

Accessibility Plan Update

January 2006

Barrier	Barrier Type					Description	Strategy Identified to Correct/Prevent Barrier	Complete	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 2005. • 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 2005
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. Acute side – all washrooms to be looked at in master plan.		✓	<ul style="list-style-type: none"> • Step Down Unit, Chemo and Constant Observation unit all have accessible washrooms. • Will continue to add additional washrooms through the Master Plan. • CCC washrooms will be put into the three year plan.

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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"> Project to be resubmitted to the Ministry of Health for March 2005. Ministry approval anticipated late 2005. (Not approved)
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"> To be 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 will be 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 will be complete in 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		✓	Part of the 3 year 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 Linda Millard 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 to be 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 to be completed by 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 2005. • If approved, the project will be completed by the fall of 2005. (Not Approved)
"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"> •
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"> •
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 is totally accessible

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PACU Panic Buttons						Concerns with patients when left alone – sound of panic button not effective	<ul style="list-style-type: none"> Review with employees on an annual basis as part of orientation 			<ul style="list-style-type: none">
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">
Ambulatory Care Washroom						Not wheelchair accessible. Patients in wheelchairs accessing washroom have no privacy	<ul style="list-style-type: none"> Wheelchair washroom available in IT hallway Retrofit is cost prohibitive as Ambulatory Care is temporarily located in current area 			<ul style="list-style-type: none">
BARRIERS IDENTIFIED - 2005										
Hallways						Hallways on Acute side of building are cluttered with medical equipment		✓		<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 2006/07 Capital Budget request
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 200/07 Capital Budget request
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 added to the 2006/07 Capital Budget request, costs need to be obtained.
Handrails in Emergency						There are not any handrails in the hallways in	Put handrails on the walls		✓	<ul style="list-style-type: none"> Cost to be investigated.

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							Emergency				
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		✓	• Phones to be purchased