c) information on the characteristics of the service or product, and the sales or service process;
- (d) delivery status of the service or product; and
- (e) after-sales follow-up (eg, instructions for installation, initial start-up, operation, use, maintenance, and service supports).

4.7.3 Access to Services

4.7.3.1 Means of Access

All means of access to and contact with the organization should be appropriate for use by all of its customers, including those with disabilities. Access to services for people with disabilities is

- (a) intangible (such as processes or staff attitudes); or
- (b) tangible (the physical environment, eg, ramps and appropriate lighting).

4.7.3.2 Determining Accessibility Requirements

The organization shall determine the accessibility requirements of its customers, including people with disabilities, and shall work towards making all services accessible to people with disabilities.

The possible forms of access and communication, whether in person or by electronic means, shall be reviewed against the customer communication requirement of Clause 4.7.5 and the tips and accommodations in Table 2 of Clause 5.

The organization shall provide and maintain an accessible physical environment to meet the needs of its customers, including those with disabilities. The physical environment includes infrastructure, facilities, premises, workspaces, and their entrances, pathways, and internal spaces that are accessible to the general public. CSA Standard CAN/CSA-B651 shall be used in designing and assessing such environments.

The environments shall be provided so that an otherwise accessible service is not provided within an inaccessible space or barrier. Examples of such barriers include

- (a) an accessible washroom in an area separated by steps from the main areas of the premises;
- (b) a banking machine that meets the accessibility requirements of CSA Standard B651.1, but is inappropriately located; and
- (c) a cash register screen with large print and good colour contrast that is located in a narrow checkout aisle.

Note: See Appendix F for further information on barrier-free environments.

4.7.3.3

Where access features make it difficult or impossible for customers with disabilities to use a service, the organization shall

- (a) remove the feature;
- (b) alter it so that it no longer has that effect; or
- (c) provide a reasonable parallel method of making the service available to people with disabilities.

4.7.3.4

Where possible, the organization should remove barriers that segregate or require people with disabilities to use different resources and facilities from other customers. Use of the resources and facilities should not reduce the dignity of customers with disabilities.

Note: For example, access through a side or service entrance may be inappropriate.

4.7.4 Timing of Changes

Many required changes in service processes or physical features may be carried out quickly and at little or no cost. Others may be planned for future routine service process redesign and the maintenance, redecorating, or changes to premises.

A longer-term implementation plan should be prioritized, initiated, and managed through a structured process.

4.7.5 Customer Communications

4.7.5.1

The organization shall define and implement a process for collecting feedback from its customers on its service activities related to people with disabilities. This process may include

- (a) evaluation of complaints and customer service problems;
- (b) customer service evaluation forms;
- (c) customer satisfaction surveys;
- (d) focus groups; and
- (e) mail and email correspondence.

4.7.5.2

Communications with customers shall accommodate a range of human abilities. For people with disabilities, this may include

- (a) TTY (teletypewriter) technology;
- (b) written communications in large print;
- (c) tapes and “spoken word”;
- (d) descriptive video;
- (e) Braille;
- (f) Web sites and other electronic means specifically designed for accessibility; and
- (g) other accessible communication media (see also Appendix C).

4.8 Special Service Requests

4.8.1 Importance of Special Service Requests

4.8.1.1

As organizations evolve and continuously improve their services to meet the needs of people with disabilities, they should regard special service requests not as complaints but as opportunities to identify significant changes in service delivery patterns and expectations.

The organization should develop and document a management process for special service requests by customers with disabilities.

Information from assessments and ongoing records of customer concerns should be used by the organization to implement actions to improve the quality and the scope of services provided.

Note: For example, additional training may be required for certain staff, or improvements to the physical layout and the addition of resources within the premises (eg, remove waste packing materials from service aisles and add a TTY unit at a customer service point).

4.8.1.2

Information from customers shall be kept confidential in accordance with privacy regulatory requirements.

Note: CSA Standard CAN/CSA-Q830 provides guidance on the protection of personal information.

4.8.2 Front-Line Staff Empowerment

Because the response of the front-line person is critical in the long-term relationship between the customer and the organization, organizations should design processes that empower staff and associates to meet the customer’s concerns and needs or obtain prompt support and authority to do so.

4.8.3 Handling Complaints

The organization shall develop and document a complaints-handling process for all internal and external customer concerns. The complaints-handling process shall be accessible.

Information from assessments and ongoing records of customer complaints shall be used by the organization to implement corrective and preventive actions that will provide remedies and improve the quality of services provided.

Note: See Appendix D for data on customer complaint rates and the way that those complaints are made known to organizations and for more detailed guidance on a complaints-handling process.

4.9 Assessing Service Performance

4.9.1 Performance Measures

The organization shall define performance measures for each of its service objectives, specifications, and features (see also Clause 4.4.1). Where practicable the measures should be objective and quantifiable, although in some cases subjective and indirectly evaluated measures may be used. Minimum levels of acceptable service shall be defined, together with service quality control specifications.

To assure ongoing excellence, customer service processes should be monitored and regularly measured to ensure that they produce verifiable, accurate results.

Measures of performance include

- (a) improved revenues and overall business and organization performance;
- (b) response or cycle times for specific tasks or service features;
- (c) accuracy measures for tasks, such as order-taking and invoicing;
- (d) on-time delivery;
- (e) complete order fulfillment;
- (f) staff and associate understanding and ability to respond to requests for information on
 - (i) service and product features;
 - (ii) terms of supply and delivery;
 - (iii) return and warranty provisions; and
 - (iv) location of key features and facilities of the premises;
- (g) ease of access to electronic communications (eg, resources, such as those provided through the Web Accessibility Initiative (WAI), are listed in Appendix C);
- (h) understanding and ability of staff and associates to respond to the needs and expectations of customers with disabilities; and
- (i) response and satisfaction times for special service requests and complaints.

4.9.2 Assessment

Once the organization has implemented service objectives and specifications, it shall verify its capabilities and its compliance to find out if it is achieving the expected benefits of service excellence.

The organization shall measure its performance against its customer service policy and objectives, with particular attention to serving the needs of people with disabilities. Measurement methods include

- (a) customer satisfaction surveys;
- (b) documentation of informal customer feedback;
- (c) access audits; and
- (d) self-assessment and benchmarking against other organizations that demonstrate best practices in serving people with disabilities.

4.9.3 Access Audit

4.9.3.1

An access audit establishes an objective measure of how well a service performs in terms of access and ease of use by a wide range of existing and potential customers. It identifies good and effective practices, deficiencies, areas requiring improvement (including staff skills and training), and organizational processes.

Note: Appendix F provides a suggested Accessibility Evaluation Form for key items within the organization, including its services and facilities.

4.9.3.2

The organization shall identify the key characteristics of its service delivery model by

- (a) a preliminary review and assessment of physical premises and all other means of customer access to services (in person, by mail, or electronic means); and
- (b) initial and ongoing formal accessibility audits that assess conformity to the organization's own policies and other expectations.

4.9.3.3

An access audit shall include stages of gathering information and of making recommendations. This process includes

- (a) a review of the customer service documentation;
- (b) an audit plan;
- (c) a process for collecting information; and
- (d) the preparation of an audit report.

4.9.3.4

Assessment activities should be carried out by those who have appropriate training, skills, and experience, and who may be from

- (a) the organization;
- (b) organizations that represent people with disabilities (see Appendix C for list); or
- (c) third-party external auditors.

4.9.4 Records and Availability of Information

The organization shall keep verifiable records of its compliance to its service policy. The records may include

- (a) performance measures;
- (b) methods used to assess, measure, quantify, and qualify performance;
- (c) methods used to evaluate those assessments; and
- (d) means of identifying those carrying out all stages of the process.

The process for collecting and analyzing data should be transparent, notified to staff and associates, and available for third-party review for verification of a claim of service performance.

4.10 Review, Analysis, and Continual Improvement

The organization shall review, at least annually, its customer service system for people with disabilities. Where practices within the system do not meet the needs of people with disabilities, the organization's management shall

- (a) take action to correct the shortcomings in its customer service system;
- (b) create a culture that involves people in actively seeking opportunities for service improvement; and
- (c) continually improve the effectiveness of all elements of the customer service system by the use of
 - (i) a review of the service policy objectives, specifications, and planned results;
 - (ii) audit results;
 - (iii) an analysis of data;
 - (iv) corrective and preventive actions; and
 - (v) a management review.

5. Meeting the Needs of Customers with Disabilities

5.1 General

People with disabilities shall be treated as individuals who happen to have a disability. They shall not be characterized by their disability, but by their needs, expectations, and other attributes. They shall be

treated with the same level of courtesy and attention as all other customers. Staff and associates should avoid preconceptions and assumptions about the consequences of disabilities.

Clauses 5.2 to 5.6 provide a summary of the nature of the disabilities and the responses or accommodations that the service organization and its service staff and associates should provide to meet those customer needs. These clauses also provide an overview of the relationship between underlying causes, impairments, disabilities, and handicaps.

5.2 Impairments, Disabilities, and Handicaps

5.2.1 Differentiating between Disability and Handicap

It is important to remember that a *disability* resides in the individual and a *handicap* resides in physical and social environments, and is therefore controlled by the service provider.

Among the general population, there are different ideas about what constitutes a disability or its underlying causes and end effects. Some think of a disability as a specific medical condition; others think of it in terms of a disadvantage that is created in certain situations. However, a useful and commonly accepted model distinguishes the following terms:

- (a) **Underlying cause:** typically a disease, trauma, congenital condition, or aging.
- (b) **Impairment:** the functional limitation of a body structure or organs, resulting from the underlying cause. The intensity of an impairment can vary over time and be unpredictable.
- (c) **Disability:** the restriction of activities, resulting from the impairment. The experience of the disability can vary greatly and unpredictably throughout a day or any other period of time.
- (d) **Handicap:** the limitation experienced by an individual, resulting from the interactions between the individual and his or her physical and social environments. When the physical and social environments fail to accommodate, there is a handicap to that person's ability to his or her needs. Handicaps change and result from the continuous interaction between the person and the environmental situation.

Not all individuals will experience all the causes and effects described in Items (a) to (d). Some traumas do not lead to impairments, just as some impairments do not create disabilities or result in handicaps. Consider, for example, a person who has had a traffic accident (the underlying cause) that resulted in a facial disfigurement (the impairment), but not in a functional limitation (no disability). Due to the attitudes of some people toward the person's appearance (environmental factors), there may be changed social and workplace opportunities (the handicaps). This example is shown in Table 1, along with other examples.

5.2.2 Invisible Impairments and Disabilities

Although some impairments and disabilities are invisible, that does not make them less real. Invisible impairments and disabilities include

- (a) Alzheimer's;
- (b) breathing and circulatory disease;
- (c) communication disorders;
- (d) intellectual disabilities;
- (e) debilitating illnesses, such as cancer, diabetes, and Parkinson's;
- (f) environmental sensitivities;
- (g) epilepsy;
- (h) haemophilia;
- (i) hearing loss;
- (j) heart disease;
- (k) joint replacements;
- (l) learning disabilities;
- (m) low vision;
- (n) mental health disabilities; and
- (o) multiple sclerosis.

People with these conditions can encounter negative attitudes and barriers and so may be handicapped by their physical and social environments.

Table 1
Examples of Handicaps Determined by Environmental Factors
 (See Clause 5.2.1.)

Underlying cause	Impairment	Disability	Environmental factors (negative and positive examples)	Handicap (depending on environmental factors)
Aging	Cataract	Vision	<i>Negative:</i> small print, inappropriate and glaring lighting	Unable to read signs
			<i>Positive:</i> large print, good print characteristics, even illumination with good intensity	<i>None</i> , because the customer is able to read signs and find his or her way independently
Congenital damage to spine	Spina bifida	Communication and mobility	<i>Negative:</i> service staff speak to companion; narrow aisles	Accurate information is delayed; access is impossible
			<i>Positive:</i> customer uses communication board and has access through all aisles for motorized wheelchair	<i>Limited</i> , because the customer has autonomy, is able to directly express needs, and can see and access products and services
Inflammation and degeneration of joints	Arthritis	Pain, mobility, and grip	<i>Negative:</i> products placed awkwardly and are too large/heavy	Unable to place items in shopping cart
			<i>Positive:</i> convenient placing, good gripping surface, sizes appropriately selected	<i>None</i> , because the customer is able to select items and serve himself or herself
Traffic accident	Facial disfigurement	None	<i>Negative:</i> inappropriate social attitudes	Staring; limited response of service staff
			<i>Positive:</i> acceptance	<i>None</i> , because the customer experience is the same as for the population at large

Note: Each example is a very simplified illustration of the inter-relationship between the elements of the model. An element may result in more than one outcome and in more complex handicaps than shown here.

5.2.3 Assistive Technology and Personal Assistance Devices

Assistive technology or personal assistance devices do not eliminate an impairment but can reduce the limitations caused by the disability and so permit certain activities.

Use of an assistive device can, to some members of the general population, identify the user as having a disability. Their attitudinal and other responses may be inappropriate towards the user of the assistive device and therefore cause a handicap. For this reason, some people with a disability might prefer to experience the disadvantage of not using an assistive device and so avoid resulting social handicaps.

5.3 Service Responses

5.3.1

As required in Clause 3.1, when providing services, staff and associates shall incorporate the eight core principles, which are

- (a) equity;
- (b) independence;
- (c) dignity;
- (d) responsiveness;
- (e) accessibility;
- (f) sensitivity;

- (g) quality; and
- (h) commitment and resources.

In addition, the organization should ensure that it meets the safety requirements of Clause 4.6 and the barrier-free requirements of Clause 4.7.3.

5.3.2

Staff and associates shall implement the following generalized guidance, some of which will be valid for the population at large:

- (a) Ask first. Do not assume help is wanted or needed.
- (b) Allow the person to decide his or her own need and level of autonomy. Let the person describe what he or she needs and how it might be provided.
- (c) Approach people with disabilities as individuals, with personalized service.
- (d) Remember that, if you are serving an adult, treat him or her as an adult.
- (e) Be patient and flexible.
- (f) Post the organization's "Vision for service to customers with a disability" and a notice stating "Personal assistance available for people with a disability. Please ask".
- (g) Do not attempt to diagnose a disability or the underlying cause. Do not ask questions about these unless the questions expressly relate to the service you are providing.
- (h) Some people may be reluctant to disclose their disability unless they perceive a benefit that outweighs the risk of doing so. Never disclose the person's disability to another, unless given permission to do so.
- (i) Some people with disabilities prefer to be accompanied by a support person. Respect that person's skills and abilities. Address the customer and not the support person.
- (j) Consider possible infrastructure barriers when arranging to meet people with a physical or sensory disability.
- (k) Respect the cultural and language needs all people, including those with a disability.
- (l) Learn proper first-aid procedures for supporting the individual's needs, eg, an epileptic seizure, fainting, or breathing difficulties.
- (m) If the person has to postpone a meeting at short notice because he or she has become unwell, consider waiving a no-show charge.
- (n) Offer assistance if the person appears unwell. If the person refuses help, and yet you suspect he or she may nevertheless be in danger, discreetly call for medical help.
- (o) Do not touch anything (wheelchair, equipment, service dog, etc) without asking first.
- (p) Serve to meet the need.

People with disabilities should help service staff and associates understand how to meet their needs. They should state their needs and expectations for services and not make requests for services that exceed the reasonable intent of those outlined in this Standard.

Summary of Key Points that May Apply to All Customers

- Ask first, but do not insist; if a response is "no", then it means "no".
- Find effective means of communication.
- All customers are individuals.
- Help make the customer feel comfortable.
- Listen to the customer, maintain eye contact without staring.
- Deal with unfamiliar situations in a calm and professional manner.
- Treat the customer with dignity, respect, and courtesy.
- Do not attempt to diagnose a disability or the underlying cause.
- Address the customer first and not the support person.
- Do not touch anything (wheelchair, equipment, service dog, etc) without asking first.

5.4 Customer Assistance

Staff and associates should use the information in Clause 5 to provide services that meet the specific needs, expectations, and preferences of all individuals.

The service staff and associates should respond promptly and appropriately when a request is made or when a customer needs different services.

Table 2 provides

- (a) an outline of the key characteristics of disabilities, the most common related impairments, and the underlying cause (in column 1);
- (b) important considerations of disabilities, as well as general factors to be considered in meeting those needs (in column 2); and
- (c) tips and accommodations (in column 3) that the organization and its service staff and associates should consider so as to encourage the independence of customers with disabilities.

Notes:

(1) Table 2 is not arranged in rows, so items in one column do not relate to specific items in the adjacent column.

(2) Items in column 3 of Table 2 are generally in sequence of ease of introduction by the service provider. See Clause 4.7.4 on the timing of implementation.

Table 2
Tips and Accommodations to Meet Needs
 (See Clauses 4.7.3.2, 5.4, 6.2, 6.6, and D2.1.)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>1. Physical</p> <p>Physical disabilities may restrict a person's ability to</p> <ul style="list-style-type: none"> • control speed of movements; • move rapidly or have co-ordination; • experience balance and orientation; • perform manual tasks, eg, grip a pen; type on a keyboard; or grip, twist, or turn handles, keys, and knobs; • move arms or legs fully, eg, negotiate steps or stairs; • move around independently, eg, walk any distance, easily get into or out of a car, or stand for an extended period of time; • reach, pull, push, or manipulate; and • have strength and endurance. <p>Each of these disabilities may limit participation in certain daily life activities.</p>	<p>Not all physical disabilities are visible, eg, heart disease, multiple sclerosis, and others (see lists in Clause 5.2.2 and Section 6 of this table). Those with such disabilities may have difficulty performing some tasks, but may not otherwise appear to have a disability.</p> <p>People with perceptible differences in physical size and height (eg, Little People, those with amputations, etc) have different abilities in carrying out functions such as reach, grip, strength, and stamina.</p> <p>Those with physical disabilities may not be able to avoid or react fast enough to some dangerous situations; therefore, service staff and associates should offer prompt and appropriate assistance.</p> <p>The physical features of premises should have universal access, while providing at least barrier-free access (see Appendix F).</p> <p>Personal assistive devices might include</p> <ul style="list-style-type: none"> • cane, crutches, or walker; • wheelchair or scooter; • escorting companion; or • service dog. 	<ul style="list-style-type: none"> • Open doors and make space available for ease of access. • Give a person time to move or to carry out the tasks for himself or herself, if he or she wishes to do so. • Assist customer in completing forms or entering data at terminals. • Arrange transport for customer, eg, make phone calls, check schedules. • Provide rest areas with good seating that is wide and easy to get into and out of. • Provide assistance in selecting, reaching, packing, and carrying products. • Bring services to the person, eg, allow phoned-in orders; arrange for in-home viewing and selection of products and provide mobile library. • Provide home delivery of purchases. • Provide drive-through services, eg, bank, pharmacy, and grocery pickup, and library or mail drop-off. • Provide package opening service at the point of purchase. • Do not be afraid to offer a handshake to a person with a missing or artificial limb, or those using a cane or crutches. • Do not push, pull, or lean against a wheelchair without permission. • Learn how to safely move a customer in a wheelchair. • Do not attempt to lift, support, or assist in moving a person unless you understand appropriate safe techniques or methods; get help from trained fellow staff or associate. • Assist with priority-boarding of buses, trains, and planes and help with seating, wheelchair positioning and tie down, and baggage. • Arrange information and product placements so that they are well located and can be seen without undue bending or turning.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>1. Physical (concluded)</p>	<p>There is a legal obligation to permit entry of a service dog wherever the public is customarily admitted.</p> <p>Do not feed, touch, make eye contact, or otherwise communicate with a service dog without the owner's permission. Distracting a service dog may endanger the owner.</p> <p>Offer to familiarize the owner with an area for walking the service dog. Provide a garbage container and a suitable area for the dog to relieve itself.</p>	<ul style="list-style-type: none"> • Make eye contact when talking to a person of short stature or in a wheelchair; if necessary sit down so that both of you can do this without undue effort. • Make service counters and tables an accessible height, with all-round space and underside clearance for people in wheelchairs or who are unable to stand for an extended period of time. • Provide devices that are easy to see and use, eg, checkout counters, cash register read-outs, and bank debit card readers. • Provide accessible, well-located, high amperage power outlets to suit battery charging requirements of motorized wheelchairs. • Provide well-located parking for those with disabilities. • Offer priority parking based on need, in addition to regulated allocation for people with disabilities, eg, those with temporary limits to mobility, seniors, and parents with small children. • Provide ramps or elevators for level changes. • Ensure washrooms are accessible (ie, provide sufficient floor space for access, automatic taps, automatic toilets, raised toilets, and grab bars). Make toilet booster seats available. • Provide roll-in showers. • Offer wheelchairs and motorized shopping carts for short-term use. • Do not use aisles or washrooms for storage. • Provide valet and courtesy parking. • Ensure access to parking lots and walkways is smooth, hard, sufficiently wide, and free of debris, ice, and water. • Ensure that the frequency of change and intervals of traffic and pedestrian signals meet mobility limitations of some customers. (See also tip for automated pedestrian signals (APS) under Section 2.3 of this table.) • Provide special-needs local transportation for those unable to access regular transit systems; include travelling companion access. • Provide local transportation services (municipal, regional, and private sector) to meet the requirements of the Canada Transportation Act.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2. Sensory</p> <p>2.1 Hearing</p> <p>Hearing loss ranges from partial to total (profound) and may be the result of distorted or limited auditory capacity.</p> <p>Deafness means an inability to discriminate conversational speech through the ear.</p>	<p>A customer may describe himself or herself as</p> <ul style="list-style-type: none"> • deaf; • deafened; or • hard of hearing. <p>The distinction between the terms is based on the individual's language and means of communication, not the degree of hearing loss, so a wide range of service responses may be needed.</p> <p>People with a hearing loss may</p> <ul style="list-style-type: none"> • rely on amplification by a hearing aid, which may be augmented with input through an FM, infrared, or loop system; • communicate by speech (oral deaf); • rely on sign language; and • communicate by combining sign language (through a signing or oral interpreter), lip or speech reading (not common), and writing. <p>Your customer may let you know how best to communicate by</p> <ul style="list-style-type: none"> • telling you, using spoken language; • speaking with a noticeably unmodulated voice; • pointing to his or her ear, with a shake of the head, or using gestures; • reaching for a pad of paper and a pencil; • presenting a Communicard that indicates a hearing loss; • moving his or her lips without making a sound; • pointing to a hearing aid; 	<ul style="list-style-type: none"> • Obtain the person's attention before speaking, possibly by a visual cue or a gentle touch on the arm. Do not approach from behind. • Speak clearly; never yell, exaggerate, speak unnaturally slowly, or use loud noises. Closer is better than louder. Do not draw attention to the customer. • Ask your customer if he or she hears better with one ear or the other, and position yourself accordingly. • When leaving voice mail messages, speak clearly and repeat your name and contact telephone number. • Ensure lighting levels are such that visual clues are easily noted (eg, minimize shadows, provide even lighting, and limit glare, gloss finishes, and mirror or glass surfaces) so facilitating lip or speech reading and seeing body language. • Face your customer, but not with the light behind you. Give him or her an unobstructed view of your face and mouth. Do not cover your mouth or chew gum. • Reduce or eliminate local noise and sound distractions, such as music, radio, or TV, to provide optimum conditions for hearing speech. • Do not chat to others without including the person who is deaf, as he or she may feel that key information is being missed. • Keep a writing pad and pencil or marker ready for written communication. Keep messages brief; use plain language and bold, clear print. • If a communication board or other device is being used, see Section 2.2 of this table for guidance. • Provide TTY (teletypewriter) for each bank of public telephones on your premises, with a flat working surface for note taking. • Provide TTY, or an appropriate voice modem and TTY-equivalent software on personal computers, for key service information providers in your organization.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.1 Hearing (continued)</p>	<ul style="list-style-type: none"> • contacting you through letter, TTY, email, or the services of a third party; or • being accompanied by an interpreter. <p>If a person's speech is grammatically or otherwise simple, that may be a result of the need to simplify communication and not an indication of the level of education.</p> <p>Many people who are deaf consider themselves to be part of the Deaf culture, a distinct community. Therefore the terms "impairment" and "disabled" are not appropriate when describing their hearing abilities.</p> <p>American sign language (ASL) is a language in itself, not a signed version of English. It is different from Langue des signes québécoise (LSQ), British, or Australian sign languages.</p> <p>Personal assistive devices include</p> <ul style="list-style-type: none"> • a hearing aid; • a service (hearing ear) dog; • a communication device or board; • closed captioning; • email, paging, and messaging; and • a signing or oral interpreter. <p>Hearing aids do not restore hearing, but amplify all sound, with no differentiation of wanted (eg, conversation) from unwanted sounds (eg, background noise). Sudden noises may be a physical shock to the user.</p>	<ul style="list-style-type: none"> • Use the telephone company's relay service for communication with customers who are deaf if you do not have a TTY device (Bell Relay in Ontario is at 1-800-855-0511). • Provide your customer with the means to control volume and speed of speech for your telephone handsets, intercoms, voicemail, and answering systems. • Offer to make a phone call on behalf of the person who is deaf, but respect his or her need for privacy. • Automated phone systems should allow quick, direct access to the operator, allowing the person who has a hearing loss to state his or her needs, and so avoid voicemail instructions. • Ensure visual warnings are well located, eg, flashing and strobe lights, electronic signs and displays, and vibrators. • Provide closed captioning and signing interpreter (within a picture-in-frame insert) on audiovisual announcements, eg, shopping malls, waiting rooms, and transit systems. • Provide visual signs in transit cars and buses, announcing next stop and safety or emergency warnings. • Public announcement sounds must be clear, audible, and distinct, eg, in shopping malls; on public transit; in bus, train, and airport waiting areas; and in washrooms. • Limit or suppress background or white noise and reduce echoes and distractions that can interfere with hearing. • Use ceiling, wall, and floor finishes to absorb and manage reverberation. • Treat carpets with anti-static and electrically ground contact surfaces to reduce electro-static interference to those using hearing aids or cochlear implants. • Organizations should use a sign language interpreter or closed captioning for public events. If the event lasts more than two hours, then two signing interpreters should be present.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.1 Hearing (concluded)</p>	<p>Some people wear a hearing aid to alert them to sounds, but are unable to discriminate speech.</p> <p>There is a legal obligation to permit entry of a service dog wherever the public is customarily admitted.</p> <p>Do not feed, touch, make eye contact, or otherwise communicate with a service dog without the owner's permission. Distracting a service dog may endanger the owner.</p> <p>Offer to familiarize the owner with an area for walking the service dog. Provide a garbage container and a suitable area for the dog to relieve itself.</p>	<ul style="list-style-type: none"> • If a customer uses a signing or oral interpreter, <ul style="list-style-type: none"> • do not speak in the third person, ie, do not say "Tell her my name is Joan", but say "My name is Joan"; • tell your customer if you have experience in communicating through an interpreter; • provide space so that your customer sits or stands opposite the interpreter, and position yourself next to the interpreter, facing your customer, or as requested; • do not move around, as doing so may place the interpreter or customer in an awkward or dangerous position; and • allow sufficient time for communications, as the signing interpreter must see or hear a message and understand it, before restating it to you or your customer. • In public entertainment venues, publicize and provide assistive listening systems (eg, FM or infrared), with neckloops to match hearing aid T-switch or alternative headsets. • Provide rear-window captioning in film auditoriums. • Provide individual headsets with integral boom microphones for public meetings, with appropriate assistive sound system for the premises. • Provide physical barriers for dangerous areas and spaces where hearing may otherwise provide warning of danger, eg, blind corners of parking lots, and construction and traffic areas. • For emergency escape routes, provide easily accessible information and draw attention to it, eg, diagrams and concise written instructions. • Provide visual monitoring by video or direct line-of-sight for entrance ways and elevator security systems (as well as an intercom), allowing customers who are deaf or cannot speak to communicate with security staff. • In public accommodation, eg, hotels, motels, and seniors' residences, provide a vibrator for emergency or alarm warnings (the Canadian Hearing Society can provide kits for guest rooms; see Appendix C). • Maintain a list of guest rooms with special needs for emergency assistance and evacuation. Train emergency response teams.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.2 Speech</p> <p>Speech disability may be a partial or total loss of speech.</p> <p>Typical voice disorders include problems with</p> <ul style="list-style-type: none"> • pronunciation; • pitch and loudness; • hoarseness or breathiness; • stuttering or slurring; and • breaks or delays, or apparently inappropriate qualities. 	<p>Speech disabilities may combine with other disabilities such as hearing or language processing to form a communication disorder. See also Sections 2.1 and 5 of this table.</p> <p>Those who have never heard may not have understandable speech and may find it difficult to monitor or modulate their voice level.</p> <p>People with a speech disability may use the services of a signing or oral interpreter or an augmented communication device, such as</p> <ul style="list-style-type: none"> • a communication board, with words, pictograms, and symbol systems (eg, Bliss symbols); • a portable, computer-generated synthesized voice system; or • an artificial voice box (larynx). 	<ul style="list-style-type: none"> • Listen to what the person says and not how he or she says it. • Do not interrupt as your customer may need extra time to express his or her needs. • Ask for words or phrases to be repeated if not understood. • Be patient and flexible in finding effective means of communication. • Ask questions that can be answered with a “yes” or “no”. • Keep a writing pad and pencil or marker ready for written communication. Keep messages brief, use plain language and bold, clear print. • Speak clearly; never yell, exaggerate, speak unnaturally slowly, or use loud noises. Do not draw attention to the customer. • Offer to make a phone call on behalf of the person who cannot talk, but respect their need for privacy. • Recognize that foot-stamping by a customer who cannot call out or talk may be an urgent attempt to get attention in an emergency. • Position a signing or oral interpreter on the floor of a public event to interpret for those with a speech disability, if an audience response is expected. • Provide individual headsets with integral boom microphones for public meetings, with appropriate premises’ sound system. • Provide TTY, or appropriate voice modem and TTY-equivalent software on personal computers, for key service information providers in your organization. • Use the telephone company’s relay service for communication with customers who have a speech disability, if you do not have a TTY device (Bell Relay in Ontario is at 1-800-855-0511). • If a communication board is being used by the person with a speech disability <ul style="list-style-type: none"> – stand on the right side of board to read the message; – ask questions expecting “yes” or “no” answers for initial clarification of needs; – use discretion when reading the indicated message out loud; and – ask one question at a time; if necessary, rephrase the question if it is not acknowledged.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.3 Vision Vision disabilities include a broad range of eye conditions, ranging from total blindness to partial or low vision that cannot be corrected fully with lenses.</p>	<p>There are many types and degrees of visual impairment and they may affect</p> <ul style="list-style-type: none"> • perception of depth and distance; • field of vision; • night blindness; • ability to manoeuvre; • ability to read or recognize signs and instructions; and • ability to see colours and contrast, so that some print information and signs may be unreadable. <p>Most people who are legally blind have some degree of vision.</p> <p>Those who have never seen may not have learned how to write.</p> <p>People who are visually impaired do not have a better sense of hearing, although some may use their other senses very effectively.</p> <p>Braille is used by 10 to 15% of those who are legally blind.</p> <p>Personal assistive devices might include</p> <ul style="list-style-type: none"> • a white cane; • a service (guide) dog; and • vision aids, such as an electronic travel aid, monocular, binocular, or magnifier. <p>There is a legal obligation to permit entry of a service dog wherever the public is customarily admitted.</p>	<ul style="list-style-type: none"> • Identify yourself, indicate that you are speaking to the person; use his or her name often to confirm that you are speaking to him or her, and do not others present. • Do not assume the person cannot see you. • Never touch the person without alerting him or her, unless in an emergency. • Speak clearly; never yell, exaggerate, speak unnaturally slowly, or use loud noises. Do not draw attention to the customer. • Describe the layout of a space or room, its furniture and principal features, and location of other people, where relevant, eg, describe and identify, locating positions as on a clock face, ie, 1 o'clock, 3 o'clock, etc. • Do not move personal or other items unless the person is notified. • Return items to their original position after cleaning. • Describe your actions while carrying out a service, so that its progress is understood. • Ensure lighting levels are such that visual clues are easily noted (eg, minimize shadows, provide even lighting, and limit glare, gloss finishes, and mirror or glass surfaces). • Do not use great differences in lighting intensity for displays or adjacent service areas. • Warn your customer if lighting is to be dimmed or turned off. It may be difficult for him or her to adjust to abrupt changes in illumination. • People with tunnel vision may step back or move an object to be at arm's length, allowing them to see more clearly. • When directing the person to an object (eg, a water glass), gently place your hand under his or hers and move your hand towards the object. After contacting it, slide your own hand away, allowing him or her to locate the object. Do not pick up or put it in his or her hand, but possibly steady it. • To seat the person, gently place his or her hand on the back of the chair.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.3 Vision (continued)</p>	<p>Do not feed, touch, make eye contact, or otherwise communicate with a service dog without the owner's permission. Distracting a service dog may endanger the owner.</p> <p>Offer to familiarize the owner with an area for walking the service dog. Provide a garbage container and a suitable area for the dog to relieve itself.</p>	<ul style="list-style-type: none"> • Provide wayfinding signs on walls, floors, obstacles, and hazards, eg, tactile, audible, or colour coded. Use standard pictograms and symbols. • When planning or describing a route, or guiding a person with a visual impairment, ensure that there is sufficient width and space for easy and safe wayfinding. • A person with low vision may not be able to identify wayfinding signs or colour codes; therefore, offer to personally guide him or her. • To guide the person, let him or her take your arm; do not take his or hers. Walk at his or her pace, but half a step ahead. Pause slightly at stairs or a curb to warn that a change is coming; he or she will feel changes in the height of your elbow to know if it is a step up or down. Ask if you should describe major obstacles or changes in direction. • If you accompany a customer with a guide dog, ask the handler where you should walk to avoid distraction, eg, walk at the handler's side or several paces behind. • Do not walk away without saying goodbye. Mention the arrival or departure of others, naming and introducing them if they do not do so for themselves. • Do not leave the person alone in the middle of a room; instead, show him or her to a chair, or guide him or her to stand by a wall, door, or an item of furniture to maintain orientation. • If giving directions, be precise, clear, and specific, eg, say "on your left" or "in front of you". • Offer assistance with layout, visual prompts, and keypads in automated service systems, eg, point of sale card readers, vending machines, and banking machines (ABM). • If forms and credit card receipts are to be signed, align the credit card receipt within a small frame with a space placed for a signature line, or align with a rigid ruler. The customer will be able to sign by touch; do not attempt to guide or assist. • Do not be afraid to offer a handshake to a person who might be using a cane or have a guide dog, but let him or her know that you are about to do so. • Use simplified or enlarged images and design styles for signs and print information. • Use services and guidance of CNIB and the Canadian Helen Keller Centre (see Clause C5.1) for Braille and large print production.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
2.3 Vision (continued)		<ul style="list-style-type: none"> • Provide magnifiers for small print information. • If a large quantity of information is to be conveyed at a meeting, provide it in a suitable format in advance, so that it can be reviewed before the detailed discussion takes place. • Count out change, clearly stating denominations and totals. • Read out details of monthly statements, invoices, and sales documents if requested. • Provide information in required alternative formats, eg, large print (usually 14 pt, but 22 pt may be required in some cases); Braille; audio on cassette or CD-ROM; and e-text on floppy disk or CD-ROM. Note that not all formats may be required. • Improve image and background contrast to make text and objects, such as signs, printed matter, steps, stairs, and barriers, stand out from their surroundings, eg, <ul style="list-style-type: none"> – use matte backgrounds; – use black lettering on yellow or white, or white on black; – avoid lavender, green, or blue background; and – avoid green on blue or orange on red. • Public announcement sounds must be clear, distinct, and audible, eg, in shopping malls; on public transit; in airports, bus, and train waiting areas; and in washrooms. • Audible, verbal floor number announcements should be provided <ul style="list-style-type: none"> – inside each elevator car on arrival at each floor; and – in the lobby to announce floor destinations if the elevators are grouped by the range of floors served. <p>In addition, elevator lobbies and cars should meet the requirements of Appendix E of CSA Standard B44.</p> <ul style="list-style-type: none"> • Provide unobstructed space around tables, chairs, and desks. Chair and table legs should not extend into the room. • Use described video. • Make Web sites accessible; verify by standard assessment service (see Clause C1.2 for Web design contacts). • Provide audible pedestrian signals (APS) at all major intersections with standardized sound, eg, birdsong or spoken directions. • Make entrance doors visually obvious in premises frontage, eg, by colour contrast, materials, design features, and signs.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.3 Vision (concluded)</p>		<ul style="list-style-type: none"> • Provide unobstructed and clear parking lots, walkways, sidewalks, passageways, and doorways. Keep aisles unobstructed. • Electronic displays are best in bright neon blue, green, yellow, or amber. Blue and purple cannot be differentiated and are confusing. Some colours disappear if viewed through sun- or anti-glare glasses. • Install automatic entrance and access doors. • Install viewfinding mirrors on corners. • For wayfinding, provide logical, straightforward routes for locating, entering, and moving within premises, with suitable signage. • Minimize danger from overhangs and protrusions within premises, eg, low ceilings, overhanging or “floating” staircases, fixed seating, decorative features, etc. Do not use low hanging temporary decorations or signs. • Physically guard and provide barriers for dangerous surfaces, spaces, and objects, eg, fire hydrants; blind corners of parking lots; construction, and traffic areas; and utility service boxes, poles, and support cables.
<p>2.4 Deaf-blind</p> <p>Deaf-blindness is a combined hearing and vision disability that results in significant difficulties in accessing information and activities of daily living.</p> <p>Deaf-blindness is a disability distinct from deafness or blindness. It is much more isolating for the individual than the loss of either separately.</p>	<p>Intervenor support people who relay and facilitate unbiased auditory and visual information and also act as a sighted guide. They are skilled in the communication systems used by people who are deaf-blind. The communication methods include the following:</p> <ul style="list-style-type: none"> (a) Sign language systems: <ul style="list-style-type: none"> • American sign language (ASL); • Signed Exact English (SEE); and • gestures and cued speech. 	<ul style="list-style-type: none"> • All communication with a person who is deaf-blind takes two to five times longer than with a sighted-hearing person. Make sure there is sufficient time for successful communication. • Interact with the customer. The intervenor should be regarded as a resource person, not as the customer. • If the services of an intervenor are being used, follow the tips provided for a signing interpreter in Section 2.1 of this table. • If the person is alone, slowly approach directly in front of the individual, gently touch the back of his or her hand and leave it there until he or she responds or moves on. Avoid tapping the hand, as it can be startling. • The person may provide an assistance card or note describing <ul style="list-style-type: none"> – communication preference, based on vision and hearing abilities; – where he or she would like to go, and help or service required; and – the service or product wanted. • Some people may be “tactilely selective” and may be reluctant to allow hand contact from those with whom they are not familiar.

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Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.4 Deaf-blind (continued) A person may be considered to be deaf-blind if neither sight nor hearing can compensate for the impairment of the other sense, ie, he or she cannot function as a deaf person or as a blind person.</p>	<p>(b) Hand-over-hand tactile sign language:</p> <ul style="list-style-type: none"> • American fingerspelling; • two-hand manual; • print on palm (POP); and • Braille: embossed or display. 	<ul style="list-style-type: none"> • Most people who are deaf-blind know that a large "X" drawn from shoulder to waist on his or her back means "Emergency. Take my arm. I will guide you to safety". He or she will follow you and not ask questions until you have reached a safe place. • If possible, explain the situation as it evolves or once danger has passed.
<p>Deaf-blind disabilities interfere with</p> <ul style="list-style-type: none"> • communication; • learning; • orientation and mobility; and • the functions of everyday life. 	<p>(c) Telephone devices:</p> <ul style="list-style-type: none"> • devices for the deaf and the deaf-blind (TDD, TTY, and TDD-B). 	<ul style="list-style-type: none"> • In an emergency, do not use loud or aggressive movements. • Keep a writing pad and pencil or marker ready for written communication. Keep messages brief and use plain language and bold, clear print.
<p>The deaf-blind population consists of five defined groups:</p> <p>(a) Born deaf-blind: these individuals have never heard spoken language or had enough vision to picture the world. Communication is usually an adapted hand-over-hand tactile method.</p>	<p>(d) Residual hearing and speech:</p> <ul style="list-style-type: none"> • hearing aids suitable for FM, infrared, and loop systems; and • amplification of sound source. <p>(e) Visual systems:</p> <ul style="list-style-type: none"> • lip or speech reading; • closed circuit TV readers (CCTV) magnifying up to 60 times; magnifiers: pocket, handheld, or stand; • communication boards; and • notes. 	<ul style="list-style-type: none"> • If you are asked to print on your customer's extended palm <ul style="list-style-type: none"> – use 25 mm (1 in) block letters or numbers; – trace your index finger, keeping symbols large and clear; – place one symbol on top of the last in the centre of his or her palm; – pause slightly at the end of each word; – always give enough time for a response by written notes or speech; – limit sessions to no more than 15 to 20 min each, with a 5-min break, as tactile communication is demanding on both participants; and – be aware that jewellery and long fingernails can interfere with communication.
<p>(b) Born deaf: these individuals usually do not develop clear speech, but rely on visual sign language, lip or speech reading, and print. As their vision becomes more limited, they adopt a tactile communication system.</p>	<p>(f) Computers and mechanical systems:</p> <ul style="list-style-type: none"> • Tellatouch or other specialized keyboard devices; and • special software and displays. <p>Personal assistive devices might include</p> <ul style="list-style-type: none"> • a white cane; • a service (seeing eye) dog; • an electronic travel device; or • the services of an intervenor. 	<ul style="list-style-type: none"> • Use the tips under hearing (Section 2.1), speech (Section 2.2), and vision (Section 2.3) in this table for other supports that might be considered for a customer who is deaf-blind, eg, if directing the customer to an object or guiding the individual to another location, and the physical, hearing, and visual accommodations that might be required and effective in meeting your customer's needs. • Alerting systems can include flashing or strobe lights, vibrating or tactile devices, pagers, or loud alarms. • Provide Braille and large print information about your services. (See Clause C5.1 for information on organizations that provide Braille embossing services.)
<p>(c) Born blind: these individuals usually learn Braille rather than print and rely on audio books. When their hearing fails, they rely on a tactile communication system.</p>		

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.4 Deaf-blind (concluded)</p> <p>(d) Seniors: these individuals experience failing vision and hearing and may need great resilience to face the challenges of adapting to new communication systems.</p> <p>(e) Individuals who experience severe trauma or illness resulting in deaf-blindness: these individuals have tremendous challenges to adapt to the loss of their main senses for acquiring information. They often use two-hand manual tactile sign language for communication.</p>	<p>Some people who are deaf-blind may have training that allows them to travel independently in familiar communities.</p> <p>The intervenor should be allowed free entrance when accompanying a deaf-blind person to places where the public is customarily admitted, as the site would otherwise be inaccessible for the person who is deaf-blind.</p> <p>Many who are deaf-blind have tunnel vision, which may narrow as time goes by. They often are unaware of things to their side, up, or down.</p> <p>There is a legal obligation to permit entry of a service dog wherever the public is customarily admitted.</p> <p>Do not feed, touch, make eye contact, or otherwise communicate with a service dog without the owner's permission. Distracting a service dog may endanger the owner.</p> <p>Offer to familiarize the owner with an area for walking the service dog. Provide a garbage container and a suitable area for the dog to relieve itself.</p>	<ul style="list-style-type: none"> • Provide unobstructed space around tables, chairs, desks, and other objects. • Include auditory and tactile cues and signs on walls, floors, and at obstacles and hazards. • For a possible emergency, maintain a contact list of intervenors through service providers listed in Clause C5.1 (eg, CNIB, Bob Rumball Centre, and the Canadian Helen Keller Centre).
<p>2.5 Smell, taste, and touch</p> <p>(a) Smell</p> <p>Smell disability is the inability to sense, or a hypersensitivity to, odours and smells. The person may have allergies to certain odours, scents, or chemicals.</p>	<p>A person with a smelling disability may be unable to sense or identify</p> <ul style="list-style-type: none"> • smells, odours, or scents; • dangerous gases, smoke, or fumes, eg, from fire, leaking gases, gasoline, caustic or acidic liquids, or food that is "off"; or • some positive sensory experiences. 	<ul style="list-style-type: none"> • Provide visual, tactile, and audible warning of gases. • Limit or avoid use of fragrances and air freshening products. • Provide guards, sealed containers, safe storage, and secure openings. • Provide environmental control systems, at source or possibly local, eg, HEPA or carbon filters. • Provide barriers against contact with materials that cause allergies or contact reactions.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>2.5 Smell, taste, and touch (concluded) (b) Taste</p> <p>Taste disability limits the ability to appropriately sense the four primary sensations of taste: bitterness, sweetness, sourness, and saltiness.</p>	<p>A person with a taste disability may be unable to</p> <ul style="list-style-type: none"> • identify poisons and noxious substances; • identify excess of ingredients in food, eg, salt; or • appreciate some positive sensory experiences. <p>The person with a taste disability may have a loss of appetite or be unable to select food and liquids as he or she wants.</p>	<ul style="list-style-type: none"> • Provide guards, sealed containers, and safe and secure storage. • Indicate visual, tactile, and audible warning of poisons. • Provide passive barriers to protect people from touching materials that cause allergies or contact reactions. • Restaurants and food service providers should ask for guidance on quantities of condiment and spice ingredients, preferences, and products to avoid. • Restaurants and food service providers should recognize the needs of customers who may, as a result of other disabilities (eg, physical) or health concerns, require food to be provided diced, minced, or puréed, or with specialized eating implements and plates or drinking containers.
<p>(c) Touch</p> <p>Touch disability alters the ability to sense surfaces and their texture or quality, including temperature, vibration, and pressure stimulus.</p>	<p>Touching sensations may be extremely heightened or very limited. The sensation may be through hands, fingers, feet, and face.</p> <p>Touch may be numb and insensitive, or cause pain and burning sensations as a result of hypersensitivity or insensitivity. This may be due to circulatory or other problems.</p> <p>A person with a touch disability may be</p> <ul style="list-style-type: none"> • unable to sense surface heat or cold; • unable to sense changing temperature; • acutely sensitive to heat of contact surfaces or air; • insensitive to surface textures; or • very sensitive to sound or physical vibrations. 	<ul style="list-style-type: none"> • Provide visual, tactile, and audible warning of extreme temperatures. • Control local ambient air temperature to the user's comfort level. • Control local water temperature at all faucets to the user's comfort and safety level, ie, central water system temperature may be dangerously high for customers with poor reaction times or limited sensitivity to temperature. • Limit surface temperatures and vibration; guard dangerous products, surfaces, areas, and spaces, eg, by insulation of otherwise exposed hot and cold objects. • Provide passive barriers to protect people from touching materials that cause allergies or contact reactions. Limit or avoid the use of products that can cause contact allergies. • Allow customers to change the quantity of their clothing. Provide coat check services. • Eliminate or reduce static build up, eg, by surface treatment for ground discharge.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>3. Intellectual Intellectual disability is an impairment to an individual's intellectual processes.</p> <p>The disability may be genetic in origin, or due to premature birth or birth trauma. It may also be due to head trauma or brain injury.</p>	<p>A person with an intellectual disability might have difficulty with</p> <ul style="list-style-type: none"> • language: understanding and use of spoken or written information; • conceptual processes: understanding cause and effect; • recognizing problems, problem-solving, and reasoning; • perception: taking in and responding to sensory information; and • memory: retrieving and recognizing information from short- or long-term memory. <p>People with an intellectual disability may have other disabilities related to vision, physical, hearing, and speech. (See also appropriate sections of this table.)</p> <p>Emphasis should be placed on each person's abilities, and his or her needs and expectations.</p>	<ul style="list-style-type: none"> • Remember that you are serving an adult: treat him or her accordingly. Do not "talk down". • Do not make assumptions about the limits of what someone might be able to do. • Interact with the customer. A support worker should be regarded as a resource person and not as the customer. • Be patient. • Use simple, clear language and uncomplicated sentences; avoid complex ideas. • Use simple tasks; break complex tasks into easily understood steps. • If necessary, communicate in a variety of ways, eg. by use of pictures, sounds, or gestures. • Use simplified images in displayed information. • Ensure information is understood. Check for understanding by observing response. If you are unsure, ask questions that require "yes" or "no" answers. • Schedule adequate time for meetings or activities; take breaks. • Offer to complete written application forms, warranty claims, returned goods reports, etc, on behalf of the customer. • Carry out calculations on behalf of the customer, explaining the steps in the calculation processes. Count out change, clearly stating denominations and totals. • Read out details of bills, invoices, and receipts if requested.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>4. Mental health</p> <p>4.1 General</p> <p>Mental health disabilities can be grouped into three main disorders:</p> <ul style="list-style-type: none"> • anxiety (see Section 4.2 of this table); • mood (see Section 4.3 of this table); and • behavioural (see Section 4.4 of this table). <p>These categories provide simplified descriptions; however, they do not reflect the full range of complexities within these disabilities. The person can experience one or more episodes of illness. Each condition can vary in severity, and can result from</p> <ul style="list-style-type: none"> • disturbances in the functioning of the brain; • external events and stresses; and • trauma, eg, accident or physical abuse. 	<p>The focus of this section is on how to be supportive, caring, and non-judgmental when you encounter a person with a mental health disability. This section avoids use of medical or scientific terminology; it aims to dispel some of the prejudices associated with these emotional and psychological disabilities.</p> <p>Some mental health disabilities may be resolved through therapy, counselling, medication, or a combination of these.</p>	<ul style="list-style-type: none"> • Stigmas and stereotypes related to these disabilities may be the greatest barrier to providing good customer service. • Create a service atmosphere that is free of misconceptions about mental illness and is accepting of differences. Encourage open communication and a comfortable exchange of information between people. • Do not attempt to categorize or identify the disability, but respond to the need for customer service. • Be patient and calm; do not be confrontational or allow any situation to escalate. • Be flexible in your approach. • Talk with a normal voice and intonation; do not draw public attention to yourself or the customer. • Provide an environment that, where possible, minimizes stressful situations, eg, abrupt sounds, flashing lights, and sudden personal interactions.
<p>4.2 Anxiety disorders</p> <p>The central characteristic of an anxiety disorder is a state of heightened nervousness or fear related to stressful feelings or events.</p>	<p>A person with an anxiety disorder can</p> <ul style="list-style-type: none"> • seem to have difficulty breathing; • seem to be anxious; • be very insistent and abrupt; • be perceived as being pushy or rude; • have a shaky voice or trembling hands; and • sweat excessively. <p>In more difficult situations a person can have difficulty in breathing or can hyperventilate.</p>	<ul style="list-style-type: none"> • Avoid making critical remarks, as the individual is probably already feeling self-conscious. • Avoid pointing out any physical symptoms as this may increase the individual's anxiety. • In situations where the person is being abrupt, acknowledge the request without commenting. • Be courteous, remain calm, and avoid commenting to others on the person's behaviour. • If the person is hyperventilating, remain calm; suggest a quiet place to go, eg, outside premises or to an empty room.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>4.3 Mood disorders Mood disorders include sadness and depression.</p>	<p>People with this disability will usually keep their thoughts and emotions to themselves or share their feelings only with those they trust.</p> <p>Most of the time, those experiencing these emotions or thoughts are able to function socially; occasionally they may show some sadness or anger.</p> <p>The person can</p> <ul style="list-style-type: none"> • seem to be edgy; • sound irritated; • look aggressive; • have very blunt behaviour; and • have an outburst. <p>Most people who experience sadness or depression will also experience anxiety. (See Section 4.2 of this table.)</p>	<ul style="list-style-type: none"> • Usually staff will not notice that anything is wrong with the customer. • Avoid pushing social interaction, unless the person indicates otherwise. • Be very flexible in your approach to serving the customer: avoid confrontation and be courteous and polite. • Be calm and patient; do not make any threats. • Avoid negative statements such as “We don’t do that” or “I cannot”. Instead, use the positive: “What we usually do is...” or “What I can do is...”.
<p>4.4 Behavioural disorders</p>	<p>The person can</p> <ul style="list-style-type: none"> • appear to have distorted or exaggerated stories; • in conversation, appear to be disorganized, make no sense, or make false statements; • make inappropriate comments; • speak very slowly; • have shaking hands or legs that can be the side effect of medication for behavioural disorders; • have poor hygiene; • look at others in an unusual way, staring or avoiding eye contact; and • may start laughing or get angry for no apparent reason. 	<ul style="list-style-type: none"> • If the conversation appears to make no sense, use questions that expect a simple “yes” or “no” answer. • You do not need to engage in lengthy conversation; if the customer persists, you may engage in some conversation, but try to return to why the person is visiting your organization by asking what you can do for him or her. • Be patient: some behaviours may be the result of the person’s anxieties; if you are patient and open minded, the person’s anxiety should decrease, and he or she may become more at ease.

(Continued)

Table 2 (Continued)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>5. Learning Learning disabilities are disorders that affect verbal and non-verbal information</p> <ul style="list-style-type: none"> • acquisition; • retention; • understanding or processing; organization; and • use. <p>Learning disabilities limit one or more of the following abilities:</p> <ul style="list-style-type: none"> • oral language, eg, listening, speaking, and understanding; • reading, eg, decoding, comprehension, and speed; • written language, eg, spelling, written expression, note taking, descriptive writing, and correspondence; • mathematics, eg, computation and problem-solving; • organizational skills; • social perception and interaction; and • orientation, directions, and wayfinding. 	<p>Learning disabilities are invisible, and there is great variation in the degree to which people are affected by them.</p> <p>Difficulties with communications may be the most obvious in customer service.</p> <p>People with learning disabilities are of normal to above average intelligence and may have graduated from college, trade schools, or university. Diagnosis of learning disabilities must be by a specialist professional.</p> <p>Many with learning disabilities</p> <ul style="list-style-type: none"> • know how to manage their specific learning disability; • have developed coping and compensating strategies for reading, writing, and calculating; • know and use various technologies to compensate for weaknesses; and • know what help they need and will tell staff how to help if asked and listened to. <p>Problems with language may result in using filler words, eg, “stuff”, “um”, or “er”.</p> <p>A support worker, family member, or friend may be present to assist your customer. See other sections within this table and clause on appropriate tips and accommodations for interacting with support workers.</p>	<p>General:</p> <ul style="list-style-type: none"> • Do not make assumptions about the limits of what someone might be able to do. • Schedule adequate time for activities, discussion, or meetings; if necessary, take breaks at suitable intervals. <p>For difficulty in understanding conversation or verbal guidance:</p> <ul style="list-style-type: none"> • Use plain language, with a limited but appropriate vocabulary. • Speak clearly; do not exaggerate, speak unnaturally slowly, or draw attention to the customer. • Repeat requests or guidance with altered vocabulary if not understood. • Use pictures and icons in addition to text for common signs. <p>For difficulty in expressing ideas verbally or in writing:</p> <ul style="list-style-type: none"> • Give the person time to express himself or herself. • Ask questions that require “yes” or “no” answers. • Do not attempt to finish sentences or anticipate what is being said; you may misunderstand if the person is not allowed to state his or her own request. • Ask the customer to repeat himself or herself if you are having difficulty in understanding. • Take notes of the discussion and ensure that these accurately reflect the important items. <p>For difficulty in reading, writing, spelling, and calculating:</p> <ul style="list-style-type: none"> • Complete written application forms, warranty claims, returned goods reports, etc, on behalf of the customer, if requested. • Read instructions out loud, without drawing public attention to the action, if requested. • Make a calculator available or carry out the calculation for the customer, explaining the steps in the calculation processes, if requested. • Count out change, clearly stating denominations and totals. • Consider a use of speech recognition system, text-to-speech program, word processor, or spell checker.

Table 2 (Concluded)

Disability	Important considerations	Tips and accommodations to be made or considered
<p>5. Learning (concluded)</p>		<p>If a customer displays a short attention span:</p> <ul style="list-style-type: none"> • Repeat requests, instructions, or guidance with altered vocabulary if not understood the first time. • Offer the option of communicating in writing. • Take breaks of appropriate length and frequency. <p>If a customer has difficulty in remembering and carrying out multi-step tasks:</p> <ul style="list-style-type: none"> • Offer to use pictures or demonstrate the process. • The customer may ask to tape record the conversation for later use, eg, for telephone numbers or directions. <p>If a customer displays a short attention span:</p> <ul style="list-style-type: none"> • Offer to draw a map or have someone accompany the customer to the location.
<p>6. Other</p> <p>Disabilities may result from other conditions, accidents, illnesses, or diseases, eg,</p> <ul style="list-style-type: none"> • ALS (Lou Gehrig disease); • arthritis; • breathing (eg, asthma, and lung capacity); • circulatory; • debilitating illnesses, eg, diabetes and cancer; • environmental sensitivity and allergies; • epilepsy; • haemophilia; • head trauma; • heart disease; • joint replacement; and • stroke. <p>Note: <i>This list is not exhaustive.</i></p>	<p>Most of these disabilities may vary greatly in outcome and effect. For example, a stroke (brain damage) may lead to no apparent disability, a mild physical limitation, or severe multiple disabilities (eg, speech, vision, physical, etc). Treatments may cause disabilities that differ from those resulting from the underlying cause.</p> <p>Many of these disabilities are invisible.</p> <p>As in other examples, the service emphasis should be on each person's needs, and his or her abilities to respond to the service provider.</p>	<p>The tips and accommodations suggested in other sections of this table may also be applicable to these disabilities.</p> <ul style="list-style-type: none"> • Emphasis should be on each person's needs and his or her ability to respond to the service provider. • Ask the person if he or she requires special supports or accommodations, and take their direction for making provisions and accessing resources. • Provide accessible, well-located, high amperage power outlets to suit battery charging requirements of assistive devices.

5.5 Needs of Seniors

Most seniors lead independent, active lives, yet as they age, they will begin to experience decreased functional abilities, most commonly related to vision, hearing, mobility, and mental health. As a result of these age-related changes, seniors can require more time to carry out tasks, to move, or to provide responses to questions. In addition, the number of age-related illnesses can increase. One or more of these changes may result in a disability.

Staff and associates should provide services that meet seniors' specific needs and expectations. All seniors should be treated with respect (for example, seniors may prefer not to be addressed by their first names), and responses should not be based on their age or a generalized perception of seniors as a group or class of customers.

See Clause 5.3 for information on appropriate responses for seniors and all other customers.

Note: In March 2001, there were more than 4 million people in Canada over the age of 65; almost 1 million were over the age of 80. Those population numbers will increase at about 3% per year over the next decade. About one-third of Canadian seniors live in Ontario.

5.6 Use of Appropriate Language

When choosing appropriate language, the focus should be on the person and not on the disability. Service staff and associates do not have to restrict their expressions when talking to a person with a disability, other than in direct reference to the individual and his or her disability. Expressions such as "Let's get rolling!", "Can I give you a hand?", "Look at that!", or "Do you see what I mean?" may be used, even though the phrase may seem inappropriate.

However, many words and phrases have inappropriate associations because they suggest that the person with disabilities is dependent or helpless. Other words have become terms of abuse or are otherwise derogatory to people with disabilities. It is important to remember that each word in current terminology has a precise meaning and that the words are not interchangeable.

Table 3 provides examples of appropriate language, and Table G1 provides further examples of appropriate, preferred usage and terms that should not be used.

Table 3
Examples of Unacceptable and Appropriate Language

(See Clause 5.6 and Appendix G.)

Unacceptable	Use
Mentally handicapped Retarded	Intellectual disability
Disabled (the) Handicapped (the) Suffers from, afflicted by, stricken with	People with disabilities
Deaf (the)	Person who is deaf
Confined to a wheelchair, wheelchair-bound	Person who uses a wheelchair Wheelchair user
Cripple, crippled, lame, gimp	Person with a mobility impairment Person who has arthritis Person who has cerebral palsy Person who has a spinal cord injury, or as otherwise appropriate
Insane, crazy, lunatic, maniac, mental patient, neurotic, psycho, psychotic, schizophrenic, unsound mind	Person with a mental health disability Person who has schizophrenia Person who has depression
Elderly (the), aged (the)	Senior

Note: An expanded list of unacceptable and appropriate language is provided in Appendix G.

6. ISO 9000 Quality Management Principles

6.1 General

The principles of the quality management systems (QMS) of ISO 9001 may be used to enhance customer service. The principles are displayed in italics and discussed in Clauses 6.2 to 6.9. (See CSA Standard PLUS 9001 and Appendix H for more information on the ISO 9000 family of standards.)

6.2 Customer Focus

Organizations depend on their customers and therefore should understand current and future customer needs, meet customer requirements, and strive to exceed customer expectations.

Customer service that accommodates the needs of people with disabilities should be championed at the highest levels of the organization so that it becomes part of the organization's cultural fabric and an accepted and expected way of doing business.

Service organizations have traditionally designed their delivery models and performance based on the perceived norms of the population. To meet the needs of the population at large, including people with disabilities, the organization should collect information on and understand functional limitations.

For more on functional limitations and disabilities, see Clause 5 and Table 2.

6.3 Leadership

Leaders establish unity of purpose and direction of the organization. They should create and maintain the internal environment in which people can become fully involved in achieving the organization's objectives.

Top management should advocate the needs of people with disabilities and should demonstrate this commitment by establishing a customer service policy that meets the requirements of Clause 4. The policy should be fully supported by top management and be effectively communicated to all levels of the organization.

6.4 Involvement of People

People at all levels are the essence of an organization, and their full involvement enables their abilities to be used for the organization's benefit.

An effective service-oriented culture should be fostered within an organization. Therefore, effective communication is essential for the transmission of core principles and values, information and knowledge, and performance objectives and results.

6.5 Process Approach

A desired result is achieved more efficiently when related resources and activities are managed as a process.

The organization should determine, provide, and maintain the infrastructure needed to serve its customers effectively, including people with disabilities. Infrastructure should be accessible and should include infrastructure and physical plant as well as its interfaces with users.

6.6 System Approach to Management

Identifying, understanding, and managing a system of interrelated processes for a given objective improves the organization's effectiveness and efficiency.

Service staff and associates should plan customer service practices to accommodate a range of human abilities. This planning should include identifying their customers' abilities and challenges, the current service methods, and the design of new services or processes (see Clause 5 and Table 2).

6.7 Continual Improvement

Continual improvement should be a permanent objective of the organization.

The organization should periodically review its customer service program for people with disabilities. Where operational practices do not meet the service policy, the organization's management should take the appropriate corrective or preventive action.

6.8 Factual Approach to Decision-Making

Effective decisions are based on the analysis of data and information.

The organization should measure its performance against customer service objectives, with particular attention to serving the needs of people with disabilities.

Customer service processes should be monitored and regularly measured to ensure that they produce verifiable, accurate results. The process for collecting and analyzing data should be transparent to allow for the verification of a claim of service performance.

6.9 Mutually Beneficial Supplier Relationships

An organization and its suppliers are interdependent, and a mutually beneficial relationship enhances the ability of both to create value.

Suppliers should be made aware of the organization's needs to meet its service policies and should be encouraged to provide solutions for meeting the needs of people with disabilities.

6.10 ISO 9001 Management Systems

Figure 3 shows a model of a process-based management system that is based on ISO 9001 requirements. The figure demonstrates that customers play a significant role in defining requirements. Monitoring the satisfaction of customers requires that the organization collect and evaluate information on whether customers perceive the organization as continuing to meet their requirements.

Note: *The management system should be seen as an integrated whole and each item in this Standard may affect each stage of the process. The clause references in Figure 3 are sources for the principal information for that stage of the process.*

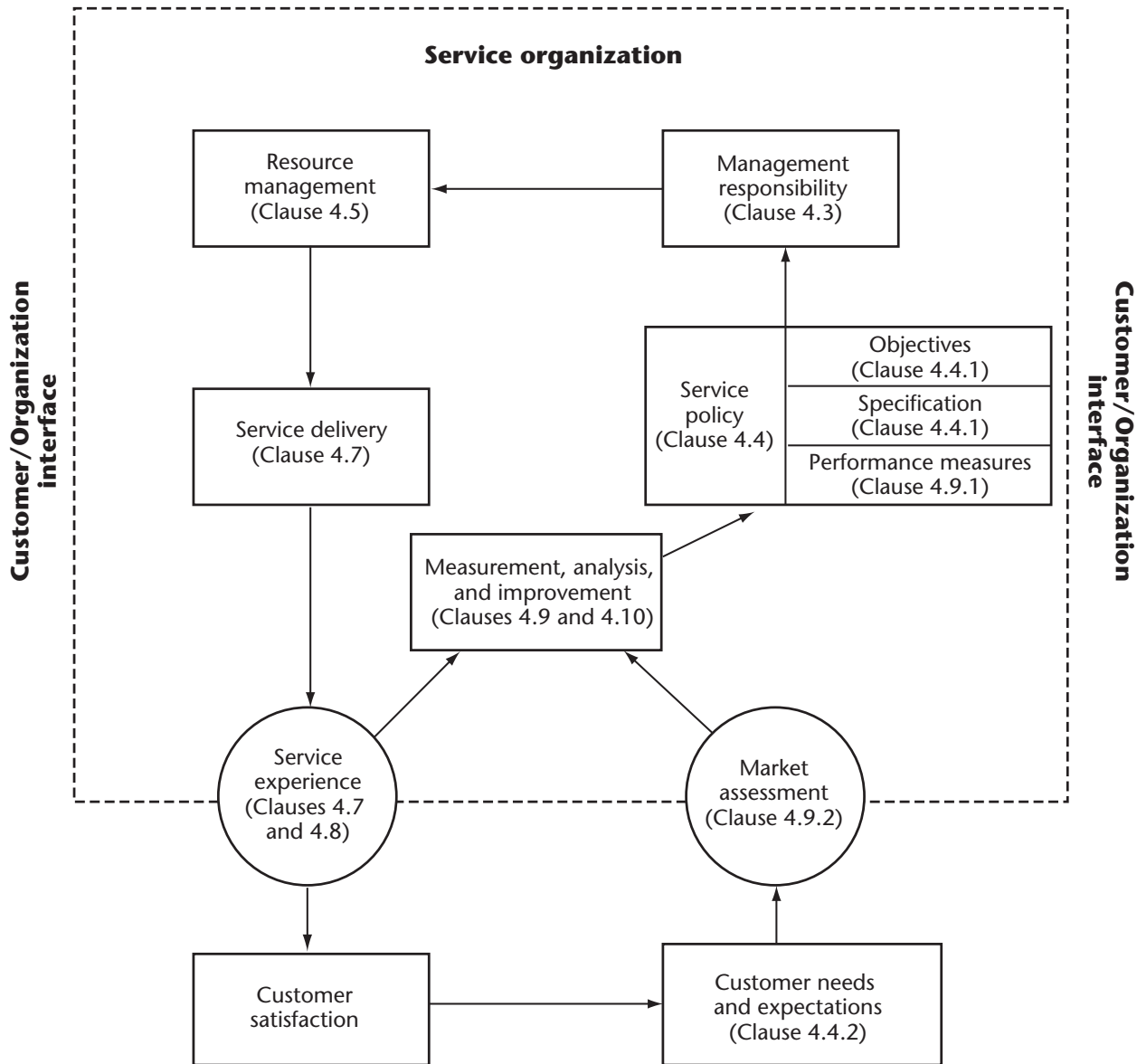


Figure 3
Process-Based Customer Service Management System
 (See Clause 6.10.)

Appendix A

Human Rights Codes

Note: This Appendix is not a mandatory part of this Standard.

A1. Extracts from Canadian Charter of Rights and Freedoms, 1982

Equality Rights

15.(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

(2) Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

...

26. The guarantee in this Charter of certain rights and freedoms shall not be construed as denying the existence of any other rights or freedoms that exist in Canada.

[Note: These extracts from the Canadian Charter of Rights and Freedoms should be read in conjunction with other relevant parts of legislation to reach an understanding of the rights and obligations in specific circumstances.]

A2. Extract from Ontario Human Rights Code, 1992

Preamble

Whereas recognition of the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world and is in accord with the Universal Declaration of Human Rights as proclaimed by the United Nations;

And Whereas it is public policy in Ontario to recognize the dignity and worth of every person and to provide for equal rights and opportunities without discrimination that is contrary to law, and having as its aim the creation of a climate of understanding and mutual respect for the dignity and worth of each person so that each person feels a part of the community and able to contribute fully to the development and well-being of the community and the Province;

And Whereas these principles have been confirmed in Ontario by a number of enactments of the Legislature and it is desirable to revise and extend the protection of human rights in Ontario;

Therefore, Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

Part 1, Freedom from Discrimination

Services

1. Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, same-sex partnership status, family status or handicap.

[Notes:

(1) This extract from the Ontario Human Rights Code should be read in conjunction with other relevant parts of legislation in reaching an understanding of the rights and obligations in specific circumstances.

(2) The Ontarians with Disabilities Act, 2001, has changed all references from "handicap" to "disability".]

Appendix B

Incidence of Disabilities in Canada

Note: *This Appendix is not a mandatory part of this document.*

B1. General

Limited data is available on the incidence of disability in Canada. Current publications from Statistics Canada are based on surveys that were part of the 1991 national census. That data was based on self-identification of a disability and is questioned by some observers on that basis. The Statistics Canada reports include measures of severity of the experience of the disability and sub-categories, such as multiple disability, geographic region, and age-related incidence. Details are provided in the publication *Selected Characteristics of Persons with Disabilities Residing in Households, 1991 Health and Activity Limitation Survey*, which was published in 1994. A new Statistics Canada report on the experience and incidence of disabilities will be published by early 2003, based on surveys that were part of the 2001 national census.

Reports from Health Canada and Human Resources Development Canada do not cover all disabilities and may not correlate to the reports of Statistics Canada. Provincial government bodies and national, provincial, and regional associations report on the incidence of disabilities, and their rates may be higher or lower than those of Statistics Canada. The variability between reports can depend on the criteria for recognizing that a disability exists, the accuracy of the surveys and recording methods, the timeliness of the surveys, and the reporting methods used.

Disability increases with age: about 7% of children under 15 years of age experience some level of disability compared to 13% of adults aged 35 to 64, 46% of those aged 65 and over, and 70% of those aged 85 or over.

Severity of disability also increases with age: only 3% of children with disabilities have a severe disability. However, of those aged 65 and over who have a disability, 32% have a severe disability.

Table B1 provides a limited set of information, with population information extrapolated from the percentage rates, which are from the reference sources. This data should only be taken as an indicator of present incidence levels, pending release of more up-to-date reports.

Table B1
Incidence of Disabilities in Canada
 (See Clause B1.)

Disability	Population incidence	Percentage incidence	Comments
Deaf-blind	10 000	0.03	Low incidence, but needs are critical.
Hearing	750 000	2.5	Of the population <ul style="list-style-type: none"> • 10% have some hearing loss; and • over age 75, 40% have significant hearing loss.
Intellectual	600 000	2	
Learning	1.8 million	6	
Mental health	900 000 to 1.5 million	3 to 5	Of the population, the incidence rates are <ul style="list-style-type: none"> • during any year, relatively severe, 3 to 5%; and • during their lifetime, 20%.
Physical	2.7 million	9	Incidence is higher over age 65.
Speech	300 000	1	
Vision	750 000	2.5	Incidence is about 40% above age 65.
Overall total	4.5 million	15	Does not sum, due to multiple disabilities.

Note: Estimates of incidence of disabilities were from the following:

- (a) intellectual disabilities: Ontario Association of Community Living, 2002;
- (b) learning disabilities: Learning Disabilities Association of Ontario, 2002;
- (c) mental health disabilities: Canadian Mental Health Association, 2002; and
- (d) other disabilities: Statistics Canada, 1991 Health and Activity Limitation Survey, 1994.

Appendix C

Service Organizations and Reference Material

Note: This Appendix is not a mandatory part of this Standard.

C1. General

C1.1

Appendix C provides references to service organizations and publications that may be useful in providing a wider understanding of the needs and expectations of people with disabilities, and the methods used in effective delivery programs and training.

General information that is not otherwise allocated to a later clause is found in Clauses C1.2 and C1.3. Specific information on intellectual, learning, physical, and sensory disabilities is provided in Clauses C2 to C5.

Many of the service organizations listed are based in and serve Ontario. They will usually be able to provide contact details for their national counterparts or for those in other provinces and the territories.

Where Internet sources are referenced, the documents are usually available in hard copy from the publisher. All Web site addresses were current at the date of publication.

C1.2 Service Organizations

Alzheimer Society of Ontario
1200 Bay St., Suite #202, Toronto, ON M5R 2A5
Tel: (416) 967-5900; Fax: (416) 967-3826
Email: staff@alzheimeront.org
Web site: www.alzheimer.org

The Society helps people find programs and services, promotes public education and awareness, and provides educational tools and resources for caregivers and members of the health-care team.

Autism Society of Ontario
1 Greensboro Drive, Suite 306, Etobicoke, ON M9W 1C8
Tel: (416) 246-9592; Fax: (416) 246-9417
Email: mail@autismsociety.on.ca
Web site: www.autismsociety.on.ca

The Society is dedicated to increasing public awareness about autism and the day-to-day issues faced by individuals with autism, their families, and the professionals with whom they interact. The Society and its chapters provide information, education, support research, and advocate for programs and services for the autism community.

Canadian Abilities Foundation
489 College Street, Suite 501, Toronto, ON M6G 1A5
Tel: (416) 923-1885; Fax: (416) 923-9829
Email: info@enablelink.org
Web site: www.enablelink.org

The Foundation publishes ABILITIES magazine, which is Canada's cross-disability lifestyle magazine, read by people with disabilities, their families, friends, and professionals. It is available in print, on audio-cassette, and on computer disk. The Web site lists resources and disability organizations in Canada.

Canadian Association of Independent Living Centres (CAILC)
170 Laurier Avenue West, Suite 1104, Ottawa, ON K1P 5V5
Tel: (613) 563-2581; TTY: (613) 563-4215; Fax: (613) 563-3861
Email: cailc@magma.ca
Web site: www.cailc.ca

Listing of Regional Centres: <http://www.cailc.ca/centresE.htm>

The national association promotes the process of people with disabilities taking responsibility for developing and managing personal and community resources, and it provides barrier-free design assessments to those wishing to have accessible facilities. Each resource centre provides skills development, research, demonstration projects, training, and information.

Canadian Mental Health Association

2160 Yonge Street, 3rd Floor, Toronto, ON M4G 2Z3

Tel: (416) 484-7750; Fax: (416) 484-4617

Email: national@cmha.ca

Web site: www.ontario.cmha.ca

This is a volunteer-based organization devoted to helping individuals with mental health disorders obtain and maintain a maximized standard of living. Research and advocacy programs, as well as public education and services, help to achieve this goal.

Epilepsy Ontario Provincial Office

1 Promenade Circle, Suite 308, Thornhill, ON L4J 4P8

Tel: (905) 764-5099, (416) 229-2291, (800) 463-1119; Fax: (905) 764-1231

Email: info@epilepsyontario.org

Web site: www.epilepsyontario.org

The office is working to obtain community awareness and support for individuals in Ontario with epilepsy through counselling, contact information, and referral services, as well as education for individuals and their families.

Geneva Centre for Autism

250 Davisville, Suite 200, Toronto, ON M4S 1H2

Tel: (416) 322-7877; Fax: (416) 322-5894

Email: info@autism.net

Web site: www.autism.net

The Centre provides information and support to develop the skills needed to enhance the lives of people affected by autism and related pervasive developmental disorders. It also works to ensure services meet individual needs and that there is awareness of autism and the related disorders.

Government of Ontario,

Ministry of Citizenship — Accessibility Directorate of Ontario

400 University Avenue, 3rd Floor, Toronto, ON M7A 2R9

Tel: (416) 327-2422, (800) 267-7329; TTY: (416) 326-0148; Toll-free TTY: (888) 335-6611;

Fax: (416) 314-4965

Email: gtdainfo@mcsr.gov.on.ca

Web sites: <http://www.gov.on.ca/citizenship>

<http://www.gov.on.ca/oda>

The Accessibility Directorate of Ontario is responsible for provincial legislation on and oversight of disability issues, such as province-wide removal of barriers and improvement of accessibility for persons with disabilities. Specifically it

- *provides specialized knowledge and research;*
- *assists in providing accessibility planning for municipalities, the Ontario Public Service, school boards, public transportation providers, hospitals, colleges, and universities;*
- *develops partnering relationships with standard-setting organizations, the disability community, and the private sector to continually remove barriers;*
- *consults with the disability community on an ongoing basis to implement change;*
- *provides information and advice to the government on disability-related issues; and*
- *helps develop sectoral standards and codes.*

Paths to Equal Opportunity Web site:

<http://www.equalopportunity.on.ca/>

The Government of Ontario's equal opportunity Web site, Paths to Equal Opportunity, is just one example of how the government is facilitating access to information on workplace equal opportunity. This award-winning site attracts more than 10 000 user visits per month. It is designed to help businesses, employers, and human resource professionals manage a diverse workforce. It also includes service providers and job seekers with disabilities and a wide-range of resources about improving access to customer service, products, and facilities for persons with disabilities.

National Educational Association of Disabled Students

4th Level Unicentre, Room 426, Carleton University, Ottawa, ON K1S 5B6

Tel/TTY: (613) 526-8008; Fax: (613) 520-3704

Email: info@neads.ca

Web site: www.neads.ca

The Association (NEADS) advocates increased accessibility at all levels so that disabled students may gain equal access to college or university education. NEADS provides information on services and programs nationwide, publishes a regular newsletter, and researches issues of importance to its members.

Office for Disability Issues

Human Resources Development Canada

25 Eddy St., Suite 100, Hull, QC K1A 0M5

Tel: (819) 997-2412, (800) 269-9607; Fax: (819) 953-4797

Email: disability@communication.gc.ca

Web site: www.hrdc-drhc.gc.ca/hrib/sdd-dds/odi/menu/home.shtml

The ODI works to advance the Government's disability agenda, and so remove barriers, by improving the social and economic inclusion of those with disabilities through understanding disability issues; improving policy and program coherence; encouraging innovation through demonstrations of access and inclusion; and broadening partnerships and engagement.

Ontario Brain Injury Association

Box 2338, St Catharines, ON L2R 7R9

Tel: (905) 641-8877, (800) 263-5404; Fax: (905) 641-0323

Email: obia@obia.on.ca

Web site: www.ohia.on.ca

This is a charity involved in all aspects of acquired brain injury: prevention issues, social and emotional support for patients and their families, and other general programs designed to improve the quality of life for individuals.

Ontario Federation for Cerebral Palsy

104-1630 Lawrence Avenue West, Toronto, ON M6L 1C5

Tel: (416) 244-9686, (877) 244-9686; Fax: (416) 244-6543

Email: info@ofcp.on.ca

Web site: www.ofcp.on.ca

The Federation addresses the needs of people with cerebral palsy and other physical disabilities by assisting in the development and provision of services and programs, including accommodation, promoting awareness and understanding, and supporting research, education, and programs.

Reena Foundation

927 Clark Avenue West, Thornhill, ON L4J 8G6

Tel: (905) 889-6484; Fax: (905) 889-3827

Email: info@reena.org

Web site: www.reena.org

Reena is an organization that facilitates the integration of individuals with developmental disabilities into their communities. Their goal is achieved through the establishment and availability of day and evening programs for youths and adults, residential supports, and counselling services.

W3C Web Accessibility Initiative
MIT/LCS Room NE43-355, 200 Technology Square, Cambridge, MA 02139, USA
Tel: (617) 253-2613; Fax: (617) 258-5999
Email: w3c-wai-gl@w3.org
Web site: www.w3.org/WAI/

Web Accessibility Initiative (WAI) works to promote a high degree of usability and accessibility of the Web for people with disabilities. Current expectations on the Web Content Accessibility Guidelines Working Group (WCAG WG) are at <http://www.w3.org/WAI/GL/>.

C1.3 Reference Material

Alberta Council on Aging. *The Senior Friendly™ Toolkit*. Edmonton, Alberta, 2000.

The Toolkit provides practical advice for adapting facilities and services to seniors' needs. It includes guidelines for services in stores, restaurants, etc; hearing and vision issues; and community ideas for apartments and seniors' centres. A video is available.

Barrier-Free Design Inc. *Barrier-Free Access CD ROM*. Vancouver International Airport, Vancouver, BC.
Free media software stressing the economic and social importance of barrier-free design for all public buildings with an emphasis on terminal-type areas. Uses functional alterations to the Vancouver International Airport to demonstrate practical barrier-free design initiatives.

BC Rehab. *Words, Images & Disability: A Guide for Media Professionals*. BC Rehab, Vancouver, BC.
Examines perceptions of words used to describe disabilities and evaluates their sensitivity to the issue. Provides strategies to utilize when dealing with individual disabilities.

Beukelman, D.R. & Mirenda, P. *Augmentative and Alternative Communication: Management of Severe Communication Disorders in Children and Adults* (2nd ed). Baltimore, Maryland: Paul H. Brookes Publishing Co., 1998.
Provides a definition of communication; stresses its multi-modal nature.

Brown, S.A. *Total Quality Service*. Scarborough, ON: Prentice Hall Canada, 1992.
Provides a practical methodology on achieving sustainable competitive advantage in quality services, based on experience and case histories of Canadian companies. The book has examples of services strategies, service practices for internal and external customers, customer bill of rights, research tools, suggestion programs, and models for continuous improvement.

Calvin, J. & Duffy, K. *A Community Handbook on Developing a Literacy and Disability Awareness Training Program*. The Canadian Association of Independent Living Centres, Ottawa, ON, 1994.
Provides direction for the implementation of disability and awareness training programs. The book suggests methods and exercises on how to eliminate barriers; contains quizzes evaluating awareness levels; and provides resource centre information and references subject material.

Canadian Abilities Foundation. *Directory of Disability Organizations in Canada*. Toronto, ON, 2000.
Provides a comprehensive database containing over 5000 disability organizations located across Canada.

Canadian Public Health Association. *Creating Plain Language Forms for Seniors: A Guide for the Public, Private and Not-for-profit Sectors*. National Literacy and Health Program, Canadian Public Health Association, Ottawa, ON, 1998.
Persuasive arguments about the benefits of plain language forms and the costs to seniors, companies, and institutions of not providing them. Includes a glossary of plain words and many principles and tips on plain language and design.

Canadian Public Health Association. *Easy Does It! Plain Language and Clear Verbal Communication: Training Manual*. National Literacy and Health Program, Canadian Public Health Association, Ottawa, ON, 1998.

Valuable for many in the health professions and others, providing practical strategies, tips on office design, and samples of plain language information and consent forms.

Canadian Transportation Agency. *Communication Barriers — A Look at Barriers to Communication Facing Persons with Disabilities Who Travel by Air*, Ottawa, ON, 1997.

Comings, D.E. *Tourette Syndrome and Human Behaviour*. Duarte, CA: Hope Press, 1997.
Reports general background information about tics, including a classification of tics and their inherent characteristics.

Easter Seal Interactive CD: Employment Equity Group, *Person to Person — Improving Communications with Persons with Disabilities*. Employment Equity Group, Province of British Columbia, Vancouver, BC, 1990.

EnableLink Website. <<http://www.enablelink.org>>
Connects people with disabilities to a world of resources.

Goodman, J. Basic Facts on Customer Complaint Behaviour and the Impact of Service on the Bottom Line, *Competitive Advantage*, June 1999, pp. 1–5.

Greater Toronto Hotel Association. *Guest Services that Work for Everyone*. Toronto, ON.
A guide designed to assist in employee disability training and awareness programs.

Hopkins, A. & Appleton, R. *Epilepsy: The Facts* (2nd ed.). New York: Oxford University Press, 1996.
A resource covering general information on seizures, including a definition, types of seizures, causes, treatments, and future considerations.

Human Resources Development Canada. *A Way with Words: Guidelines and Appropriate Terminology for the Portrayal of Persons with Disabilities*. Human Resources Development Canada, Office for Disability Issues, Ottawa, ON, 1998.

Human Resources Development Canada. *In Unison: A Canadian Approach to Disability Issues*. Human Resources Development Canada, Ottawa, ON, 1998. Cat. no.: SP-113-10-98E, ISBN 0-662-2730-6, or at <http://socialunion.gc.ca/pwd/unison/unison_e.html>
A federal, provincial, and territorial framework for the integration and guiding future action for persons with disabilities, addressing their place in the evolving nature of Canadian society.

International Society for Augmentative and Alternative Communication. *Tips for AAC Conversations*. <<http://www.isaac-online.org>>
Supplies information and resources concerning augmentative and alternative communication, as well as committee membership and interactive chat forums.

Liswood, L. *Serving Them Right, Innovative and Powerful Customer Retention Strategies*. Toronto, ON: Harper Collins, 1991.
Service performance can be improved by ensuring high retention and preventing the loss of existing customers. Techniques are given for recognizing barriers, analyzing, developing remedies, and improving the customer's reality and perception of the organization.

Minister of the Environment. *Disability Awareness and Sensitivity Training*. Minister of Supply and Services Canada, Ottawa, ON, 1990.
Provides exercises and checklists to promote awareness and sensitivity.

Noble, C. D.A.T.: *Disability Awareness Training: Trainer Manual*. Canadian Rehabilitation Council for the Disabled, Toronto, ON, 1990.

A manual designed to assist in training employees in disability awareness. Contains terminology and situational advice.

Ontario Human Rights Commission. *Discussion Paper on Accessible Transit Services in Ontario*, Toronto, ON, 2001.

Comments on the provision and equal treatment of transportation services for people with disabilities.

Ontario Human Rights Commission. *Policy and Guidelines on Disability and the Duty to Accommodate*. Ontario Human Rights Commission, Toronto, ON, November 2000.

<<http://www.ohrc.on.ca/english/publications/disability-policy.shtml>>

The guidelines contain the Commission's policy position on disability, accommodation, and undue hardship, as well as practical guidance on compliance with the Code.

Ontario Ministry of Citizenship, Ontario Office for Disabled Persons. *Word Choices — A Lexicon of Preferred Terms for Disability Issues*. Toronto, ON.

Covers the sensitive issue of classifying and referring to specific disabilities.

Ontario Ministry of Municipal Affairs and Housing. *Illustrated Guide to the Ontario Building Code 1997*, Province of Ontario, 1997.

An illustrated version of the Ontario Building Code; helps simplify, clarify, as well as facilitates ease of use.

Ontario Ministry of Tourism and Recreation. *Day of the Disabled*. Stone Film Production; TVOntario, CityTV, Toronto, ON, 1990.

Good general overview, including personal experiences of persons with disabilities. Some tips on communication skills, but it is not the primary focus. Good for understanding and possible identification of various disabilities, and as an educational tool.

Paths to Equal Opportunity Website. <<http://www.equalopportunity.on.ca>>

Established by the Ontario government, this Web site presents extensive resources and information for business and service providers on workplace diversity and creating accessibility for people with disabilities.

Pore, S.G. & Reed, K.L. *Quick Reference to Speech-Language Pathology*. Gaithersburg, MD: Aspen Publishers, Inc., 1999.

Gives a description of various disabilities, including assessments, intervention techniques, and current research results.

Pressman, E. *Communication and Telecommunication Needs of the Speech-Impaired*. Ottawa, ON, 1983.

Material covering an array of methods used to communicate with people who are speech-impaired. Topics discussed include aids and devices, augmentative communication systems, and symbolic systems.

Public Works Canada. *Orientation and Wayfinding in Public Buildings — An Overview* by Paul Arthur and Newton Frank Arthur. October 1988.

Analyzes the construction of buildings into component parts so as to allow effective movement and transportation of all people.

Transport Canada. *The Way to Go: Transportation Services and Persons with Disabilities — Participant's Manual*. Transport Canada, Ottawa, ON.

Training directives for service providers to help ensure quality transportation for clients with special needs. Specific reference to individual disabilities and resulting special needs.

Transport Canada. *The Way to Go: Transportation Services and Persons with Disabilities — Trainer's Manual*. Transport Canada, Ottawa, ON.
Director's manual intended for employee training sessions. Includes quizzes and scenario directives pertaining to clients with disabilities.

United Airlines, "Just Ask...Then Listen".
Awareness video advocating the importance of asking questions and reacting accordingly as a positive approach in accommodating customer diversity.

Via Rail, *All Aboard!*, Handidactis, Montreal, QC.
Specific to Via Rail employees, but can be applied elsewhere. Focuses on how to better service those with a wide range of disabilities, although more detail is given to persons who are blind and who are deaf.

Wilkerson, W. *The Business Case for Accessibility: How Accessibility-Awareness Strengthens Your Company's Bottom Line*. Ontario Ministry of Citizenship, Toronto, ON, 2001 and <<http://equalopportunity.on.ca>>
Describes how the interests of the business sector and those of people with disabilities can dovetail if business realizes the untapped economic potential among Canadians with disabilities. The publication provides best practices and references.

C2. Intellectual Disabilities

C2.1 Service Organizations

JVS of Greater Toronto
74 Tycos Drive, Toronto, ON M6B 1V9
Tel: (416) 787-1151; Fax: (416) 785-7529
Email: info@jvstoronto.org
Web site: www.jvstoronto.org

Committed to providing leadership in the development and delivery of educational and vocational services and to dealing effectively with educational and vocational barriers.

Ontario Association for Community Living
240 Duncan Mill Road, Suite 403, Toronto, ON M3B 1Z4
Tel: (416) 447-4348; Fax: (416) 447-8974
Email: richard@acl.on.ca
Web site: www.acl.on.ca

A non-profit, volunteer-based organization founded to satisfy the need for supportive measures and community involvement of individuals with intellectual disabilities. Provides support, contact information, and training in specified areas for individuals and their families.

C2.2 Reference Material

Minister of Canadian Heritage. *Understanding Persons with Mental Health and Developmental Disabilities*. Minister of Supply and Services Canada, Ottawa, ON, 1994.
Discusses an array of mental health disabilities, including schizophrenia, affective disorders, anxiety disorders, and personality disorders, as well as developmental disabilities.

Weisstub, D.N. *Enquiry on Mental Competency: Final Report*. Publications Ontario, Toronto, ON, 1990.
Reviews several aspects of mental disabilities with a focus on the different varieties and forms.

C3. Learning Disabilities

C3.1 Service Organizations

Learning Disabilities Association, Ontario Office
365 Bloor Street East, Suite 1004, Box 39, Toronto, ON M4W 3L4
Tel: (416) 929-4311; Fax: (416) 929-3905
Email: resource@ldao.ca
Web site: www.ldao.on.ca

The organization is devoted to advancing the lives of individuals with learning disabilities through support services, advocacy programs, and government legislative initiatives.

C3.2 Reference Material

Benezra, E., Crealock, C., & Fiedorowicz, C. *Learning Disabilities and the Workplace*. Learning Disabilities Association of Canada, Ottawa, ON, 1993.

Illustrates attributes of adults who possess learning disabilities as well as the impact of learning disabilities on employment.

Borkowski, J.G. & Day, J.D. *Cognition in Special Children: Comparative Approaches to Retardation, Learning Disabilities, and Giftedness*. Norwood, NJ: Ablex Publishing Corporation, 1987.
Analyzes the broad category of special children into three component parts: intellectual deficiencies, learning disabilities, and giftedness.

Johnson, C. *The Diagnosis of Learning Disabilities*. Boulder, CO: Prueett Publishing Company, 1981.
Outlines the procedure for identifying the presence of a learning disability.

McElgunn, B. & Nault-Gurarslan, F. *A Guide to Understanding Learning and Behaviour Problems in Children: For Parents and Others, Learning Disability Framework*. Learning Disabilities Association of Canada, Ottawa, ON, 1996.
Fully examines learning disabilities through the provision of definitions and comprehensive discussion.

C4. Physical Disabilities

C4.1 Service Organizations

Active Living Alliance for Canadians with a Disability
720 Belfast Road, Suite 104, Ottawa, ON K1G 0Z5
Tel: (613) 244-0052, (800) 771-0663; Fax: (613) 244-4857
Email: info@ala.ca
Web site: www.als.ca

An alliance of national associations, agencies, and individuals that works to obtain equal access to living opportunities for all by facilitating communication between all participating contacts. The Web site provides a wide range of contacts and information sources.

Canadian Paraplegic Association Ontario
520 Sutherland Drive, Toronto, ON M4G 3V9
Tel: (416) 422-5644, (877) 422-1112; Fax: (416) 422-5943
Email: info@cpaont.org
Web site: www.cpaont.org

Provides services to assist individuals with spinal cord injury or other physical disabilities in obtaining independence and community involvement, including rehabilitation, assistive devices and attendants, and employment programs.

Handidactis Inc.

146 Haslam Street, Toronto, ON M1N 3N7

Tel: (416) 267-5939; Fax: (416) 267-8183

Email: handidactis@videotron.ca

Web site: <http://pages.infinit.net/handidac/HANDIDACTIS1.html>

Provides accessibility audits and disability awareness training.

Keroul

4545 avenue Pierre de Coubertin, C.P. 1000 succ. M, Montréal, QC H1V 3R2

Tel: (514) 252-3104 (also TTY); Fax: (514) 254-0766

Email: infos@keroul.qc.ca

Web site: www.keroul.qc.ca

An association that works for the development of tourism for persons with physical, auditory, and visual disabilities.

Multiple Sclerosis Society of Canada

250 Bloor Street East, Suite 1000, Toronto, ON M4W 3P9

Tel: (416) 922-6065, (800) 268-7582; Fax: (416) 922-7538

Email: info@mssociety.ca

Web site: www.mssociety.ca

This foundation is devoted to discovering a cure for multiple sclerosis through extensive research support initiatives. MSSC also provides assistance for treatment services to enhance the quality of life for people with MS and their families.

Ontario March of Dimes

10 Overlea Boulevard, Toronto, ON M4H 1A4

Tel: (416) 425-3463, (800) 263-3463; Fax: (416) 425-1920

Email: info@dimes.on.ca

Web site: www.dimes.on.ca

Ontario March of Dimes is one of the largest charitable rehabilitation organizations in Ontario, providing a wide range of services across the province to enhance the independence and community participation of people with physical disabilities.

C4.2 Reference Material

Association for the Development of Tourism for the Handicapped People in Québec. *Building Design and Hospitality — To Better Serve Your Clients*. Montreal, QC: Keroul, 1987.

Suggestions to assist facilities in creating an establishment capable of accommodating clients with special needs. Information such as legal and safety issues are also included.

Karp, G. *Life on Wheels: For the Active Wheelchair User*. Sebastopol, CA: O'Reilly & Associates Inc., 1990. *Explains and exemplifies the progressive, genetic, accidental, and age-related reasons for why someone might require the use of a wheelchair.*

C5. Sensory Disabilities

C5.1 Service Organizations

Bob Rumball Centre for the Deaf

2395 Bayview Avenue, North York, ON M2L 1A2

Tel: (416) 449-9651; TTY: (416) 449-2728; Fax: (416) 449-8881

Email: info@bobrumball.org

Web site: www.bobrumball.org/

The Bob Rumball Centre and the Associations for the Deaf provide a variety of care and support to deaf children, youth, and adults with a variety of needs. There is a wide range of resources and information available.

Canadian Deafblind and Rubella Association
350 Brant Avenue, Brantford, ON N3T 3J9
Tel: (519) 754-0729; Fax: (519) 754-5400
Email: cdbra.nat@sympatico.ca
Web site: www.cdbra.ca/index1.html

The organization assists those who are deaf-blind to achieve the best quality of life possible with assistive devices. Goals consist of encouraging the development of programs designed to assist people with disabilities, and of maintaining effective advocacy programs.

Canadian Hard of Hearing Association
2435 Holly Avenue, Suite 205, Ottawa, ON K1V 7P2
Tel: (613) 526-1584, (800) 263-8068; TTY: (613) 526-2692; Fax: (613) 526-4718
Email: chhanational@chha.ca
Web site: www.chha.ca

The Canadian Hard of Hearing Association (CHHA) is a consumer-based organization formed by and for hard of hearing Canadians. The CHHA works with service providers, professionals, and government bodies to provide information about hard of hearing issues and solutions.

Canadian Helen Keller Centre
210 Empress Avenue, Toronto, ON M2N 3T9
Tel/TTY: (416) 225-8989; Fax: (416) 225-4871
Email: deafblindinfo@onramp.ca
Web site: www.chkc.org

The Centre is the only skills training centre in Canada for deaf-blind individuals to upgrade or gain independent living and technical skills. It provides information on the needs, concerns, and challenges of persons living with both vision and hearing loss.

Canadian Hearing Society
271 Spadina Road, Toronto, ON M5R 2V3
Tel: (416) 964-9595; TTY: (416) 964-0023; Fax: (416) 928-2523
Email: info@chs.ca
Web site: www.chs.ca

Offers a wide range of services to meet the needs of people with hearing loss and can provide contacts for booking sign language interpreting services.

Canadian National Institute for the Blind (CNIB)
1929 Bayview Avenue, Toronto, ON M4G 3E8
Tel: (416) 486-2500; Fax (416) 480-7677
List of Regional Offices: www.cnib.ca/divisions/ontario/offices/index.htm
Web site: www.cnib.ca

A volunteer agency that provides specialized assistance to individuals who have visual impairments. The organization also acts as a resource for any individuals or organizations wishing to gain information or material.

Ontario Association of the Deaf
2395 Bayview Avenue, Toronto, ON M2L 1A2.
TTY: (416) 513-1893, TTY Toll Free: (888) 820-0029; Fax: (416) 413-4822
Email: oad@on.aibn.com
Web site: www.deafontario.org

Works to ensure a better future for deaf Ontarians by providing leadership, resources, and activities that promote and protect rights and equality of access of deaf Ontarians.

C5.2 Reference Material

The Canadian National Institute for the Blind. *Clearing Our Path*. Toronto, ON, 1998.

This manual presents guidelines and recommendations for architects, designers, and building owners on how to create an accessible environment for people who are blind or visually impaired.

The Canadian National Institute for the Blind. *Going Places*. Toronto, ON.

A manual that identifies the access needs of travellers who are blind or visually impaired and provides design and construction recommendations on how to best meet these needs.

Transport Canada. *Communication Barriers*. Transport Canada, Ottawa, ON, 1997.

A report designed to investigate communication issues in transportation systems for people with cognitive and sensory disabilities. Covers such areas as consumer issues, recommendations, and plans of action regarding the concerns.

Appendix D

Customer Complaints

Notes: This Appendix is not a mandatory part of this Standard.

D1. Consequences of Customer Complaints

Note: Data is from J. Goodman, Basic Facts on Customer Complaint Behaviour and the Impact of Service on the Bottom Line, *Competitive Advantage*, June 1999, pp. 1–5. This data is based on research by the Technical Assistance Research Program (TARP Inc.) in the 1970s and later, and is replicated in many industries and countries.

D1.1

Across all sectors of the economy, 50% of customers complain about a problem to a front-line person, but only 1 to 5% escalate complaints to local or corporate management (see Tables D1 and D2).

For packaged goods and other lower cost items, 96% of customers either do not complain or only complain to the retailer. For more expensive items, the complaint rises to 50% to the front-line, with 5 to 10% escalating to local or corporate management.

Complaint rates vary by type of problem. Problems that result in out-of-pocket loss have high complaint rates (eg, 50 to 75%), while mistreatment, quality, and incompetence problems result in only 5 to 30% complaint rates to the front line.

On average, twice as many contacts are told about a bad experience as are told of a good one. This “word-of-mouth” rate varies by product, price, and industry.

Table D1
Rate of Customers’ Response to Problems or Concerns
(See Clause D1.1.)

Customer response	Rate, %
Encounter problem but do not complain	50
Complain to front-line staff or associate	45
Complain to management or HQ	1–5

Table D2
Repeat Purchase Rate
Dependent on Service Response for Customers with Problems
(See Clauses D1.1 and D1.2.)

Service response	Minor problems — US\$1–5 losses, %	Major problems — over US\$100 losses, %
Complaints resolved quickly	95	82
Complaints resolved	70	54
Complaints not resolved	46	19
Non-complainants	37	9

D1.2 Customer Loyalty

Customers who complain and are satisfied are up to 8% more loyal than if they had no problem at all (see Table D2).

D1.3 Cost of Obtaining a New Customer

The cost to obtain a new customer may be compared to retaining a current customer via complaint handling. For example, the cost of advertising for a large consumer durable, combined with a 50% base loyalty rate, provides an actual advertising cost per new customer that is five times the cost of retaining an existing customer through goodwill resolution of complaints and concerns. For other sectors of the economy, the ratio of the cost to win a new customer, compared to retaining a current customer, varies from 2:1 to 20:1.

D1.4 Staff and Associate Influence on Customer Loyalty

Most employees want to do a good job, and customer complaints or dissatisfaction are the result,

- (a) in 40% of cases, of corporate products and processes that are inherently unpleasant for the customer;
- (b) in 40% of cases, of customer mistakes or incorrect expectations; and
- (c) in 20% of cases, of employee actions.

D2. Complaints-Handling Process

D2.1

The complaints-handling process to meet the needs and expectations of customers may include the following:

- (a) **Invite complaints:** Use signs on the premises, Web site, or other customer contact points requesting customers to report complaints, eg, "Your business is important to us; please let us know if you are not satisfied. We would like to put it right".
- (b) **Record:** Maintain records of customer contact details, key features of the complaint (eg, product or service description, problem characteristics, invoice, or other records), date and nature of contacts, and complaint resolution. Records should be confidential.
- (c) **Acknowledge:** If a complaint is made in person, reply by a telephone call or other methods appropriate to the customer's communication needs. Confirm the complaint handling processes that will be followed and the timelines of each step.
- (d) **Access:** Evaluate if the complaint is valid and justified. Review the implications for your organization and its future customer relations, as well as the customer's needs. Review and compare with the tips and accommodations provided in Table 2 of Clause 5 of this Standard. Decide who should deal with the complaint within your organization; if necessary, use outside resources and expertise to identify remedies, eg, concerning accessibility. Make an internal decision on how to resolve the complaint.
- (e) **Give feedback:** Tell the customer what you intend to do about the complaint. Acknowledge, where appropriate, how your organization should have handled the situation and will in future. Evaluate if the action will satisfy the customer. If yes, then take the action the customer expects. If no, confirm that you will review the complaint and possibly offer a different remedy.
- (f) **Resolve:** When all reasonable action has been taken to resolve the complaint, inform the customer and record the outcome. Resolve quickly or keep the customer informed of its status if the resolution will take longer. If it is still not resolved to the customer's satisfaction, then make him or her aware of the trade body, advocacy group, regulatory authority, or ombudsman to which he or she can appeal.
- (g) **Review:** Review critical factors regularly, with a more intensive annual review to establish if there are any trends that could be changed to prevent underlying root problems and resultant complaints, and to meet your customers' needs. Measure complaints against the accessibility and service expectations of your service policy. Consider benchmarking of your complaints-handling processes and outcomes against those of other organizations. Ensure that there is accountability within your organization.

Note: Australia/New Zealand Standard AS 4269-1995 and ISO Standard 10018 may be useful in developing a comprehensive complaints-handling process.

Appendix E

Training Outline

Note: This Appendix is not a mandatory part of this Standard.

E1. Characteristics of the Disability

The following topics should be covered:

- (a) Perceived nature of the disability: How would you describe this disability to a lay person?
- (b) Extent: How common is this impairment and its related disability in the Canadian population?
- (c) Causal factors: Medical or injury-related, permanent, intermittent, or transient?
- (d) Symptoms: Are the symptoms clear or hidden? What would this person have difficulties with? What skills may be affected? Is communication hindered in any way? Are there variations in the nature or severity of this disability?
- (e) Abilities: Where relevant, what are the nature and ranges of the outcome abilities?
- (f) How does the disability affect the daily living of people who have it?

E2. Customer Needs and Expectations

The following questions should be considered:

- (a) As a customer, what difficulties may this person have in seeking service? What are the needs of this customer?
- (b) What must the service provider consider in developing a quality service delivery process to address these specific needs and expectations?
- (c) Is the environment appropriately designed to ensure ease of service? Are any modifications needed to the service provider's facilities, or is any special equipment needed? For example, wheelchair accessibility, special kiosks for voice translation or text readers, translation assistance, or others?
- (d) Are there any particular sensitivities that the service provider should be aware of and take into consideration?
- (e) How is it possible to assess and/or measure customer satisfaction? How are customer complaints (or dissatisfaction) from people with this disability going to be handled or processed? Is there a corrective action? Is the corrective action communicated to the customer, as appropriate? Is there a follow-up to ensure that the corrective action and/or training is effective? What will the records be?
- (f) What other factors would contribute to ensuring customer satisfaction?

Appendix F

Barrier-Free Built Environments

Note: This Appendix is not a mandatory part of this Standard.

F1. Technical Design Standards

Technical design standards for barrier-free environments have been developed to ensure that interior and exterior facilities provide accessibility, usability, and safety for people with functional limitations related to mobility, agility, hearing, and vision. These standards seek to improve the performance of the built environment for all users, including those with long-term or temporarily disabling situations or conditions.

The design standards describe architectural elements that are integral to buildings (eg, pathways, doors, ramps, stairs, bathrooms, vestibules, auditoriums, and parking) and also include elements related to the location, operation, and illumination of building controls, equipment, accessories, signage, and communication. The standards do not deal with products used within the buildings, nor with the services and maintenance required to complement the built environment.

CSA Standard CAN/CSA-B651 provides guidelines and specifications for many key features. In addition, organizations that represent the interests of people with disabilities may have specifications, checklists, and guidance for creating safe and accessible environments. See Appendix C for a list of those organizations.

F2. Accessibility Evaluation Form

The following checklist may be used for the access audits required in Clause 4.9.3. It may be changed to meet the specific needs of the organization, or supplemented with notes and drawings supporting the assessments.

Accessibility Evaluation Form

Name of location: _____

Name of reviewer: _____

Your title: _____

Tel/Fax: _____ Email: _____

Date: _____

ATTITUDES

General

- Is staff formally trained in the service of customers with disabilities?
 - Does staff respond with flexibility and creativity when confronted with obstacles?
 - Does staff avoid exaggerated special attention?
 - Does staff maintain correctness in choice of vocabulary and jargon?
- Comments:

YES	NO	N/A

(Continued)

Accessibility Checklist (Continued)

COMMUNICATION

Written Communication

Is information available through alternative formats?

- Large print
- Braille
- On cassettes/diskettes
- Orally

Is important information provided in clear, simple terms, diagrams, and pictograms that can be comprehended by people with some intellectual impairments?

Comments:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CENTRAL ELEMENTS

Signs

Are symbols of accessibility appropriately displayed?

Do all signs display print that is large, contrasting, and clearly legible (including safety protocol)?

Comments:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lighting

Is sufficient lighting provided in public areas, including corridors?

Is lighting bright enough to assist visually impaired people?

Comments:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Telephones

Is there a telephone relay service available in the region?

Are telephones available for people who are deaf or hard of hearing (TDD/TTY) with the appropriate attachments and volume controls?

Are flat telephone directory shelves and controls provided? Are they located at a convenient height?

Are special access telephones visibly marked with the international symbol of access?

Comments:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued)

Accessibility Checklist (Continued)

CENTRAL ELEMENTS (continued)

Acoustics

- Are background noises (music, machinery) kept to a minimum?
- Are echoes and reverberations non-existent or maximally reduced?

YES	NO	N/A

Comments:

Miscellaneous

- Are there accessible water fountains and other amenities at convenient heights and locations?
- Are operating devices such as handles, latches, locks, etc, able to be
 - operated by one hand?
 - manipulated without fine finger control, tight grasping, or twisting of the wrist?
 - located at a height convenient for wheelchair access?
- Does the facility have a front entrance without steps? with automatic entry doors?
- Are all levels equally accessible to all people?
- Are service dogs welcome in the facility?
- Is parking for people with disabilities close to the entrance?
- Are all counters low enough to be accessed by those utilizing a wheelchair?
- Is rest seating provided throughout the facility?

YES	NO	N/A

Comments:

ARCHITECTURAL ELEMENTS

Floors

- Are the floors firm, stable, and slip-resistant?
- Is carpet/tile securely fashioned and level?
- Do surfaces facilitate ease of motion of wheelchairs?

YES	NO	N/A

Comments:

Freedom of movement

- Is the use of steps (including small or shallow) and heavy or difficult-to-manoeuvre doors avoided?
- Are corridors of necessary width to accommodate the use of wheelchairs, guides, or service dogs?
- Is furniture and equipment placed in such a manner that allows easy access and circulation?

YES	NO	N/A

(Continued)

Accessibility Checklist (Concluded)

ARCHITECTURAL ELEMENTS (continued)

Are paths of travel (aisles, passageways, corridors, etc) free and clear of obstruction, with a minimum of 750 × 1200 mm of floor space?

Comments:

YES NO N/A

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Changes in level

Are ramps or elevators present?

Are they large enough to permit wheelchair access, with illuminated buttons and controls located at appropriate heights?

Comments:

YES NO N/A

Washrooms

Are they of sufficient size?

Are the counters, mirrors, hand-dryers, etc, located at an appropriate height for patrons utilizing a wheelchair?

Are support bars or railings present?

Comments:

YES NO N/A

Are the controls labelled in Braille?

Is the area well illuminated?

Comments:

YES NO N/A

Appendix G

Use of Appropriate Language

Notes:

(1) *This Appendix is not a mandatory part of this Standard.*

(2) *The contents of Table G1 are based on the publication A Way with Words — Learn appropriate terminology for the portrayal of people with disabilities, Human Resources Development Canada, Ottawa.*

G1. General

Language is a powerful and important tool in shaping ideas, perceptions, and public attitudes. Words are a mirror image of society's attitudes and perceptions and those can be the most difficult barrier people with disabilities face. Demeaning, stereotyping, and negative words are a barrier. Table G1 outlines terms that should be used.

Table G1
Language and Terms
(See Clauses 5.6 and G1.)

Unacceptable	Use
Birth defect, congenital defect, deformity	Person with a disability since birth; person who has a congenital disability
Blind (the), visually impaired (the)	Person who is blind; person with a visual impairment
Confined to a wheelchair, wheelchair-bound	Person who uses a wheelchair; wheelchair user <i>A wheelchair is a means to get around independently.</i>
Cripple, crippled, lame	Person with a disability; person with a mobility impairment; person who has arthritis, a spinal cord injury, etc
Deaf	Person who is deaf <i>When referring to the entire deaf population and their culture, it is acceptable to use the term "the deaf".</i>
Deaf and dumb	Deaf without speech
Disabled (the)	People with disabilities
Elderly (the), aged (the) Adjectives like frail, senile, or feeble	Seniors
Epileptic (the)	Person who has epilepsy
Fit, attack/seizure	Seizure
Handicapped (the)	Person with a disability <i>When referring to an environmental attitudinal barrier, it is acceptable to use "handicapped", eg, "person who is handicapped by".</i>
Hard of hearing (the), hearing impaired	Person who is hard of hearing, ie, an individual who is not deaf and compensates for a hearing loss with an amplification device

(Continued)

Table G1 (Concluded)

Unacceptable	Use
Insane, lunatic, maniac, mental patient, mentally diseased, neurotic, psycho, psychotic, schizophrenic, unsound mind <i>Obviously, words such as "crazy", "demented", "deviant", "loony", "mad", and "nuts" should not be used.</i>	Persons with a mental health disability; person who has schizophrenia; person who has depression <i>Appropriate terminology is still being developed, and the above terms are currently in use.</i> <i>"Insane" (unsound mind) is only to be used in a strictly legal sense.</i>
Invalid	Person with a disability <i>The literal sense of "invalid" is "not valid".</i>
Mentally handicapped	Intellectual disability
Mentally retarded, defective, feeble-minded, idiot, imbecile, moron, retarded, simple, mongoloid	Person with an intellectual disability; person who is intellectually impaired <i>One can say "a person who has Down syndrome" only if directly relevant.</i>
Normal	Person who is not disabled <i>"Normal" is acceptable only in reference to statistics, eg, "the norm".</i>
Patient	Person with a disability <i>"Patient" may be used if the relationship is between a doctor and client.</i>
Physically challenged, differently abled	Person with a disability
Spastic	Person who has spasms <i>"Spastic" should never be used as a noun.</i>
Suffers from, afflicted by, stricken with	Person with a disability; person who has cerebral palsy, etc <i>"Having a disability" is not synonymous with "suffering".</i>
Victim of cerebral palsy, multiple sclerosis, arthritis, etc	Person who has cerebral palsy, multiple sclerosis, arthritis, etc Person with a disability; person with a mobility impairment

Appendix H

The ISO Family of Quality Management System Documents

Note: This Appendix is not a mandatory part of this Standard.

H1.

The ISO family of standards has been developed to assist organizations, of all types and sizes, to implement and operate effective quality management systems. It includes

- (a) ISO 9000, *Quality management systems — Fundamentals and vocabulary*. This is a normative or information document that serves as an introduction to the concept of managed systems and the business and quality terminology now used in all of these documents. For the purposes of this Standard, the business terms and definitions given in ISO 9000 apply, with the exception that wherever the word “product” is used, the word “product” also refers to a service.
- (b) ISO 9001, *Quality management systems — Requirements*. This is the prime document stating the requirements for the development, implementation, and maintenance of a quality system.
- (c) ISO 9004, *Quality management systems — Guidelines for performance improvements*.

ISO 9001 and 9004 have been developed as a “consistent pair” of quality management system standards. They have been designed to complement one another, but can also be used independently. The ISO 9004 Guidelines are not intended to be used as the basis for implementing an ISO 9001 program, but for some clarification of the requirements and for continuing improvement.

Proposition de modification

N'hésitez pas à nous faire part de vos suggestions et de vos commentaires. Au moment de soumettre des propositions de modification aux normes CSA et autres publications CSA prière de fournir les renseignements demandés ci-dessous et de formuler les propositions sur une feuille volante. Il est recommandé d'inclure

- le numéro de la norme/publication
- le numéro de l'article, du tableau ou de la figure visé
- la formulation proposée
- la raison de cette modification.

Nom/Name: _____

Affiliation: _____

Adresse/Address: _____

Ville/City: _____

État/Province/State: _____

Pays/Country: _____ **Code postal/Postal/Zip code:** _____

Téléphone/Telephone: _____ **Télécopieur/Fax:** _____

Date: _____

Proposal for change

CSA welcomes your suggestions and comments. To submit your proposals for changes to CSA Standards and other CSA publications, please supply the information requested below and attach your proposal for change on a separate page(s). Be sure to include the

- Standard/publication number
- relevant Clause, Table, and/or Figure number(s)
- wording of the proposed change
- rationale for the change.



ISBN 1-55324-866-X