

**Annual Accessibility Plan**  
for  
**St. Thomas Elgin General Hospital**

Updated February 2005

From the document originally prepared by the  
Accessibility Planning working Group

*This publication is available on STEGHnet*

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## Executive Summary

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

This report has been updated from the first annual plan (2003-2004) prepared by the Accessibility Working Group of St. Thomas Elgin General Hospital (herein after referred to as "STEGH"). The first plan described: (1) the measures that STEGH had taken in the past, and (2) the measures STEGH would take during the next two years to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of STEGH, including patients and their family members, staff, health care practitioners, volunteers and members of the community. This report also includes progress made and the identification of new barriers.

Like the first plan, this year STEGH committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of persons with disabilities in the development and review of its annual accessibility plans; and the provision of quality services to all patients and their family members and members of the community with disabilities.

The Accessibility Working Group initially identified 23 barriers to persons with disabilities in its initial assessment. The most significant findings relate to the design and construction of the facility which was built in 1954, and the barriers that were inherent in the design of 50 years ago when accessibility needs were not anticipated. Over the past year, six (6) barriers have been corrected, with many others in various stages of investigation or scheduled for completion during 2005.

In September 2002, a Master Plan was submitted to the Ministry of Health and Long Term Care which identifies different phases to upgrade the entire hospital. We are still waiting for approval from the Ministry. The accessibility plans we have identified in this document recognizes the direction the hospital is taking with its master planning. The hospital relies on Ministry of Health and Long Term Care for its funding of operational and capital projects. Hospitals are under funded and we require the financial support of the Provincial and Federal governments to ensure we have a viable hospital. Although the process to access funds has changed, our hospital has not received any indication that our Master Plan has been accepted.

## **1. Aim**

This plan describes: (1) the measures that STEGH has taken in the past, and (2) the measures that STEGH will take during the next several years (2005-2006) to identify, remove and prevent barriers to people with disabilities who live, work in or use the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

## **2. Objectives**

This Plan:

- a. Describes the process by which STEGH will identify, remove and prevent barriers to people with disabilities.
- b. Reviews efforts at STEGH to remove and prevent barriers to people with disabilities over the past year.
- c. List the by-laws, policies, programs, practices and services that STEGH will review in the coming year to identify barriers to people with disabilities.
- d. Describes the measures STEGH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- e. Describes how STEGH will make this accessibility plan available to the public.

## **3. Description of STEGH**

The St. Thomas Elgin General Hospital (STEGH) is a progressive, fully accredited community hospital providing comprehensive 24 hour coverage in Medicine, Surgery, Obstetrics, Paediatrics, Anaesthesia, Emergency and Family Medicine. STEGH employs over 850 staff and benefits from the generous contribution of more than 250 Auxiliary members and volunteers. We provide students of the University of Western Ontario and Fanshawe College with clinical experience for physicians, nurses and laboratory and radiological technicians.

Our 166 bed facility consists of 107 Active, 49 Complex Continuing Care and 10 Rehabilitation beds. As the only full service hospital in Elgin County, all except specialized medical services are provided here. We are committed to excellence and our core values of compassion, accountability, respect and simplicity define the approach taken to patient focused care.

A decentralized organizational structure encourages personal accountability and responsibility, promotes decision making at the point of care and provides improved communication at all levels. Our vision is to become the best community hospital in Ontario.

#### **4. The Accessibility Working Group**

Establishment of the Accessibility Working Group:

Maureen Bedek, Vice President of People & Hospitality Services, in consultation with the Chief Executive Officer formally constituted the Accessibility Working Group in July 2003. Maureen Bedek authorized the Working Group to:

- a. review and list by-laws, policies, programs, practices and services that cause or may cause barriers to people with disabilities;
- b. identify barriers that will be removed or prevented in the coming year;
- c. describe how these barriers will be removed or prevented in the coming year; and
- d. prepare a plan on these activities and after its approval by the Chief Executive Officer, make the plan available to the public.

#### **Coordinator**

The Vice President of People & Hospitality Services appointed Shirley Atkinson, Quality and Risk manager, to coordinate and lead the Accessibility Working Group in 2003-2004.

#### **Members of the Accessibility Working Group**

<b>Working Group Member</b>	<b>Program</b>	<b>Contact Info 631-2030</b>
Shirley Atkinson	Quality & Risk	Ext. 2321
Cathy Fox	Communications & Public Relations	Ext. 2191
Marg Kampers	Systems & Decision Support	Ext. 2115
Vera Geiger	Rehabilitation Services	Ext. 2372
David McMillan	Plant Operations & Maintenance	Ext. 2716
Mary Turner	Human Resources	Ext. 2419
David Lautebach	Patient	Ext. 2313
Warren Webster	Patient	Ext. 2313
Kathy Jameson	Environmental Support	Ext. 2386

*Two members of the working group are people with disabilities.*

## **5. Hospital Commitment to Accessibility Planning**

A presentation was made at the Quality Utilization Management meeting of the Board of Governors on February 16, 2005, outlining the planning document and the initiatives to be taken.

STEGH is committed to:

- a. the continual improvement of access to facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community;
- b. the participation of people with disabilities in the development and review of its annual accessibility plans;
- c. ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
- d. the regular review and elimination of barriers.

The Vice President of People & Hospitality Services is responsible for ensuring that the plan is reviewed and implemented.

## **6. Recent Barrier Removal Initiatives**

### **a. Site Audits**

In 1995, a proposed Wayfinding System for the St. Thomas Elgin General Hospital was prepared by an external consultant. An up-to-date blueprint for signage is needed.

In 1995, the CNIB, Canadian Hard of Hearing Society and the March of Dimes were enlisted to undertake a review of the facilities to identify barriers to people with disabilities. Subsequently, contrasting paint is now being used on doorframes. Yellow paint has been applied to the pool steps, outside major curbing and bus stop. Yellow paint still needs to be applied to the step portion of stairway facing the individual and on the step edge looking down on stairways throughout the facility. Four phones for the hearing impaired were purchased and one TTD is kept in Emergency. Curb ramps were done. East entrance was made wheelchair accessible with a covered drop off area and handicap parking spots were made available. There is a male/female wheelchair accessible washroom in Radiology and a woman's washroom in the rotunda is wheelchair accessible.

**b. Consultation**

A copy of the Accessibility Plan was issued to the CNIB, Ontario March of Dimes, Corporate Vitality, Learning disabilities Association, Corporation of the city of St. Thomas, Canadian Mental Health Association, Canadian Hearing Society and two members of the community with disabilities. This group was invited to review the Accessibility Plan and to join in a discussion on November 17, 2004. During the meeting, a number of issues were identified. Participants also commented on the progress we have made to date.

Information was also presented and input sought internally through the Nursing Professional Practice Council, Joint Occupational Health & Safety Committee, Patients' Council, PULSE Team and the original Accessibility Working Group.

**c. Redevelopment Planning**

In 2002, the hospital consulted industry professionals, employees and physician groups to design a new plan that would consider our facility needs for the next 10 years. Barrier-free design is one of the key considerations in the design of any new projects. Preliminary guidelines for use in the RFP process are to be developed to ensure all companies submitting proposals for development projects are able to demonstrate their ability to design barrier-free facilities.

**d. Security & Access Team**

In August 2003, the hospital developed a team to review security and access issues at the hospital. There were a number of recommendations made to improve access to the hospital and in October 2003, focus groups with users of the healthcare system, including those with physical disabilities, community partners and staff were conducted. The final recommendations made by the Security & Access Team were in line with the Accessibility Plan.

## 7. **Barrier Identification Methodologies**

The Accessibility Working Group used the following barrier identification methodologies:

<b>Methodology</b>	<b>Description</b>	<b>Status</b>
Canvassing staff for input	A letter was sent to staff (e-mail, distributed to floors, cafeteria) requesting suggestions and comments about barriers in the hospital. A follow-up article was published in the hospital's newsletter <i>Notables</i> .	Letter sent September 8, 2003
Patient Satisfaction Survey reviewed	The Patient Satisfaction Survey was reviewed for comments related to accessibility. There were no questions on the survey that related to accessibility.	Questions related to accessibility to be added – pending.
Brainstorming with Working Group	The Accessibility Working Group used background material from the OHA, Ministry of citizenship, Accessibility Directorate of Ontario and information from past surveys and site audits to brainstorm.	August & September 2003
Consulting with professional groups	The hospital enlisted the services of an external consultant to design and cost a wheelchair accessible front entrance.	September 2003
Compliments & Complaints	Review of all compliments and complaints to see if issues were identified.	
	The Security & Access Team consulted with experts in the field.	
Consulting with Disabled Groups	<p>CNIB, March of Dimes and the Canadian Society for the Hard of Hearing were consulted in 1995. it was felt that their recommendations were still relevant today.</p> <p>Canadian Mental Health Association and Learning Disabilities contacted.</p> <p>A focus group with people with disabilities arranged.</p>	<p>September 2004</p> <p>November 2004</p>

## 8. **Barriers Identified**

In its initial review, the Accessibility Working Group identified 24 barriers which will be addressed over the next several years as resources become available.

This list is divided into six types: (1) physical; (2) architectural; (3) informational or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

<b>Type of Barrier</b>	<b>Description of Barrier</b>	<b>Strategy for its removal/prevention</b>
Architectural	Increase the effects of colour for contrasting purposes; i.e. doorframes and walls.	Currently using contrasting paint for doorframes on new paint projects. Implement painting policy.
Architectural	Apply yellow paint on the step portion of stairway facing the individual as well as on the step edge, looking down.	Pool steps, outside major curbing, bus stop complete. Over next year

Type of Barrier	Description of Barrier	Strategy for its removal/prevention
		will do riser and nose of stairs as part of maintenance plan.
Architectural	Handrails should be a contrasting colour.	Reflective tape to be applied to stainless steel handrails.
Architectural	Eliminate shiny floors; appears wet and significantly lowers confidence or even independent traveling skills.	New floor not to be shiny.
Architectural	Use matte finish paint to reduce potential for glare reflected from both overhead lights and flooring.	Future painting to be matte finish.
Architectural	A/B CCC: Washrooms not to spec (tactile signs, hand bars, dimensions of room/stall/vanity). Bathroom doors heavy. No barrier-free washrooms on acute side. Rehab women's washroom stall not to spec. Emergency-tactile signage for washrooms, toilet and sink not to spec. Lab area public washroom needs to be redesigned or a M/F public accessible washroom constructed. Ambulatory care-no grip bar and not wheelchair accessible. Outpatient toilets are low.	Recommend one barrier-free (public) washroom on each floor of CCC (A,B,C,D). Acute side-all washrooms to be looked at in master plan.
Architectural	Older elevators do not have emergency alarm and not accessible to people with disabilities.	Install emergency alarm, lower buttons, add Braille.
Architectural	Rehab hallway is dark.	Assess 2004
Architectural	Ambulatory main door is heavy.	Correction made Nov. 2003
Architectural	Doors to Chemo not automated.	Assess 2004
Architectural	Rehab entrance ramp difficult to navigate in a wheelchair and by persons with impaired mobility.	Assess 2004
Architectural	Lab doorways too narrow for wheelchair access; not automated.	Assess 2004
Architectural	Hallway door at out-patient too narrow for wheelchair access.	Assess 2004
Attitudinal	No signs to indicate assistance available for people with a hearing impairment.	Provide staff training re communicating with hard of hearing patients. Once education complete, display access sign (blue ear) at entrances, at patient's bedside, each nursing station.
Communication	Some forms hard to read. Instructions for the phone at the east entrance are difficult for visually impaired people to read.	Enlarge printing on instructions.
Communication/ Information	There are signage issues in every area of the hospital; i.e. directional signs do not have arrows pointing people in the right direction. Signage directing to each parking lot directing outpatients to east entrance, directing people to wheelchair accessible entrance, etc. not clear.	Constitute signage working group to review previous blueprint for signage, make recommendations, draft signage policy. Use of fonts, font size, colour, consistency, placement of signage, abundance of signage, tactile signs.

<b>Type of Barrier</b>	<b>Description of Barrier</b>	<b>Strategy for its removal/prevention</b>
Communication/ Information	Doctors' entrance is not wheelchair accessible.	Signage needed to direct to alternate entrance.
Physical	Door in Rehab is not automated.	Electric eye or push button. Recommend vestibule and automatic door.
Physical	Main entrance – curb ramps at ends of circular drive, front doors not to spec. Signage needed.	Obtaining cost for making front entrance wheelchair accessible and/or include in Master Plan.

**Barriers Update on Projects Completed 2003-2005**

<b>Barrier</b>	<b>Description</b>	<b>Strategy Identified to Correct/Prevent Barrier</b>	<b>Complete</b>	<b>Pending</b>	<b>Status</b>
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"> <li>• Policy in place. Doorframes throughout hospital are a contrasting colour.</li> </ul>
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"> <li>• To be implemented in 2005.</li> <li>• Pool steps, bus stop and outside major curbs complete.</li> </ul>
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"> <li>• To be implemented in 2005</li> </ul>
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"> <li>• Policy is in place.</li> </ul>
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"> <li>• Policy is in place.</li> </ul>
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"> <li>• Step Down Unit, Chemo and Constant Observation unit all have handicap washrooms.</li> <li>• Will continue to add additional washrooms through the Master Plan.</li> <li>• CCC washrooms will be put into the three year plan.</li> </ul>
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"> <li>• Project to be resubmitted to the Ministry of Health for March 2005.</li> <li>• Ministry approval anticipated late 2005.</li> </ul>
Rehab Hallway	Hallway is dark.	Assess 2004			<ul style="list-style-type: none"> <li>• Currently under review</li> </ul>
Ambulatory Door	Main door is heavy.		✓		<ul style="list-style-type: none"> <li>• Correction made in November 2003</li> </ul>
Chemo Doors	Doors not automated.	Install automated doors.	✓		<ul style="list-style-type: none"> <li>• Completed August 2004</li> </ul>

<b>Barrier</b>	<b>Description</b>	<b>Strategy Identified to Correct/Prevent Barrier</b>	<b>Complete</b>	<b>Pending</b>	<b>Status</b>
Rehab Ramp	Entrance ramp difficult to navigate in a wheelchair and by persons with impaired mobility.	Assess 2004	✓		<ul style="list-style-type: none"> <li>• New ramp installed at south door in Spring 2004</li> </ul>
Lab Outpatient Door	Hallway door too narrow for wheelchair access.	Make hallway door wheelchair accessible		✓	<ul style="list-style-type: none"> <li>• In process</li> <li>• To be completed by January 2004</li> </ul>
Signage	No signs to indicate assistance available for people with hearing impairment. Signage issues in every area of hospital; e.g. directional signs don't have arrows pointing to right direction. Parking lots: signage directing to parking lot, directing outpatients to east entrance, to wheelchair accessible entrance, etc. – not clear.	Install signage throughout hospital. Constitute signage working group to review previous blueprint for signage, make recommendations, draft signage policy. Use of fonts, font size, font colour, consistency, placement of signage, abundance of signage, tactile signs.		✓	<ul style="list-style-type: none"> <li>• In process of hiring consultant</li> <li>• Proposal for capital equipment will be submitted in January 2005</li> <li>• Investigating staff training for communicating with hard of hearing patients, following which the blue ear access sign would be installed at entrances, patient bedside and nursing stations</li> </ul>
Communication	Some forms are hard to read. Instructions for the east entrance phone are difficult for visually impaired people to read.	Enlarge printing on instructions		✓	<ul style="list-style-type: none"> <li>• Part of signage project (see above)</li> </ul>
Doctors' Entrance	Not wheelchair accessible.	Signage needed to direct to alternate entrance.		✓	<ul style="list-style-type: none"> <li>• East entrance will be opened in the Spring of 2005 as main access point</li> <li>• Visitor parking will be re-routed to the east entrance parking lot</li> <li>• Signs will be erected at that time</li> </ul>
Rehab Door	Door not automated.	Install electric eye or push button – recommend vestibule and automatic door		✓	<ul style="list-style-type: none"> <li>• Atrium doors are automatic and Rehab is accessible through Atrium</li> <li>• Signage directing users to the atrium doors will be implemented with the signage project (see above)</li> </ul>
Main Entrance	Curb ramps at ends of circular drive, front doors not to spec. Signage needed.	Obtaining cost for making front entrance wheelchair accessible and/or include in master plan.		✓	<ul style="list-style-type: none"> <li>• Part of east entrance changes planned for Spring 2005 (see above)</li> </ul>
Pay Phones	Not all are accessible.	There are newer Bell phones but they are in alcoves. Enclosures/objects must not protrude, phones too		✓	<ul style="list-style-type: none"> <li>• Part of the 3 year capital plan</li> </ul>

<b>Barrier</b>	<b>Description</b>	<b>Strategy Identified to Correct/Prevent Barrier</b>	<b>Complete</b>	<b>Pending</b>	<b>Status</b>
		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			
Wheelchairs	Visitor wheelchairs are in need of maintenance. There are not enough wheelchairs.	“Wheelchairs that Work” CQI implemented November 2003 to improve maintenance and availability of visitor wheelchairs.		✓	<ul style="list-style-type: none"> <li>• Wheelchairs were assessed and a report presented to Linda Millard in March 2004.</li> <li>• Recommendations were presented to the Rehab Advisory Council on April 20, 2004.</li> </ul>
Courtyard	Doors (x2) not accessible; could trap someone inside. Signage needed.	Install automatic doors on two sets leading into the courtyard		✓	<ul style="list-style-type: none"> <li>• Door off of dining room automatic as of August 2004</li> <li>• Other set of doors to be completed in March 2005</li> </ul>
Handicap Parking	Limited number of handicap parking spaces.	Implement plan to increase the number of spaces available.		✓	<ul style="list-style-type: none"> <li>• Part of the parking lot changes to be completed by May 2005.</li> </ul>
Fire Alarms	Alarms are audible only.	Include visual display of fire alarm in fire alarm upgrade.		✓	<ul style="list-style-type: none"> <li>• To be resubmitted to the Ministry of Health in March 2005.</li> <li>• If approved, the project will be completed by the fall of 2005.</li> </ul>

**Barriers Identified/Added in 2004**

<b>Barrier</b>	<b>Description</b>	<b>Strategy to Correct/Prevent Barrier</b>	<b>Timeline</b>
“Less obvious” Disabilities	Cognitive or sensitive issues identified; e.g. mental health patrons, abused, claustrophobics, etc.	<ul style="list-style-type: none"> <li>• Sensitivity training to be included in Respect in the Workplace training</li> <li>• Meet with Emergency staff for insight into communication methods based on their past experiences</li> <li>• Include awareness during annual education blitz</li> <li>• Sponsor a health fair tied to World Health Day with displays from health agencies</li> </ul>	
Communication Methods	Provide choice of format, enabling independence.	<ul style="list-style-type: none"> <li>• Larger, simpler print on signage</li> <li>• Taped instructions</li> <li>• Signage may require two sets of information or numbers at levels for both mobile and non-mobile patients</li> <li>• Use simple wording</li> <li>• Use “check in” mechanisms with person or person’s worker</li> <li>• Maps visible/available at entrances</li> <li>• Awareness of social graces (taking time to explain things to patient)</li> <li>• Do not use acronyms</li> </ul>	

<b>Barrier</b>	<b>Description</b>	<b>Strategy to Correct/Prevent Barrier</b>	<b>Timeline</b>
Web Site	Should be uncluttered for the visually impaired.	<ul style="list-style-type: none"> <li>• Work with Org. Learning to develop best practice for web site</li> </ul>	September 2005
Wheelchairs at East Entrance	Equipment availability should be monitored on a regular basis to ensure they are available at all times.	<ul style="list-style-type: none"> <li>• Wheel chair working group developed to review all wheelchair issues.</li> </ul>	June 2005
Handicapped Parking	Width and length of parking spaces should be greater to accommodate lifts/scooters.	<ul style="list-style-type: none"> <li>• Parking lot will be changed to allow for visitor and wheelchair parking adjacent to East entrance. Wheelchair parking will meet current standards</li> </ul>	June 2005
Tuck Shop Accessibility	Not accessible for those in wheelchairs or scooters (traffic flow)	<ul style="list-style-type: none"> <li>• Tuck shop will be relocated to Atrium when the cafeteria closes</li> </ul>	May 2005
Rehab sloped ramp	Inaccessible	<ul style="list-style-type: none"> <li>• Capital request made to build an accessible sidewalk into the rehab centre</li> </ul>	If approved, fall 2005
PACU Panic Buttons	Concerns with patients when left alone. Sound of panic button not effective	<ul style="list-style-type: none"> <li>• Review with employees on an annual basis as a part of orientation</li> </ul>	
Wandering Patients	Patients can leave the floor without staff being aware of it.	<ul style="list-style-type: none"> <li>• Options for "wander guards" are being explored.</li> <li>• Contact other facilities to determine what is best practice</li> </ul>	Capital funds required
Ambulatory Care Washroom	Not wheelchair accessible. Patients in wheelchairs accessing washroom have no privacy.	<ul style="list-style-type: none"> <li>• Wheelchair washroom available in the IT hallway.</li> <li>• Retrofit is cost prohibitive as Ambulatory care is temporarily located in current area.</li> </ul>	

## 10. **Review and Monitoring Process**

The VP of People & Hospitality Services is responsible for ensuring the plan is reviewed and implemented. This is part of the Director of Environmental Support's and Director of People Development's responsibility and is discussed at least twice annually at their meetings. Utilizing existing groups is preferred and we will continue to bring forward reports and ask for input from the following groups on an annual basis:

- a. Joint Occupational Health & Safety Committee
- b. Nursing Professional Practice Council
- c. CCC Patients' Council
- d. PULSE Team
- e. External agencies and users

## 11. **Communication Plan**

The hospital's accessibility plan will be posted on STEGHnet and hardcopies will be available by contacting Cathy Fox, Communications & Public Relations at ext. 2191. On request, the plan may be made available in alternative formats such as an audio recording, in large print or in Braille.