

Accessibility Plan Update

June 2007

Barrier	Barrier Type					Description	Strategy Identified to Correct/Prevent Barrier	Complete	On-Going	Pending	Status
	Physical	Architectural	Communicatio	Attitudinal	Technological						
BARRIERS IDENTIFIED - 2003											
Door Frames		✓				Increase effects of colour for contrasting purposes; i.e. doorframes and walls.	Implement a painting policy to use contrasting paint colours for doorframes on new paint projects	✓			<ul style="list-style-type: none"> • Policy in place. Doorframes throughout the Hospital will be a contrasting colour through repainting.
Stairways		✓				Apply yellow paint on the portion of steps facing the individual as well as on the step edge, looking down.	Over the next year, risers and nose of stairs will become part of the maintenance plan.			✓	<ul style="list-style-type: none"> • To be implemented in 2007. • Pool steps, bus stop and outside major curbs complete.
Handrails		✓				Implement a policy to have handrails a contrasting colour.	Reflective tape to be applied to stainless steel handrails.			✓	<ul style="list-style-type: none"> • To be implemented in 2007.
Floors		✓				Eliminate shiny floors.	Implement a new waxing policy to eliminate shiny floors. Use dull flooring on new projects.	✓			<ul style="list-style-type: none"> • Policy is in place.
Paint (walls etc.)		✓				Use matte finish paint to reduce potential of glare from overhead lights and flooring.	Implement a policy to use matte finish paint.	✓			<ul style="list-style-type: none"> • Policy is in place.
Washrooms		✓				CCC washrooms not to spec; bathroom doors heavy; no barrier free washrooms on acute side; Rehab women's washroom stall not to spec; tactile signage for Emerg washrooms; Emerg toilet/sink not to spec; lab public washroom to be redesigned or a M/F public accessible washroom constructed; no grip bar in Amb. Care and not wheelchair accessible; outpatient toilets low	Recommend one barrier free (public) washroom on each floor of CCC. Recommend creating an accessible washroom on each floor of the Active side of the hospital			✓	<ul style="list-style-type: none"> • Step Down Unit, Chemo and Constant Observation unit all have accessible washrooms. • Washroom renovations will become part of the on-going Capital Budget request and work will be completed as funds become available.

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Elevators		✓				Older elevators do not have emergency alarm and not accessible to people with disabilities.	Install Braille, lower buttons and emergency alarms.			✓	<ul style="list-style-type: none"> To be resubmitted to the Ministry of Health in February 2006.
Rehab Hallway		✓				Hallway is dark.	Assess 2004				<ul style="list-style-type: none"> Currently under review.
Ambulatory Door		✓				Main door is heavy.		✓			<ul style="list-style-type: none"> Correction made in November 2003.
Chemo Doors		✓				Doors not automated.	Install automated doors.	✓			<ul style="list-style-type: none"> Completed August 2004.
Rehab Ramp		✓				Entrance ramp difficult to navigate in a wheelchair and by persons with impaired mobility.	Assess 2004	✓			<ul style="list-style-type: none"> New ramp installed at south door in Spring 2004.
Lab Outpatient Door		✓				Hallway door too narrow for wheelchair access.	Make hallway door wheelchair accessible	✓			<ul style="list-style-type: none"> Completed by January 2004.
Signage				✓		<p>No signs to indicate assistance available for people with hearing impairment.</p> <p>Signage issues in every area of hospital; e.g. directional signs don't have arrows pointing to right direction.</p> <p>Parking lots: signage directing to parking lot, directing outpatients to east entrance, to wheelchair accessible entrance, etc. – not clear.</p>	<p>Install signage throughout hospital.</p> <p>Constitute signage working group to review previous blueprint for signage, make recommendations, draft signage policy.</p> <p>Use of fonts, font size, font colour, consistency, placement of signage, abundance of signage, tactile signs.</p>			✓	<ul style="list-style-type: none"> Proposal for capital equipment submitted in January 2005 Costs were obtained for signage. Costs were divided over years two and three in the Capital Budget New branding for the Hospital is to be developed and signage will be reviewed again in conjunction with the new branding.
Communication			✓			Some forms are hard to read. Instructions for the east entrance phone are	Enlarge printing on instructions			✓	<ul style="list-style-type: none"> Part of signage project (see above)

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						difficult for visually impaired people to read.					
Doctors' Entrance		✓				Not wheelchair accessible.	Signage needed to direct to alternate entrance.	✓			<ul style="list-style-type: none"> East entrance will be opened in the Fall of 2005 as main access point. Visitor parking will be re-routed to the east entrance parking lot. Signs will be erected at that time.
Rehab Door		✓				Door not automated.	Install electric eye or push button – recommend vestibule and automatic door	✓			<ul style="list-style-type: none"> Atrium doors are automatic and Rehab is accessible through Atrium. Signage directing users to the atrium doors will be implemented with the signage project (see above).
Main Entrance		✓				Curb ramps at ends of circular drive, front doors not to spec. Signage needed.	East Entrance changes are to be implemented, providing a wheelchair accessible entrance	✓			East Entrance changes completed in the Fall of 2005.
BARRIERS IDENTIFIED - 2004											
Pay Phones				✓		Not all are accessible.	There are newer Bell phones but they are in alcoves. Enclosures/objects must not protrude, phones too high, need space cleared in front, directory shelf needs to be 500mm wide, equipment needs to be updated, shelf space for telecommunication devices for the deaf needs to be provided			✓	The existing alcoves will be closed and accessible phone booths placed in waiting rooms on each Nursing Unit. Approved in 07/08 Capital plan.
Wheelchairs				✓		Visitor wheelchairs are in need of maintenance. There are not enough wheelchairs.	A wheelchair storage area will be designated as part of the relocation of the main entrance to the East Entrance	✓			Wheelchairs were assessed and a report presented to VP of Nursing in March 2004. Recommendations were presented to the Rehab Advisory Council on April 20, 2004. 11 wheelchairs were purchased Space plan is being assessed for wheelchair storage.
Courtyard		✓				Doors (x2) not accessible; could trap someone inside.	Install automatic doors on two sets leading into the courtyard	✓			<ul style="list-style-type: none"> Door off of dining room automatic as of August 2004.

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						Signage needed.					<ul style="list-style-type: none"> Other set of doors completed in March 2005
Handi-capped Parking				✓		Limited number of handicap parking spaces.	Implement plan to increase the number of spaces available.	✓			<ul style="list-style-type: none"> Part of the parking lot changes completed fall 2005.
Fire Alarms					✓	Alarms are audible only. Pull Stations are too high.	Include visual display of fire alarm in fire alarm upgrade.			✓	<ul style="list-style-type: none"> To be resubmitted to the Ministry of Health in March 2006.
“Less Obvious” Disabilities				✓		Cognitive or sensitive issues identified; e.g. mental health patrons, abused, claustrophobics, etc.	<ul style="list-style-type: none"> Sensitivity training to be included in Workplace training Meet with Emerg staff for insight into communication methods based on past experiences Include awareness during annual education blitz Sponsor health fair tied to World Health Day with displays from health agencies 		✓		<ul style="list-style-type: none"> Sensitivity training implemented in the fall of 2005 during orientation of new employees and Respect in the Workplace training (mandatory training every two years).
Communication Methods			✓			Provide choice of format, enabling independence	<ul style="list-style-type: none"> Larger, simpler print on signage Taped instructions Signage may require 2 sets of information or numbers at levels for both mobile and non-mobile patients Use simple wording Use “check in” mechanisms with person or person’s worker Maps visible/available at entrances Awareness of social graces (taking time to explain things to patient) No use of acronyms 			✓	<ul style="list-style-type: none"> Wayfinding is being investigated as part of the signage project.
Web Site			✓			Should be uncluttered for the visually impaired	<ul style="list-style-type: none"> Work with Learning Systems to develop best practice for web site 			✓	<ul style="list-style-type: none"> CNIB will assist with a Website upgrade, waiting for approval for funds to do so.
Tuck Shop Accessibility	✓					Not accessible for those in wheelchairs or scooters (traffic flow)	<ul style="list-style-type: none"> Tuck Shop to be relocated to Atrium when Cafeteria closes 	✓			<ul style="list-style-type: none"> Tuck Shop relocated in the fall of 2005 and the space is more accessible than the previous location.

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PACU Panic Buttons					✓	Concerns with patients when left alone – sound of panic button not effective, audible alarm not working	<ul style="list-style-type: none"> Replace system to include both audible and visual alarms. 	✓			<ul style="list-style-type: none"> System was replaced in February 2006, now alarms are audible and visual at the 2North Nurses Station.
Wandering patients					✓	Patients can leave the floor without staff being aware of it	<ul style="list-style-type: none"> Options for “wander guards” are being explored Contact other facilities to determine best practice 			✓	<ul style="list-style-type: none"> Capital request resubmitted.
Ambulatory Care Washroom		✓				Not wheelchair accessible. There is a lack of privacy in the existing washroom as it is located in the waiting room and the door must remain open to accommodate a wheelchair.	<ul style="list-style-type: none"> There is a wheelchair washroom available in IT hallway adjacent to Ambulatory Care 	✓			<ul style="list-style-type: none"> Retrofit is cost prohibitive as Ambulatory Care is temporarily located in current area
BARRIERS IDENTIFIED - 2005											
Hallways	✓					Hallways on Acute side of building are cluttered with medical equipment	<ul style="list-style-type: none"> Remove items from the hallways. 	✓			<ul style="list-style-type: none"> Improvements have been made, rooms are more cluttered.
FMCCU Assessment Room Washroom is inaccessible		✓				The washroom is too small to allow for a commode or walker.	Construct an accessible washroom in the area			✓	<ul style="list-style-type: none"> To be added to the Capital Budget plan as part of the washroom renovations.
Washrooms in Emergency		✓				The only accessible washroom in Emergency is located in the Waiting area. Patient Privacy is a concern.	Construct an accessible washroom adjacent to one of the treatment rooms.			✓	<ul style="list-style-type: none"> To be added to the Capital Budget plan as part of the washroom renovations.
In-Patient Room Accessibility		✓				There are not any patient rooms that are deemed accessible on the Active Units	Convert one room on each floor to an accessible patient room and washroom.			✓	<ul style="list-style-type: none"> To be investigated by the Accessibility committee through a feasibility study.
Handrails in	✓					There are not any handrails	Put handrails on the walls			✓	<ul style="list-style-type: none"> Requested on the 2006/07 Capital Budget

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Emergency						in the hallways in Emergency					request.
Patient Room telephones					✓	Phones are not appropriated for visually or hearing impaired.	Purchase phones with large numbers and adjustable volume levels. To be stored in a central location.			✓	<ul style="list-style-type: none"> Two phones to be purchased by March 2007.
Washroom in East Entrance	✓					Existing Washroom is not accessible	Renovate washroom to enlarge the doorway, lower sink and replace toilet.			✓	<ul style="list-style-type: none"> To be added to the 2006/07 Capital Budget request
Sidewalk beside CCC parking lot	✓					Sidewalk outside Rehab entrance is too steep	Reconstruct sidewalk or remove it and redirect traffic to the south entrance that was renovated in 2004.			✓	<ul style="list-style-type: none"> To be completed spring 2006.