Policy Title: Equal Access to Facilities, Services, and Programs
Policy Number: SC.HPHO.024

Regional Business Owner Title: Senior Vice President COO, Operations
Regional Custodian Title: Regional Executive Support Services

Original Effective Date: 11/1/2018

Medical Center Business Owner Title: MSAAT/MCAT
Medical Center Custodian Title: Assistant Administrator for Operations Support Services

Revision Effective Date: Page: 1 of 25

1.0 Policy Statement

Kaiser Permanente (KP) is committed to providing healthcare services, programs, and activities free from discrimination, which includes, but is not limited to making its facilities and services accessible to individuals with disabilities. This policy establishes requirements to ensure equal access to facilities and services in accordance with federal, state and local law and establishes a set of required Equal Access Standards to enable policy compliance.

2.0 Purpose

The purpose of this policy is to describe the requirements and applicable standards that enable equal access to KP facilities, services and programs for individuals, including those with physical or mental disabilities in accordance with the Americans with Disabilities Act of 1990 ("ADA"), section 504 of the Rehabilitation Act of 1973 ("Section 504") and other applicable federal, state and local laws and regulations.

3.0 Scope/Coverage

This policy applies to all employees who are employed by any of the following entities (collectively referred to as "Kaiser Permanente" or "KP"):

3.1 Kaiser Foundation Hospitals (KFH);
3.2 Kaiser Foundation Health Plan, INC. (HP);
3.3 KFHP/H’s subsidiaries;
3.4 Southern California Permanente Medical Group (SCPMG)

4.0 Definitions

See Glossary for Policy Terms in Appendix A

5.0 Provisions/Procedures

5.1 General Nondiscrimination: This policy addresses equal access to KP facilities, services, and programs. In addition, KP prohibits discrimination against all individuals, including patients, members or visitors based on race, color, national origin, sex, age, and disability, or any other basis protected by federal, state, or local law. KP does not exclude people or treat them differently because of their membership in any protected class. Refer to Non-Discrimination NATL.HPHO.007.
5.2 **Equal Access to KP Facilities and Services:** KP complies with requirements for equal access to its facilities, services, and programs by all individuals, including those with disabilities. KP’s actions include, but are not limited to the activities described below.

5.2.1 **Construction and Maintenance of Accessible Features:** KP constructs and maintains the accessible features of KP facilities so that they are accessible and usable by individuals with disabilities. These features include but are not limited to: entrances, routes to altered areas, rest rooms, elevators, drinking fountains, accessible parking, etc., and when possible, storage and alarms. Please refer to the Standards in Attachment 1 for more detail. Clear and safe accessible routes (see definition in Appendix A) are constructed and maintained throughout KP Facilities. Please refer to the Standards in Attachment 1 for more details.

5.2.2 **Accessible Exam Room Requirement:** KP facilities have a minimum of one exam, procedural and/or treatment room that is accessible for individuals with disabilities. Accessible exam rooms include required medical equipment; See 5.2.4, below.

5.2.3 **Mobility Devices:** KP allows safe and reasonable use of mobility aids and devices by individuals with disabilities at KP facilities. Please refer to the Standards in Attachment 2 for more details.

5.2.4 **Accessible Medical Equipment:** KP obtains and uses accessible medical equipment. The number and location of accessible medical equipment is determined by the NFS Facilities Planning and Design Department’s Planning Allocation Rules.

5.2.4.1 **Exam Tables:** All accessible exam/procedure/treatment rooms include an adjustable hi-low exam table with a minimum height per ADA Standards.

5.2.4.2 **Weight Scales:** All departments have access to a non-ambulatory wheelchair accessible weight scale. Refer to weight measurement requirement in 5.4.3, below.
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#### 5.2.5 Signs:
KP posts appropriate signs required for all individuals to navigate and access KP facilities and services. Signs comply with Kaiser Permanente Facilities Signs, NATL.NFS.007.

#### 5.3 Service Animals:
KP allows service animals (see definition in Appendix A) to accompany individuals with disabilities in its facilities. Please refer to Service Animals, NATL.HPHO.009 for all related requirements.

#### 5.4 Equal Access to KP Services and Programs
KP takes all actions required by law to make its services and programs accessible to individuals with disabilities. These actions include, but are not limited to, the activities described below.

##### 5.4.1 Auxiliary Aids and Services:
To ensure effective communication and equal access, KP provides appropriate auxiliary aids and services to individuals with disabilities, free of charge. Please refer to the Standards in Attachment 3 for more details. For example, KP provides documents in appropriate alternative formats as necessary, free of charge, to individuals who are physically disabled, blind, low vision, deaf, hard of hearing, or who have other cognitive and/or communication-related disabilities. Please refer to the Standards in Attachment 4 for more details about alternative formats.

##### 5.4.2 Digital Accessibility:
KP provides individuals with disabilities equal or equivalent access to the goods, services and benefits that it offers through electronic and information technology. Refer to the Web Content Accessibility Guidelines (WCAG) 2.0 Level AA and/or technical standards outlined in Section 508 of the Rehabilitation Act of 1973 (see Content Compliance Standards summary in Appendix B) as the standard means of ensuring accessibility. If conformance cannot be achieved, the goods, services and benefits must be made accessible through comparable alternate means.

##### 5.4.3 Weight Measurement:
KP establishes procedures for all departments to obtain and document an accurate weight measurement for patients with disabilities during the appropriate portion of the patient’s visit as required. Please refer to 5.2.4.2 above for equipment.
5.5 Requirement to Make Reasonable Modifications to Policies, Practices, and Procedures: KP makes reasonable modifications to policies, practices, and procedures at no additional charge, to ensure that individuals with disabilities have access to the goods, services, amenities, and accommodations that KP offers to the public, unless doing so would fundamentally alter their nature. Please refer to the Standards in Attachment 5 for details. For requirements regarding accommodation of non-physician employees with disabilities, refer to Job Accommodation, NATL.HR.027.

5.6 Grievance Procedure: KP follows a grievance procedure that provides for the prompt and equitable resolution of complaints alleging any action prohibited by this policy. Refer to Nondiscrimination in the Provision of Healthcare, NATL.HPHO.007.

6.0 References/Appendices

6.1 Web Content Accessibility Guidelines (WCAG) 2.0 Level AA and/or technical standards in Section 508 of the Rehabilitation Act of 1973.

6.2 Policy References

6.2.1 Job Accommodation, NATL.HR.027

6.2.2 Kaiser Permanente Facilities Signs, NATL.NFS.007

6.2.3 Nondiscrimination in the Provision of Healthcare, NATL.HPHO.007

6.2.4 Service Animals, NATL.HPHO.009

6.3 Appendix A: Glossary of Policy Terms

6.4 Appendix B: Content Compliance Standards

6.5 Attachments

6.5.1 Attachment 1: Standards for Maintenance of Accessible Features and Routes

6.5.2 Attachment 2: Standards for Mobility Devices used by Individuals with Disabilities
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6.5.3 Attachment 3: Standards for Auxiliary Aids and Services for Individuals with Disabilities

6.5.4 Attachment 4: Standards for Documents in Alternative Formats for Individuals with Disabilities

6.5.5 Attachment 5: Standards for Reasonable Modifications to Policies, Practices, and Procedures

7.0 Signature Lines

Include the signature(s) of the senior regional leader(s) that approved the document being submitted in accordance with the SCAL Regional Policy and Procedure Toolkit.

Signature: ____________________________ Date: 10-31-18

Gerald McCall, Sr. Vice President COO, Operations
APENDIX A
Glossary of Policy Terms

1. **Accessible Route**: A pedestrian route, clearly identified with signs, which individuals with disabilities can take, starting from the public sidewalk and accessible spaces in the parking lot, to each of the areas of the KP facility that provides goods, services, or other amenities. Examples of such locations include, but are not limited to, the main service desk, exam rooms, restrooms, waiting area, and parking lot.

2. **Alternative Formats** - Examples include Large Print, Braille, Audio (tape or CD), and Electronic Files (accessible PDF or Microsoft Word document), or qualified reader services, at no charge to members with disabilities.

3. **Direct Threat**: A significant risk to the health or safety of one’s self or others that cannot be eliminated or mitigated by a modification of practices or procedures. Mitigation measures include infection control procedures such as hand washing, covering wounds and taking other precautions to prevent an animal from coming into the contact with non-intact sites.

4. **Disability**: A physical or mental impairment which substantially limits one or more major life activities, including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions.

5. **Manually powered mobility aids**: Walkers, crutches, canes, braces or other similar devices designed for use by individuals with disabilities.

6. **KP Facilities**: All buildings or space owned or leased by Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and their subsidiaries (collectively KFHP/H or KP), such as hospitals, medical office buildings, administrative buildings, parking facilities, and/or labs.

7. **Other power-driven mobility device (OPDMD)**: Any mobility device powered by batteries, fuel, or other engines—whether or not designed primarily for use by individuals with mobility disabilities—that is used by individuals with mobility disabilities for the purpose of locomotion, including golf cars, electronic personal assistance mobility devices (EPAMDs), such as the Segway® PT, or any mobility device designed to operate in areas without defined pedestrian routes, but that is not a wheelchair as defined in definition 9, below.
8. **Service Animal:** Any dog that is individually trained to do work or perform tasks for a person with a disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. (Note: a miniature horse trained to do work or perform tasks for people with disabilities may be used as a service animal when its size and weight can be

9. **Wheelchair:** A manually operated or power-driven device designed primarily for use by an individual with a mobility disability for the main purpose of indoor or both indoor and outdoor locomotion.
## Appendix B
### Content Compliance Standards

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<tr>
<th>CONTENT TYPE</th>
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<td>Accessibility testing during design, development, and implementation.</td>
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<tr>
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<td></td>
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<tr>
<td>Other Software</td>
<td>• WCAG 2.0, Level AA</td>
<td>Accessibility testing during design and development.</td>
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<td>- Incorporated into devices</td>
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<td>- Digital signage</td>
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<td>- Personal health and fitness devices provided by KP</td>
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1.0 Introduction

1.1 The following standards are to be applied when implementing the requirement to provide auxiliary aids and services free of charge, to members, patients, visitors, members and patient companions (i.e. family members and support people) with disabilities, as set forth in the program wide policy, Equal Access to KP Facilities, Services, and Programs, NATL. HPHO.008.

1.2 Definitions to terms used in these Standards are provided in Section 3.0

2.0 Standards for Implementation

2.1 Responding to a Request for Auxiliary Aids and Services: When a request for auxiliary aids and services is received from an individual with a disability or his or her representative, employees and physicians must meet the following requirements:

2.1.1 Consultation: The individual is consulted in determining the type of auxiliary aid or service appropriate to ensure effective communication. In many cases, more than one type of auxiliary aid or service may be needed to make effective communication possible.

2.1.2 Determination of Aid(s)/Service(s)

2.1.2.1 Factors: The following factors are considered in determining which auxiliary aid(s) and service(s) to provide:

- The method of communication used by the individual with a disability
- The nature, length, and complexity of the communications involved; and
- The context in which the communication is taking place.

2.1.2.2 Provider Choice: Although consultation with the individual with a disability about the auxiliary aids and services to be provided is required, employees and physicians have the choice of which auxiliary aids and services to provide.
However, the auxiliary aid or service provided must result in effective communication.

2.1.3 **Timeliness and Privacy:** Auxiliary aids and services are provided in a timely manner, and in such a way as to protect the privacy and independence of the individual with a disability.

2.1.4 **Additional Fees Prohibited:** Additional fees are not charged for any auxiliary aids and services required to ensure effective communication.

2.2 **Prior Notice of Need:** Reasonable prior notice of the need for an auxiliary aid or service is provided.

2.3 **Types of Auxiliary Aids and Services (Regulatory list of Auxiliary Aids and Services):** Employees and Physicians provide auxiliary aids and services in compliance with applicable laws, regulations, and organizational policies. This section lists the acceptable types of auxiliary aids and services.

2.3.1 **Deaf, hard of hearing, or speech disabilities:** The following are acceptable aids/services for individuals who are deaf, hard of hearing, or have speech disabilities (refer to Definitions for more detailed descriptions). Additional acceptable aids/services may be available:

- **2.3.1.1** Qualified interpreters or qualified readers, on-site or through video remote interpreting services (check with your Medical Center’s Interpreting Services for availability);
- **2.3.1.2** Note takers;
- **2.3.1.3** Real-time computer-aided transcription services (CART);
- **2.3.1.4** Written or printed materials (i.e., flashcards, pictograms, etc.);
- **2.3.1.5** Exchange of written notes;
- **2.3.1.6** Telephone handset amplifiers;
- **2.3.1.7** Assistive listening devices and assistive listening systems;
- **2.3.1.8** Descriptive or audio narration of television or other visual media;
2.3.1.9 Telephones compatible with hearing aids;
2.3.1.10 Closed caption decoders; open and closed captioning; including real time captioning in captioned films and video;
2.3.1.11 voice, text, and video-based telecommunications products and systems, including text telephones, teletypewriters (TTY/TTD), videophones, and captioned telephones, or equally effective telecommunications devices;
2.3.1.12 videotext displays;
2.3.1.13 accessible electronic and information technology, such as speech synthesizers and communication boards;
2.3.1.14 visual notification devices; or
2.3.1.15 other effective methods of making aurally delivered information available to individuals who are deaf, hard of hearing, or have speech-related disabilities.

2.3.2 Blind of low vision: The following aids/services are acceptable for individuals who are blind or have low vision:

2.3.2.1 Qualified Readers;
2.3.2.2 Taped texts;
2.3.2.3 Audio recordings;
2.3.2.4 Braille materials and displays;
2.3.2.5 Screen readers software;
2.3.2.6 Magnification software;
2.3.2.7 Optical readers;
2.3.2.8 Secondary auditory programs;
2.3.2.9 Large print materials;

2.3.2.10 Accessible electronic and information technology; or

2.3.2.11 other effective methods of making visually delivered materials available to individuals who are blind or have low vision

2.4 Assistance by Friends, Family Members, and Minors

2.4.1 Adult family members or friends: Adult family members or friends of individuals who are deaf, hard of hearing, or have speech disabilities are not requested or required to interpret for the individual, except under the following circumstances:

2.4.1.1 The individual with a disability requests that a friend or family member serve as an interpreter, and the friend or family member consents;

2.4.1.2 An emergency situation involving an imminent threat to the safety or welfare of an individual or the public and no interpreter is available.

2.4.2 Minors: A minor [child] may be relied upon as an interpreter in an emergency situation (as described above) where no adult interpreter is available.

3.0 Definitions

3.1 Assistive Listening Devices (“ALDs”) - Devices used by people who are hard of hearing to amplify sound. Typically, a small personal amplifier with a microphone and headset or neck loop is used. The user can adjust the loudness on the amplifier’s volume control.

3.2 Captioned Films and Videos – Films and videos in which the spoken word appears in written text on the bottom of the screen as subtitles. "Open" captions can be seen by everyone while "closed" captions are visible only when activated by the viewer.

3.3 Computer-aided Transcription Services (“CART”) - Service by which real-time transcriptionists trained as court stenographers with medical terminology expertise type what is said in a meeting and the text is immediately displayed on a video monitor or projection screen. This may be used by deaf or hard-of-hearing individuals who do not utilize sign language as their mode of communication, but are fluent in English.
3.4 **Descriptive Narration** - Video description (also called audio description) that makes television and other visual media accessible to people who are blind or visually impaired. Narrative descriptions of a program’s key visual elements such as actions, graphics and scene changes are recorded and carefully blended into natural pauses in the program soundtrack, creating an additional mixed audio track that is broadcast or shown simultaneously with the program.

3.5 **Flashcards and Pictograms** - Simple illustrations used for communication that cover routine procedures, such as routine allergy injections, and do not involve complex information, legal or important medical decisions.

3.6 **Qualified Interpreter** - An interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

3.7 **Qualified Reader** - A qualified reader who must be able to translate written text into voice effectively, accurately, and impartially.

3.8 **Speech Synthesizers and Communication Boards** - A communication board can include pictures, words, letters, or symbols that can be pointed to as a way of expressing needs and desires. A speech synthesizer is a device that is used to translate text characters into sounds that approximate the sound of human speech.

3.9 **Teletypewriters ("TTY/TTDs")** - Telecommunication device with keyboard and visual display for people who are deaf, hard-of-hearing, or have a speech disability.

3.10 **Video Remote Interpreting ("VRI")** - Videoconferencing technology, equipment, and a high-speed Internet connection with sufficient bandwidth to provide the services of a qualified sign language interpreter.

3.11 **Visual Notification Devices** - "Flashers" on telephones to indicate incoming calls, or when people are entering the room (where appropriate, such as in-patient rooms